Mrs Olayinka I Bukola

159 Wensley Road

Inspection report

159 Wensley Road
Coley Park
Reading
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Date of inspection visit: 29 October and 3 November 2015
Date of publication: 11/12/2015

Ratings

Overall rating for this service	**Good**
Is the service safe?	**Good**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires improvement**

Overall summary

This inspection took place on the 29 October and 3 November 2015. The inspection was unannounced. This was a responsive inspection due to safeguarding concerns raised by a commissioning authority.

159 Wensley Road is a care home which is registered to provide care for four adults with a learning disability. The house has communal living spaces and small garden. It is set in a residential area close to local shops and not far from the centre of Reading.

The home has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were supported by a small team of staff who worked well together. There were sufficient staff to keep people safe and ensure that they were able to take part in their chosen activities. Staff were well supported by the registered manager. They had received the training and development required to support people's needs.

Summary of findings

People were supported by staff who knew how to recognise the signs of abuse and knew what action to take if they suspected abuse was occurring. Staff were able to describe how they ensured that people made choices about their care and support. They knew what action to take to ensure that where people were not able to make decisions they received the most appropriate support.

The care provided was effective, people's care plans detailed what their support needs were and how they wanted them to be met. Risk assessments for people were personalised, reviewed and updated frequently. Staff knew the people living in Wensley Road well. There was a relaxed friendly atmosphere where people were treated with dignity, respect and kindness.

The manager was well respected and both staff and people spoke highly of her. She involved the staff team and people by asking their opinion and involving them in making decisions. People's care was reviewed regularly and the manager clearly knew the people and staff team well.

Home audits which identified health and safety risks had been completed and shared with the provider but no action had been taken to address the concerns raised. External Quality assurance audits had been carried out in 2014 but many were not fully complete. Where improvements had been identified as required there was no evidence that action had been taken.

Not all records were stored appropriately. Archived files containing confidential information were not stored securely and were at risk of being destroyed by weather damage.

This was a breach of Regulation 17: Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Staff knew how to protect people from abuse.

People and their families felt that people who use the service were safe living there. There were sufficient staff with relevant skills and experience to keep people safe.

Medicines were managed safely.

Good

Is the service effective?
The service was effective.

People's individual needs and preferences were met by staff who had received the training they needed to support people. Staff met regularly with the registered manager for support to identify their development needs and to discuss any concerns.

People had their freedom and rights respected. Staff were aware of their responsibilities regarding protecting people who were not able to make certain decisions.

People were supported to eat a healthy diet and were helped to see G.Ps and other health professionals to make sure they kept as healthy as possible.

Good

Is the service caring?
The service was caring.

Staff treated people with respect and dignity at all times and promoted their independence as much as possible.

People responded to staff and others well. There was a relaxed atmosphere in the home.

Good

Is the service responsive?
The service was responsive.

Staff knew people well and responded quickly to their individual needs. People's assessed needs were recorded in their care plans, these were regularly updated.

People participated in activities valuable and relevant to them.

There was a system to manage complaints and people were given regular opportunities to raise concerns.

Good

Is the service well-led?
The service was not always well-led

Requires improvement

Summary of findings

The manager carried out some audits however there was little evidence the provider took the required actions to make identified improvements.

People who use the service and staff said they found the manager open and approachable. They had confidence that they would be listened to and that action would be taken if they had a concern about the services provided.

159 Wensley Road

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 29 October and 3 November 2015 and was carried out by one inspector. This inspection was unannounced.

Before the inspection we looked at all the information we had collected about the service. This included notifications. A notification is information about important events which the service is required to tell us about by law. Before an inspection we usually request for the provider to complete a Provider Information Return (PIR). A PIR is an opportunity for the provider to inform us about what the service is doing well, what requires development and any future plans. Because this inspection was a responsive inspection we had not requested a PIR. We spoke with the manager about the information that they might include in the PIR to ensure they had the opportunity to share key information about the service.

During our inspection we observed care and support in communal areas. We spoke with three people who lived in the home. We spoke with the manager of the home, the provider, the consultant mentor and four care staff. We also received feedback from local authorities commissioning care and the safeguarding team.

We looked at three people's records. In addition we looked staff recruitment and training files. We also looked at accident and incident reports, a sample of policies, duty rosters, and records used to measure the quality of the services that included health and safety audits.

Good

Is the service safe?

Our findings

People told us they enjoying living in the house and that they felt safe. The home operated a key worker system which meant that each person had a member of staff allocated to work closely with them. People spent periods of each week with their key worker discussing what they had achieved and if they were happy. All of the people told us they would speak with their key worker or the registered manager if they had a concern or were worried about something. There were brief records of each person's week which were reviewed by the manager. Staff and the manager told us that any significant events were then discussed within the staff team. People told us they got on well with the other people living in the house; they also said that any problems got sorted out very quickly by having a meeting.

Staff had all received safeguarding training, however refresher training was overdue. The manager was aware and was arranging dates for staff to complete the training before the end of the year. All staff spoke with us confidently about safeguarding people from abuse. They were able to identify what could be considered abuse and they knew what action to take. There was guidance information readily available and staff knew where to locate it. Staff were confident that any concerns raised with the registered manager would be dealt with appropriately. They were also able to describe to us actions they would take if they were concerned that the manager wouldn't take the correct action.

People were supported to be as independent as possible. Risks people faced had been identified and assessments made of the least restrictive way of managing each risk. The risk assessments were personalised and reviewed regularly. For example one person had a condition which meant they required 24 hour waking support. The registered manager and person in question had agreed a support plan for bathing and showering which meant they were kept as safe as possible while promoting independence and dignity. The registered manager reviewed care files several times a week and had verbal updates from people's key workers which meant that any changes in risk or support required were quickly identified and the support plans updated. Another person had behaviours that could put themselves and others at risk while in the community; however they enjoyed being out and about and had a part time volunteering role at a charity shop. The registered manager had met with the person and with their key worker to discuss and agree how best to support the person while not restricting them any more than was necessary to keep them and others safe. We saw that this was kept under continual review and the registered manager had sought the input of the person's care manager.

Where people had been involved in accidents or incidents, these were well recorded. The manager had reviewed them all. Staff told us that these were discussed in handover meetings to make sure that all staff were aware and that any action needed to be taken to reduce the chance of recurrence was discussed.

The house was clean and tidy during our inspection, however there were rooms within the home that appeared 'tired' and in need of decoration. The registered manager completed health and safety checks on the house annually or more regularly if the need arose. Where necessary external contractors were involved in the servicing and maintenance of equipment such as the boiler and fire safety systems. Records were kept to demonstrate the checks had been completed. We noted that the temperature of the hot water was checked weekly and prior to any one getting into a bath. Although the desired temperature of 44 degrees was recorded at the top of the document, there was no range of what was considered safe. All checks were a tick in a box of 'too hot', 'too cold' or 'normal' rather than the actual reading of the thermometer. It was unclear if any deviation in temperature was being identified and what, if any action was being taken. We discussed this with the registered manager who agreed that in future the actual temperature would be recorded.

People were supported by staff who had been subject to a robust recruitment process. Appropriate checks had been made such as disclosure and barring service (criminal record check) and references from previous employers to inform the provider that people were of suitable character to work with vulnerable people. Full employment histories had been recorded as well as proof of identify and right to work in the UK. There had been no new staff employed since our last inspection.

People were supported by a sufficient number of adequately trained staff. On the first day of our inspection the people living in 159 Wensley Road were supported by only one member of staff. Although people did not need

Good

Is the service safe?

more than one member of staff to be safe, this did mean that they were limited in their choice of activities because they all had to do the same. We spoke with all three residents about this and they told us they did not mind and that it didn't happen very often. The member of staff told us that this was unusual and that between Monday and Friday the registered manager also usually worked so that people could chose to go out or stay at home. They also told us that if people wanted to go out to different places then it would be arranged for staff to come in to support people with their outings. People told us that staff supported them to go out when they wanted or needed to and they did not feel restricted. On the second day of our inspection the registered manager was working as well as two members of staff to ensure that people were supported to take part in their activities.

People were supported to take their medicines safely in a way that they preferred. Staff had received training from the supplying pharmacy annually. They also had their competency checked annually before administering medicines. We reviewed the most recent medicines administrations records (MAR) and found that these were all completed with no identified errors or omissions. There was a photo of each person in the medicine file. There was also a list of their current medication, a description of what it was for and possible side effects. Where people took medication on an as required basis (PRN) there were concise clear guidelines for staff to follow. Medicines were stored appropriately in a secure cabinet.

Good

Is the service effective?

Our findings

People were supported by sufficient, adequately trained staff. People told us they liked the staff and they thought they supported them well. Staff had all received training considered to be mandatory by the provider. This included health and safety, first aid, medication, food hygiene, infection control, safeguarding and challenging behaviour. The registered manager was aware that some refresher training was required and was arranging for it to be completed before the end of the year. Where appropriate some more specialised training had been completed by all of the staff to ensure they were able to fully support some specific needs, for example epilepsy. In January 2015 all staff had been enrolled on further diploma/NVQ3 training. Staff did comment that they felt that further training which was more specific to the needs of the people living in the home may be beneficial, for example mental health.

Support was provided to people by a small staff team that worked well together and felt supported, both by other team members and by the registered manager. Supervisions were carried out by the registered manager and recorded every three months. Staff told us this was an opportunity to share concerns and ideas as well as discuss their progress and areas for development. There had been a gap in appraisals however these had all be completed in October 2015. Staff told us they felt comfortable and confident to raise issues and ideas and most of the time saw the results of these ideas or got feedback regarding progress.

Staff were able to describe to us the principles of the mental capacity act. They also knew what a best interest decision was, when it should be considered and the people who might be involved in making it. The Mental Capacity Act 2005 legislation provides a legal framework that sets out how to act to support people who do not have capacity to make a specific decision. Staff and the registered manager were aware of the requirements in the deprivation of liberty safeguards (DoLs) but confirmed that no one currently living at Wensey Road was under a DoLs. DoLS provide a lawful way to deprive someone of their liberty, provided it is in their own best interests or is necessary to keep them from harm. People told us that they were involved in their care and that they talked with their key worker about what support they received and how they received it. One person told us they had annual reviews, they said:"Oh yeah that's when you have a meeting with about five different people and talk". Staff told us they offered support to try to increase people's independence, not take it away. They said to do this you had to "encourage people to do things for themselves and make their own choices".

People were supported as much as possible to have a healthy, balanced diet. People went with staff to do their weekly food shop. All of the people living in the house went together and chose what they were going to eat for the week. Food was purchased by the home but kept separately so people could cook what they wanted to eat when they wanted to eat it. People were able to cook for themselves with supervision and prompting from the staff. One person told us they were trying to be healthy and that staff had assisted them to lose weight. They said:"I try not to eat many puddings as they're not good for me". Another person told us about their shopping trip. They said "I have bought my favourite for dinner tonight, Spaghetti Bolognese". Where extra support was required to assist a person to maintain a healthy diet this was recorded in their care plan. Staff we spoke with were aware of each person's needs with regard to their diet and they were also able to tell us how they helped each person manage their individual needs. The registered manager told us that once a week on a Sunday they liked to encourage everyone in the home to sit and have a meal together. This promoted meal times as a social occasion encouraging everyone the chance to have a chat and spend some time together. The people living in the home said they enjoyed this and looked forward to it.

The people living at Wensley Road were quite independent and were able to tell staff if they needed to see the GP or dentist. People were then supported by staff to attend appointments with other health care professionals when necessary. One person was able to arrange their own appointments; staff just assisted them with travel. All appointments and outcomes were recorded in people's files and in the communications book so that staff were aware. If concerns were raised during key worker meetings that needed referring to another professional then this was done via the manager and a record was kept.

The premises was a semi-detached house which required few adjustments to meet the needs of the people living at Wensley Road. Each person had their own room which they had personalised and were happy to show us. There was a

Good

Is the service effective?

communal bathroom for the people with rooms on the first floor and a downstairs shower room. There was room for people sit and eat together if they wanted to. There was a lounge and a conservatory which meant there was plenty of space for people to undertake their chosen activity, outside of their own rooms without impacting on other people in the house. There was also an enclosed rear garden which was enjoyed by the people living in the house. There was little personalisation outside of people's rooms and in the kitchen there were house risk assessments on the notice board which detracted from the homely feel. When we spoke with people they told us they didn't mind that the walls were bare but that it might be nice to think about putting some pictures up.

Good

Is the service caring?

Our findings

People were supported by a small team of staff who had all been in post since our last inspection. The people living in the service had also lived there for several years. Each person was allocated a key worker which changed periodically, this encouraged people to build trusting relationships with the staff team. All of the people told us they liked the registered manager and that they always felt they could go to her with any issues or concerns.

The key worker was responsible for working closely with each person to ensure that they were "living their lives". They would meet regularly to discuss the support the person was receiving. They also helped each person have aims and set goals, they also helped them to achieve the goals. For example one person had wanted to save up to go on holiday with friends. Another person told us how they had made a plan with their key worker to save up for a new computer. These aims had been discussed and plans made so that the people understood what they needed to do.

People were encouraged to maintain relationships outside of the service, staff supported people to spend time away with their families for weekends or holidays. Families and friends were welcome to visit at any time.

People were encouraged to express their views and make decisions. There was 'Residents Survey' conducted annually. The registered manager reviewed them all and if specific queries had been raised then these were raised with each individual. There were also residents meetings every few months within the home. Various issues were discussed and people were asked for their thoughts and opinions.

We saw that staff treated people with respect and kindness. People's privacy and dignity was maintained. Staff knocked on doors and waited to be invited in before entering people's rooms. There were locks on bedroom doors if people wanted to use them. Staff were aware of how much support people needed with their personal care. For two people who required a little prompting, there had been a discussion. The agreement was for staff to be within earshot of the bathroom but not be in the room. This promoted the persons independence, dignity and privacy while also making them feel safe.

Good

Is the service responsive?

Our findings

People's needs were assessed before moving into the home. From this assessment the registered manager wrote a basic care plan. This was broken down into sections to cover the various areas where people required support. The care plans were person centred, clearly written and regularly updated. However the most current information was filed alongside the older information which was now out of date. This did not cause any confusion for the current staffing team because they knew people so well. However the most current information was not always that clear and could cause confusion for an agency or new member of staff. This risk was reduced because the staff team was stable and knew people well. Agency staff were rarely used, however the manager did agree that the files would be clearer and stated that this would be rectified.

For two of the people there was a pen picture of their care needs, this was a quick reference document which told the reader all about the person. For example, what they could do and where they needed support, what they liked and disliked. How they behaved and what that behaviour could mean. However for one person the pen picture was not so detailed and had been completed some time ago, there was no evidence that it had been updated in the last year. This meant there was a risk that people who did not know the person well would not have access to the most up to date current information about the person. However the risks created by this were minimal because the person in question was quite independent and confident in communicating their wishes and preferences.

As people's support needs changed their care plans and associated risk assessments were updated. For example one person had a condition which meant they required 24 hour waking support. Their condition was carefully managed and changes recorded. This then fed into all of the activity specific risk assessments and changes were made appropriately. Staff also informed health care professionals of changes so that medication and any other impact on the person's health could be monitored and changed as required.

People were supported to maintain interests and hobbies. Staff had also worked with them to help them to secure volunteer work. This was discussed as part of people's key worker sessions. One person told us about working in a local charity shop and also working on the home's allotment. Their key worker told us how they had discussed with the person what they wanted to do. They had then worked together to find a charity shop were the person now volunteered once a week. Another person had decided they wanted to eat out on a regular basis because they enjoyed the social occasion. Staff had supported them to choose where to go. All of the people went to a furniture project to learn new skills and told us they enjoyed this.

People were aware of the complaints procedure. They all told us they knew how to make a complaint and who to complain to. One person said "I would tell [manager], she sorts things out". All told us they were certain any complaints would get sorted out. How to report a problem was talked about in the residents meeting held in May 2015. Surveys sent out to family and friends also asked what people thought about the complaints process. The most recent survey results all indicated that people were confident in the complaints process but that they had not had cause to complain.

Requires improvement

Is the service well-led?

Our findings

There was a registered manager who had been in post since registration. People and staff at Wensley road spoke highly of her. People living at the service told us that she was "always there" and that she "got things sorted". Staff were also very supportive of the registered manager. They said there was "an open door policy" and "you can discuss any concerns or queries".

Audits of care plans and risk assessments were carried out frequently. The manager was very involved in the care of the people living in the home and read through and updated records at least weekly. The registered manager also completed an annual quality assurance audit of the service; records were kept to indicate what had been checked, what actions needed to be completed and if and when these had been done. Staff were also involved in these audits so they could understand what needed to happen and why.

Risk assessments of the environment had been carried out and checked six monthly. There was a risk assessment for the carpeting of the home in the lounge, hall stairs and landing and in one of the bedrooms used by a resident. This had identified in February 2014 that the carpet was worn in places and specifically close to doorways which made for a potential trip hazard. This had been highlighted to the provider and the risks reduced by ensuring the worn areas of carpet were taped. This made them safe but did not create a nice environment and was not a long term solution. In July the risk assessment was reviewed and the risks highlighted again to the provider, however there was no indication that any action had been taken or planned. We spoke with the provider who was aware of the potential risks but had still not made arrangements for the carpet to be replaced.

The consultant mentor had been coming in to complete monthly audits on the care and support delivered. The registered manager was only able to find completed audits relating to 2014. We requested the most recent audits from the consultant who was able to provide them for the last six months of 2014. The audits were designed to look at all records, talk to the residents and also to the staff. Several of the audits were not fully completed. In the last audit of November 2014 required improvements had been identified. For example the carpets and the radiator in the lounge required a cover to protect people from potential scalds from a hot surface. At the time of our inspection no action had been taken to mitigate the risk. The provider was aware of the risk and stated that the radiator needed to be covered; however there was no evidence that these improvements had been planned or completed. The provider had planned to take on the monthly audit process as of the beginning of 2015 but the registered manager was not aware if this had happened. At the time of inspection there was no evidence of further audits until the consultant had resumed them last month. Following the inspection the provider produced quality audits which they stated had been carried out over the course of 2015. Although there had been quality audits of the service there was no clear evidence that the provider acted upon the information they provided.

The registered manager and staff were aware of the need to maintain people's confidentiality. Current records held about people were accurate and kept in a locked cabinet in the locked office. However archived records holding confidential information about people were stored in an unlocked shed in the rear garden of the property. People and staff accessed the shed regularly to store garden implements. In addition the shed was not weather tight and so there was a risk important information would be lost due to water damage. A commissioning authority had requested financial information about one of the people who used to live at Wensley Road. Original copies had been sent via standard post which meant the information was not transferred securely.

There were policies and procedures however some of these were old and although most had been reviewed annually some had not been updated since 2009. There was a risk that the policies were out of date and did not fully reflect the needs of the service and the people using it. We asked the provider to send us a risk assessment and updated policy regarding people's finances in response to the recent safeguarding that was being investigated. The provider's risk assessment indicated that no changes were required other than an updated policy. The updated policy, provided to us immediately after inspection, did not consider any checks or processes that needed to be implemented to ensure that a similar situation would not occur again.

The above concerns are breaches of regulation 17: Good Governance of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

Requires improvement

Is the service well-led?

The registered manager clearly knew all the people and staff well and normally worked in the home Monday to Friday. She told us that she was on call 24 hours a day if needed. Holidays and sickness were covered by another very experienced staff member but they did not ordinarily provide out of hours cover. Although this call out was not often used, it did put a lot of pressure on the registered manager. The registered manager told us she got a lot of support from the provider. The provider had delegated some of this responsibility to a consultant mentor who visited the home at least monthly to conduct 1:1 meetings and an annual appraisal with the registered manager. Although both told us these supervisions and annual appraisals took place the registered manager did not have a copy of the records.

The culture within the home was open and supportive. Staff told us they all put the people they supported first and worked together to achieve as much with them as they could. We were told of examples where extra staff were needed on shift because someone had to attend an appointment. Staff told us it was rarely a problem to find someone who would pop in to cover the appointment.

Staff clearly told us how they worked with people to promote and increase their independence where they could. They talked to us about encouraging people to have aims and goals and how important it was for them to achieve their goals. People told us and records demonstrated that they were involved in their care, making choices and setting their aims and goals. We could see that each person made progress which was relevant and important to them.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: There was not an effective method to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users. Records relating to the management of the regulated activity were not maintained securely. Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014 Good Governance. Regulation 17(2)(b)(d)