The Lady Verdin Trust Limited

The Lady Verdin Trust - Wellswood Drive

Inspection report

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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?	Good

Overall summary

This inspection was unannounced and took place on the 14 May 2015. A visit to the head office of the Lady Verdin Trust [The Trust] to look at training and recruitment records and phone calls to the family members of the people living in the home took places on the 18, 20 and 21 May respectively.

Wellswood Drive had 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.

Summary of findings

The registered manager, (their job title within the organisation was community services director), did not work in the home on a daily basis. Day to day management was provided by a community support manager who had responsibility for additional services operated by the Trust and a house manager who was solely responsible for Wellswood Drive.

Wellswood Drive is part of the Lady Verdin Trust and is close to shops and other local amenities. It is located in a residential area on the outskirts of Crewe and can provide accommodation for up to three people who require support and care with their daily living. Staff members were available twenty four hours a day. At the time of our visit there were only two people living in the house and there were no immediate plans for anyone else to move in.

Because of their communication needs we were unable to ask the people living in the home about many areas of their care. One person was able to indicate by nodding to us that they liked living there and that they liked the staff members who were supporting them. We were able to speak to their family members who made a number of positive comments about the service being provided at Wellswood drive and the staff members working there. In addition to the above we did observe that the relationships between the people living in the house and the staff members supporting them were warm, respectful, dignified and with plenty of smiles.

The service had a range of policies and procedures which helped staff refer to good practice and included guidance on the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. This meant that the staff members were aware of people's rights to make their own decisions. They were also aware of the need to protect people's rights if they had difficulty in making decisions for themselves.

We asked staff members about training and they confirmed that they received regular training throughout the year, they described this as their CPD [continuous professional development] training and that it was up to date.

The care files were reviewed regularly so staff knew what changes in care provision, if any, had been made. The two files we looked at both explained what was important to the individual and how best to support them. This helped to ensure that people’s needs continued to be met.

Staff members we spoke with were positive about how the home was being managed. Throughout the inspection we observed them interacting with each other in a professional manner. All of the staff members we spoke with were positive about the service and the quality of the support being provided.

We found that the provider and the home used a variety of methods in order to assess the quality of the service they were providing to people. These included regular audits on areas such as the care files, including risk assessments, medication, individual finances and staff training. The records were being maintained properly.

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.

Good

The staffing rotas we looked at and our observations during the visit demonstrated that there were sufficient numbers of staff on duty to meet the needs of the people living at the home on the day of our inspection.

Staff members confirmed that they had received training in protecting vulnerable adults.

The arrangements for managing medicines were safe. Medicines were kept safely and were stored securely. The administration and recording of when people had their medicines was safe.

Is the service effective?
The service was effective.

Good

New staff members received a thorough induction.

Staff members received regular training and on-going supervision.

Menus were planned informally. This was done by discussing the likes/dislikes and what people felt like eating. This provided a very flexible menu for people.

Is the service caring?
The service was caring.

Good

The family members of the two people living in the home were very positive about the staff members and their ability to care for their relatives.

The staff members we spoke with could show that they had a good understanding of the people they were supporting and they were able to meet their various needs.

Is the service responsive?
The service was responsive.

Good

There was a formal care review process in place. This was done with the involvement of the people living in the home and where applicable their family members.

The home had a complaints policy and processes were in place to record any complaints received and to ensure that these were addressed within the timescales given in the policy. There had not been any complaints made.

Is the service well-led?
The service was well- led

Good

There was a registered manager in place.

Summary of findings

The community services director and community support manager spoke with the people living in the home on a very regular basis. This meant that information about the quality of service provided was gathered on a continuous and on-going basis with direct feedback from the people who lived there.

The organisation had robust systems in place to audit the quality of service being provided at Wellswood Drive.

The Lady Verdin Trust - Wellswood Drive

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 checked 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 was unannounced and took place on the 14 May 2015. An announced visit to the head office of the Trust to look at training and recruitment records and to undertake phone calls to the family members of the people living in the home took places on the 18, 20 and 21 May respectively. The inspection was carried out by one adult social care inspector.

Before the inspection we checked the information that we held about the service and the service provider. We looked at any notifications received and reviewed any other information we held prior to visiting. We also invited the local authority to provide us with any information they held about Wellswood Drive.

During our inspection we saw how the people who lived in the home were provided with care. We spoke with the two people living in the home but because of their communication difficulties we were unable to fully judge what they thought of the care being provided to them. After obtaining consent we then contacted their family members who visited regularly to obtain their opinions about the quality of care being provided. They were able to tell us what they thought about the home and the staff members working there.

Wellswood Drive is a domestic property so we were conscious of not being intrusive. With the consent of one of the people living there we looked at all areas of the home and found that it was well furnished, homely and had been adapted to meet the needs of the people living there. This enabled us to observe how people's care and support was provided. We looked at both people's care plans and other documents including policies and procedures and audit materials.

Good

Is the service safe?

Our findings

One of the people we spoke with indicated by nodding that they liked living in the home and that they liked the staff members supporting them. We did not identify any concerns regarding their safety during the inspection. We observed that there were relaxed and friendly relationships between the people living at number Wellswood Drive and the staff members working there.

We spoke with two relatives on the telephone regarding the service being provided to their relatives. Comments were wholly positive about the home, the quality of care and the staff members working there. Comments included, "it is spot on". They also told us that they were kept informed about any changes to the care and welfare needs of their relative. Neither relative expressed any concern regarding the safety of the service.

Our observations during the inspection were of a clean, homely environment which was safe and comfortable and had been adapted to meet the needs of the people living there. For example the fitting of ceiling hoists meant that people could be transferred from their chair to their bed safely.

We saw that the service had a safeguarding procedure in place. This was designed to ensure that any problems that arose were dealt with openly and people were protected from possible harm. The community services director and community support manager were both aware of the relevant safeguarding process to follow. They told us that they would report any concerns to the local authority and to the Care Quality Commission [CQC]. Homes such as Wellswood Drive are required to notify the CQC and the local authority of any safeguarding incidents that arise. There had been no safeguarding incidents requiring notification at the home since the previous inspection took place.

The two staff members we spoke with on the first day of the inspection were both aware of the relevant process to follow if a safeguarding incident occurred. They told us that they would report any concerns to their line manager and were aware of their responsibilities when caring for vulnerable adults. The staff members also confirmed that they had received training in this area and that this was updated on a regular basis. They were also familiar with the term 'whistle blowing' and each said that they would report any concerns regarding poor practice they had to senior staff. This indicated that they were aware of their roles and responsibilities regarding the protection of vulnerable adults and the need to accurately record and report potential incidents of abuse or poor practice.

Risk assessments were carried out and kept under review so the people who lived at the home were safeguarded from unnecessary hazards. We could see that staff were working closely with people and, where appropriate, their representatives to keep people safe. This ensured that people were able to live a fulfilling lifestyle without unnecessary restriction. Relevant risk assessments, for example concerning the danger of falling out of bed, were kept in the appropriate care file.

The staffing rotas we looked at and our observations during the visit demonstrated that there were two staff members on duty whenever the two people living in the house were there. During the day and dependent on any activity that people participated in, for example attending day services, then there may only be one person on duty. One member of staff 'slept in' during the night. Staff members were kept up to date with any changes during the handovers that took place at every staff change. This helped to ensure they were aware of issues and could provide appropriate care. The registered manager and community support managers were in addition to these numbers. From our observations we found that the staff members knew the people they were supporting well. There was an on call system in place in case of emergencies outside of office hours and at weekends. This meant that any issues that arose could be dealt with appropriately.

No new staff had been recruited recently so when we looked at the staff recruitment process carried out by the Trust we examined the files for two newly appointed staff members that had been employed to work elsewhere within the organisation. We found that the appropriate checks had been made to ensure that they were suitable to work with vulnerable adults. Checks had been completed by the Disclosure and Barring Service (DBS). These checks aim to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. We saw from these files that the home required potential employees to complete an application form from which their employment history could be checked. References had been taken up in order to help

Good

Is the service safe?

verify this. Each file held a photograph of the employee as well as suitable proof of identity. There was also confirmation within the recruitment files we looked at that the employees had completed a suitable induction programme when they had started working for the Lady Verdin Trust.

We saw that policies and procedures were in place to help ensure that people's medication was being managed appropriately. Each person's medication was kept in a lockable cupboard in the home. We carried out a check on the administration records signed by staff members whenever any medicine was given and the actual medication stored in the cabinets. We saw that clear records were kept of all medicines received into the home and of any medicines that had been returned to the pharmacy as no longer required. Records showed that people were getting their medicines when they needed them and at the times they were prescribed. This meant that people were being given their medication safely. Staff members received regular medication training.

Good

Is the service effective?

Our findings

There had been no new staff members employed to work at Wellswood Drive for a number of years so when we visited the Trust's head office we looked generally at the methods used when a staff member was appointed. When a new staff member commenced work at the Trust they undertook an induction in their new workplace; this would be for a minimum of three weeks during which time they would be a supernumerary member of staff and would shadow existing staff members. They would then commence on a formal induction programme that could take up to six months to complete. This was based on the Skills for Care Common Induction Standards, a nationally recognised framework for staff induction. The induction programme was designed to ensure any new staff members had the skills they needed to do their jobs effectively and competently.

The training department based at the head office maintained and organised the training that was provided to staff members. This was done using a system called continuous professional development [CPD]. Initial training was done at induction and then all staff had annual updates. These updates covered areas such as medication, equality and diversity, moving and handling, fire safety, food safety, COSHH, safeguarding, person centred values, finance, cross infection and hygiene. Other areas such as the Mental Capacity Act and dementia awareness were also included in the CPD training. We were able to confirm this content when we looked at the work books staff members completed during their training. We were told that the Trust was an accredited City and Guilds training centre and all managers were trained as assessors.

We asked the two staff members at Wellswood Drive about training and they both confirmed the CPD process above and that their training was up to date. One of the relatives we spoke with on the telephone told us, "I am very impressed by the training. The team is happy and this impacts on the clients".

The staff members we spoke with told us that they received on-going support, supervision and appraisal. We checked the records being maintained and they confirmed that supervision sessions for each member of staff were being held monthly. Supervision is a regular meeting between an employee and their line manager to discuss any issues that may affect the staff member; this may include a discussion of the training undertaken, whether it had been effective and if the staff member had any on-going training needs.

We observed that the staff members were aware of people's rights to make their own decisions. They were also aware of the need to protect people's rights when they had difficulty in making decisions for themselves, for example, planning a holiday. During our visit we saw that they took time to ensure that they were fully engaged with the individual and checked that they had understood before carrying out any tasks with the people using the service. They explained what they needed or intended to do and asked if that was alright rather than assume consent.

Visits to community health care professionals, such as GPs and district nurses were recorded so staff members would know when these visits had taken place and why.

Policies and procedures had been developed by the Trust to provide guidance for staff on how to safeguard the care and welfare of the people using the service. This included guidance on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). This is a legal requirement that is set out in an Act of Parliament called The Mental Capacity Act 2005. This was introduced to help ensure that the rights of people who had difficulty in making their own decisions were protected. The aim of DoLS is to make sure that people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom.

We saw that mental capacity assessments had been completed because the people living at Wellswood Drive did not have full capacity to make their own decisions. When necessary a best interest meeting had been held, for example, in connection with the person's finances. Although nobody using the service was subject to a DoLS at the time of our inspection the community services director did explain that they had submitted applications to the local authority because of the lack of consent. The council had not been able to deal with these at the time of this inspection.

The two people have lived in the home for many years so menus were planned informally. This was done by discussing the likes/dislikes and what people felt like eating. This provided a very flexible menu for people and in practice it meant that at any mealtime the two people

Good

Is the service effective?

could be eating different meals. Drinks were readily available whenever anybody wanted them. People's weights were monitored as part of the overall care planning process. This was done to ensure that people were not losing or gaining weight inappropriately.

Wellswood Drive is a domestic property and there were no obvious signs on the outside that it was anything other than an ordinary bungalow. This theme continued inside and apart from adaptations to enable people to move around freely and to be cared for properly, for example a specialised bath in one person's en-suite, there was nothing to distinguish it from any other domestic property.

Good

Is the service caring?

Our findings

Because of their communication needs we were unable to ask the people living in the home about whether they thought the staff members supporting them were caring. We did however speak to the family members of the two people living in the home and they were very positive about the staff members and their ability to care for their relatives. One of them told us, “Very caring attitude, they know people very well”.

The staff members we spoke with showed that they had a good understanding of the people they were supporting and they were able to meet their various needs. They were clear on the aims of the service and their roles in helping people maintain their independence and ability to make their own choices in their lives. We saw there was good interaction, communication and understanding between the staff and the people who were receiving care and support. The relationships between the people living in the house and the staff members supporting them were warm, respectful, dignified and with plenty of smiles. The two people living in the house appeared relaxed and comfortable with the staff and vice versa.

The people living in the house had a pet budgie and this was allowed to fly freely when its cage was being cleaned; which coincidentally it was when we arrived to carry out our inspection. The staff member’s concern that the budgie was safe went some way to demonstrate the homely and caring ethos within Wellswood Drive.

We saw that the people living at the service looked clean and well-presented and were dressed appropriately for the weather on the day.

We were able to see the bedrooms during our visit. These were homely, comfortable and had been furnished and decorated to reflect the preferences of each person.

One of the people living in the house had bought their own car which was used to increase the person’s independence and which enabled them to leave the home regularly to participate in any activities that had been organised, for example for transport to day services and to go on holiday.

The Trust had developed a range of information, including an easy read service user guide for the people living in the home. This gave people relevant information on such areas such as how to make a complaint.

Nobody using the service had an advocate at the time of the inspection visit. Both had family members who visited regularly and could ‘advocate’ for them if necessary.

We saw that personal information about people was stored securely which meant that they could be sure that information about them was kept confidentially.

Good

Is the service responsive?

Our findings

We looked at both people's care folders to see what support they needed and how this was recorded. Each person had five files that had been sub-divided into nine topics covering all areas of care. The content within the files included, health needs and medical information, care plans and risk assessments, medication, monitoring, including appointments with the GP, nurse, dentist etc. and financial matters. The care plans we looked at were written in a style that would enable the person reading it to have a good idea of what help and assistance someone needed at a particular time. All of the care plans we looked at were well maintained and were up to date. The plans had been reviewed regularly so staff knew what changes, if any, had been made.

In addition to the on-going review of the care plans there was also a formal review process in place. This was done with the involvement of the people living in the home and where applicable their family member. We looked at one person's most recent review record and could see that a variety of areas were discussed. These included, any health issues, equipment, activities, including day services and the planning of a holiday. A date for the next review had also been arranged which demonstrated that this was an on-going and regular process.

Nobody had moved into Wellswood Drive for over five years so we did not look at any pre-admission paperwork for the people who were living there. If somebody not currently known to the service was due to move in they would receive a pre-admission assessment to ascertain if their needs could be met. This would be followed by a gradual introduction into the home; by visiting for a meal, spending a few hours there and having an overnight stay so that if and when the placement became permanent it would be successful for all parties.

The people living at Wellswood Drive had a daily activity planner and they could choose what they wanted to do. We saw that these consisted of a mixture of activities including attendance at a day centre or ordinary tasks such as a trip to the hairdresser. When in the house they could choose what to do and where to spend their time. We asked one of the people living in the house if they liked the staff members supporting them and they nodded that they did.

The home had a complaints policy and processes were in place to record any complaints received and to ensure that these would be addressed within the timescales given in the policy. There had been no complaints made since our last inspection had taken place. People were made aware of the process to follow in the service user guide. This was available in an easy read format. We did not identify any issues of concern during our inspection and the family members we spoke with said that they did not have any concerns about the service being provided.

Good

Is the service well-led?

Our findings

The house manager who worked on the rota, the community support manager and the community services director (registered manager) told us they spoke with the people living in the home on a regular basis. In addition to this the staff members were in regular contact with the family members who also visited regularly. This meant that information about the quality of service provided was gathered on a continuous and on-going basis with direct feedback from the people who lived there and their relatives.

The two staff members we spoke with were positive about how the home was being managed and throughout the inspection we observed them interacting with each other in a professional manner. They were positive about the service and the quality of the care being provided. We asked them how they would report any issues they were concerned about and they told us that they understood their responsibilities and would have no hesitation in reporting any concerns. They said they could raise any issues and discuss them openly within the staff team and with the house manager or community support manager.

The staff members told us that regular house meetings were held and that these enabled managers and staff to share information and / or raise concerns. We looked at the minutes of the most recent meeting that had been held on the 21 April 2015 and could see that topics such as health, finances, holidays and the day centre had been discussed.

Representatives from the people being supported by the Trust had formed a service user forum called Chatterbox. The people involved with this were proactive in gathering the opinions of the people receiving a service. At the time of our inspection they were looking at how they could do this and were developing an easy read questionnaire for people to complete. The example we looked at contained questions about how long people had lived in their house, whether they were they involved and what support they received from the staff members. The representatives were also working with the Trust to look at how they could be involved in the recruitment process.

The Trust has a partner organisation called Choice Support. They carried out an annual survey at the end of 2014 and had presented their initial findings to the Trust in March 2015. This was to be followed by a main report. This had involved all of the people using the service being given an easy read questionnaire to complete. The questions asked included, are you happy with your social life, do you want more friends, do you get bored, what comforts you, is there an activity that helps you to relax, do you tell staff what is important to you, are staff helping you, if you had a worrying problem, have you been helped with it, what makes you proud. The community service director (registered manager) has confirmed that representatives from Chatterbox have been using these results to form discussion points for their group meetings as well as using them to help in their own questionnaires referred to above.

The Trust and the home used a variety of methods in order to assess the quality of the service they were providing to people. These included routine maintenance checks being carried out by the staff members working in the home, for example, weekly and monthly checks of the fire alarm and emergency lights weekly and monthly respectively, a first aid box check as well as visual checks on the bathroom hoist and any slings used for moving and handling. In addition the community support manager carried out a health and safety audit every month.

The community services director (registered manager) and community support manager undertook a full quality assurance audit every six months. The last audit had been carried out on the 8 January 2015 and covered the following areas; health and safety, the care planning system, appropriate maintenance of people's files, financial records, , staff development plans, a check on any relevant certificates, for example gas safety and general checks which included, were house routines being adhered to and was the rota being completed properly.

Maintenance certificates for any equipment in the home, for example, gas safety, PAT testing, hoists and the fire alarm system were also all in place.

A representative from the Trust board visited the service as part of its own quality monitoring system and spoke to the people living there every two months; this also helped to ensure any issues were identified and dealt with. We looked at the record for the most recent visit that had taken place on the 14 April 2015. This contained comments about how they had been greeted upon arrival, first impressions, any conversations with the people living in the home and the staff members working there. It also commented on the environment and the overall atmosphere in the home, for example whether it was relaxed or noisy.

Good

Is the service well-led?

Wellswood Drive is only a small service and over time there were very few changes needed to the care being provided or any associated records, such as care plan reviews. The quality assurance systems above were therefore a demonstration of the Trust continuing to monitor the service to confirm this was still the case. We did see that if any issues needed attention they were being addressed.

As part of the overall quality assurance process the Trust had held its first self- assessment of the whole organisation in January 2014. This involved people using the services, the people working for the Trust and relatives and friends. The purpose of the self-assessment day was to consider how quality could be improved. From the findings an action plan was drawn up which was worked on throughout the year. This plan asked the questions, what are we going to do, who is doing it, when it will be done and an evaluation of where things were up to. We looked at this and could see that the decisions made included the following. How can the people using the service be involved in staff recruitment, a decision was taken to form a recruitment sub-group to carry this forward. Another action was to provide people with more information about the housing choices available to them. This included the provision of better internet facilities at the Purple Onion; a drop in facility in Crewe town centre that was run by the Trust. The action plan also looked at how communication could be improved to enable all people to have a say, an outcome from this was the setting up of Facebook page for people to use.