The Regard Partnership Limited

Two Wells

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

Summary of findings

Overall summary

The inspection took place on 7 August and was unannounced. The inspection continued on 8 August 2018 and was again announced.

Two Wells is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Two Wells is registered to provide accommodation for persons who require nursing or personal care. It is registered for up to four people with learning disabilities or autistic spectrum disorder. At the time of our inspection there were four people living in the home.

The home was a two storey detached property which had a kitchen and open plan dining and living area with a conservatory and utility area. There was one bedroom on the ground floor with a staff office/ sleep in room opposite the kitchen and three further bedrooms on the first floor.

The care service had been developed and designed in line with the values that underpinned the Registering the Right Support and other best practice guidance. These values included choice, promotion of independence and inclusion. People with learning disabilities and autism using the service could live as ordinary a life as any citizen.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service had not had a registered manager in post since January 2018. 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. The manager had completed their pre-registration checks and had submitted their registered manager's application to The Care Quality Commission.

People were protected from avoidable harm as staff understood how to recognise signs of abuse and the actions needed if abuse was suspected. There were enough staff to provide safe care and recruitment checks had ensured they were suitable to work with vulnerable adults. When people were at risk of seizures or choking, staff understood the actions needed to minimise avoidable harm. The service was responsive when things went wrong and reviewed practices in a timely manner. Medicines were administered and managed safely by trained staff.

People had been involved in assessments of their care needs and had their choices and wishes respected including access to healthcare when required. Their care was provided by staff who had received an induction and on-going training that enabled them to carry out their role effectively. People had their eating and drinking needs and preferences understood and met. Opportunities to work in partnership with other organisations took place to ensure positive outcomes for people using the service. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People and their families described the staff as caring, kind and friendly and the atmosphere of the home as relaxed and engaging. People were supported to express their views about their care using their preferred method of communication and were actively supported to have control of their day to day lives. People had their dignity, privacy and independence respected.

People had their care needs met by staff who were knowledgeable about how they were able to communicate their needs, their life histories and the people important to them. Equality Diversity and Human Rights (EDHR) were promoted and understood by staff. A complaints process was in place and people felt they would be listened to and actions taken if they raised concerns. People had been supported to express their choices and preferences around what they would like to happen after they passed away.

The service had an open and positive culture that encouraged involvement of people, their families, staff and other professional organisations. Leadership was visible and promoted good teamwork. Staff spoke positively about the management and had a clear understanding of their roles and responsibilities. Audits and quality assurance processes were effective in driving service improvements. The service understood their legal responsibilities for reporting and sharing information with other services.

Further information is in the detailed findings below

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 remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

Two Wells

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 site visit took place on 7 August and was unannounced. The inspection continued on 8 August 2018 and was announced. Both days were carried out by a single inspector.

Before the inspection we reviewed all the information we held about the service. This included notifications the home had sent us. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive. We contacted the local authority quality assurance team and safeguarding team to obtain their views about the service.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with two people who used the service. We received feedback from one relative and one health professional via telephone.

We spoke with the manager, senior support worker and locality manager. We met with three support workers. We reviewed two people's care files, Medicine Administration Records (MAR), policies, risk assessments, health and safety records, incident reporting, consent to care and treatment and quality audits. We looked at two staff files, the recruitment process, complaints, and training and supervision records.

We walked around the building and observed care practices and interactions between staff and people.

Good

Is the service safe?

Our findings

People, relatives, professionals and staff told us that Two Wells was a safe place to live. One person said, "I'm happy at Two Wells. I like living here". Another person said, "I'm happy here and I feel safe". A relative told us, "Two Wells is a safe home. [Name] has never expressed any concerns about living there". A professional said, "I feel the home is safe for those who live there". Staff described the service as safe and told us that safe systems in place included; clear guidelines, risk assessments, policies, audits, checks and management support.

We found that the home had implemented safe systems and processes which meant people received their medicines on time and in line with the provider's medicine policy. The service had safe arrangements for the ordering, storage and disposal of medicines. The staff that were responsible for the administration of medicines, were all trained and had had their competency assessed.

A staff member took us through the process for administering people's medicines. We observed that people's medicines were cross checked with people's Medicine Administration Record (MAR) sheets to ensure the correct medicine was administered to the correct person at the right time. Medicine Administration Records (MAR) were completed and audited appropriately.

There were enough staff on duty to meet people's needs. A person told us, "There are enough staff for us and they are there when we need them". A staff member said, "I feel there are enough staff. We have a few new ones starting soon. People's one to one hours are always met and people are able to go out". We found that the manager assessed people's required staffing levels during pre-admission assessments. The manager told us they would increase or decrease staffing levels in response to changes in need and/or behaviour.

The service had a recruitment procedure. Recruitment checks were in place and demonstrated that people employed had satisfactory skills and knowledge needed to care for people. All staff files contained appropriate checks, such as evidence of conduct in previous employment and a Disclosure and Barring Service (DBS) check. The DBS checks people's criminal record history and their suitability to work with vulnerable people.

Staff were clear on their responsibilities with regards to infection control and keeping people safe. All areas of the home were kept clean to minimise the risks of the spread of infection. There were hand washing facilities and staff had access to personal protective equipment (PPE) such as disposable aprons and gloves. Staff were able to discuss their responsibilities in relation to infection control and hygiene. A professional said, "The environment is always clean and tidy when I visit".

Staff were able to tell us signs of abuse and who they would report concerns to both internal and external to the home. There were effective arrangements in place for reviewing and investigating safeguarding incidents. There was a file in place which recorded all alerts, investigations and logged outcomes and

learning. There were no safeguarding alerts open at the time of the inspection. A professional told us, "I have no safeguarding concerns but believe the manager would act on any I may have". Relatives and staff said they had no safeguarding concerns and would feel confident to use the whistleblowing policy should they need to.

Staff understood their responsibilities to raise concerns, record safety incidents, concerns and near misses, and report these internally and externally as necessary. Staff told us if they had concerns the manager would listen and take suitable action. Accident and incident records were all recorded, analysed by the manager and actions taken as necessary. Examples included seeking medical assistance and specialist advice. Lessons were learned, shared amongst the staff team and measures put in place to reduce the likelihood of reoccurrence.

People were supported by staff who understood the risks they faced and valued their right to live full lives. This approach helped ensure equality was considered and people were protected from discrimination. Staff described confidently individual risks and the measures that were in place to mitigate them. Risk assessments were in place for each person. Where people had been assessed as being at risk of seizures, assessments showed measures taken to discreetly monitor the person. For example, to keep a person safe when swimming, measures included informing the life guard and staff to swim alongside the person. In addition to risk assessments for people, the home had general risk assessments which covered areas such as use of the dishwasher, use of cleaning products and cooking. A staff member told us, "Risk assessments tell us how to reduce risks to people and ourselves. They cover all areas from care to general tasks. These are very clear and helpful". We read one person's 'access to the local village' assessment and found that measures in place included; having road safety awareness, wearing appropriate clothing and footwear and telling staff where they were going.

Some people presented behaviour which challenged staff and the service. We found that positive behaviour support plans were in place, up to date and in line with best practice. These plans gave staff clear guidelines on approaches to use if people displayed behaviours which may challenge the service. Two Wells had good working relations with the local learning disability teams and met with them, the person and family (where possible) in response to new behaviours or a set review. The support people received from staff had a positive impact on their lives and meant that they could regularly access the community. Staff had a clear understanding of active and proactive strategies to support them safely.

All electrical equipment had been tested to ensure its effective operation. A fire risk assessment had been completed and was up to date. People had Personal Emergency Evacuation Plans (PEEPs) in place. These plans told staff how to support people in the event of a fire.

Good

Is the service effective?

Our findings

People's needs and choices were assessed and care, treatment and support was provided to achieve effective outcomes. Care records held completed pre admission assessments which formed the foundation of basic information sheets and care plans. There were actions which detailed how staff should support people to achieve their agreed goals and desired outcomes. As people's health and care needs changed, ways of supporting them were reviewed. Changes were recorded in people's care files which each staff member had access to and signed to say they had read and understood them.

Staff told us that they felt supported and received appropriate training and supervisions to enable them to fulfil their roles. A staff member told us, "I receive enough training here. I did mental health training recently which was interesting and helped me understand how this can affect people with learning disabilities. I am also up to date with my on line training". Training records confirmed that staff had received training in topics such as health and safety, moving and assisting, infection control and prevention and first aid. We noted that staff were also offered training specific to the people they supported for example; downs syndrome, epilepsy and dementia. A person told us, "Staff seem well trained and good at their job to me!".

The manager told us staff received annual appraisals and regular supervisions (approximately three monthly). They went on to say, "I carry out indirect observations on staff working and record these. Any areas of concern are raised with the staff to aid learning and development. Additional support is provided". A staff member said, "I receive regular supervisions. These are useful. I can raise things in these which I may not want to in staff meeting".

There was an induction programme for new staff to follow which included shadow shifts and practical competency checks in line with the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training. A staff member said, "My induction was interesting and good. People and staff here are really nice and friendly. I did two weeks of induction including shadow shifts. I felt I received enough information to know how to do the job. Management were very supportive and still are today".

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People at Two Wells were living with a learning disability and/or autism, which affected some people's ability to make some decisions about their care and support. Staff showed a good understanding of the Mental Capacity Act 2005 (MCA) and their role in supporting people's rights to make their own decisions. During the inspection, we observed staff putting their training into practice by offering people choices and respecting their decisions. Staff told us how they supported people to make decisions about their care and

support.

Capacity assessments and best interest paperwork were in place for those who required them which covered a number of areas of care. For example, behaviour, delivery of personal care, medicines and access to the community. Those who had capacity had signed their care plans and consented to the care and treatment. A person told us, "I have signed my care plan and am happy with staff helping me".

People can only be deprived of their liberty to receive care and treatment when it is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Applications for Deprivation of Liberty Safeguards (DoLS) had been made for each person and were pending assessments and outcomes from the local authority.

People were supported with shopping, cooking and preparation of meals in their home. Menus were discussed weekly in resident meetings and used cook books to help promote and inform people about healthy eating. A person told us, "I like cooking; my favourite meal is pasta bake and salmon. I have these here". Another person said, "Food is very nice here. I like healthy food. Tonight is vegetable pie and I am cooking".

We observed people eating at different times and found that there was a relaxed atmosphere. Food looked appetising, was plentiful and meal times were a pleasurable experience. People took it in turns to lay the table on different days. People requiring assistance were helped in a manner which respected dignity and demonstrate knowledge of individual dietary and food consistency needs. For example, we saw that food was cut up in line with a person's care plan.

People could choose whether to have their meals in their own rooms, the communal dining or living area or outside in the garden. A person told us, "I sometimes eat my meals outside on the patio. I like the garden".

People had access to health care services as and when needed. Health professional visits were recorded in people's care files which detailed the reason for the visit and outcome. Recent health visits included; district nurses, a community learning disability nurse, GP and a neurologist.

The home was split across two levels and had been adapted to ensure people could access different areas of the home safely and as independently as possible. The home was decorated with photos and art work people had made. At our last inspection we were told that the provider was going to renovate the utility room. At this inspection we saw that this work had been completed and people had been involved in choosing flooring and cupboards. There was a kitchen and an open plan dining and lounge area with an added conservatory for people to use. A large enclosed garden with a swing was located at the rear of the home which staff told us people enjoyed using and planting flowers in. We read that the home was due to have the communal rooms and redecorated in the coming weeks. A person said, "I'm looking forward to the rooms being decorated. It will make the rooms look even nicer".

Good

Is the service caring?

Our findings

People used a mix of communication methods which were all clearly identified in their care and support plans. For example, one person used key words, gesture and expression. Others used pictures and written text. We observed staff using these communication preferences throughout the inspection with people to aid and enable them to be as independent as possible and make choices and decisions for themselves. A person said, "Staff meet with me and ask how I want to be supported".

People, professionals and their relatives told us staff were kind and caring. A person told us, "The staff are nice and caring. I have good staff who are very kind". Another person said, "Staff are nice. They listen to me and spend time with me". A relative said, "Staff are kind and caring. Very patient with the people there and always happy. [Name] always speaks highly of them too". A professional told us, "Staff are kind and caring to people".

Staff actively promoted people's independence. A person said, "I like my independence. Doing jobs is important to me". A staff member told us, Promoting independence is about doing things with people and enabling them to do tasks on their own. I understand people's limits and have good relationships with them". We observed a person preparing dinner, chopping up vegetables. We observed another person washing up and cleaning the kitchen surfaces. We found that daily living skills were discussed in weekly house meetings and that there was a visual daily task timetable displayed in the kitchen which people had all put together and agreed to.

During the inspection there was a calm and welcoming atmosphere in the home, we observed moments of friendly banter and laughter. We observed staff interacting with people in a caring and compassionate manner. For example, a staff member was supporting a person suggesting different things to do. When the staff mentioned 'care' the person laughed, smiled and nodded which told the staff that this was the activity they wished to do. The staff supported the person to get ready and left the home.

People were treated with privacy, dignity and respect. We observed staff knocking on people's doors before entering and not sharing personal information about people inappropriately. Bedrooms were personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home. A person said, "Staff help me with personal care, they do this and respect me". A staff member told us, "I respect people for who they are. I close curtains, respect if people wish to be on their own and I would never force people to do things they didn't want to do".

People were supported to maintain contacts with friends and family. This included visits from and to relatives and friends. There was a conservatory so people were able to meet privately with visitors in areas other than their bedrooms. A person told us, "I see my family and speak to them on the phone too. They come here sometimes too and we go out for lunch". A relative told us, "We visit every other month or so. Never any issues and always made to feel welcome". Staff were aware of who was important to people living there including family, friends and other people at the service.

People's cultural and spiritual needs were respected. Staff encouraged people to receive visitors in a way that reflected their own wishes and cultural norms, including time spent in privacy. We found that people's cultural beliefs were recorded in their files and that they were supported to attend services and meetings of their choice if requested. The manager told us that one person sometimes requests to go to the local church and that staff support them at their request.

Good

Is the service responsive?

Our findings

Two Wells was responsive to people and their changing needs. Throughout the inspection we observed a very positive and inclusive culture at service. Promoting independence, involving people and using creative approaches was embedded and normal practice for staff. We saw that there were clear personal care guidelines in place for staff to follow which ensured that care delivered was consistent and respected people's preferences. People's support plans included information about people's personal history, their individual interests and their ability to make decisions about their day to day lives. Support plans provided guidance about individual
goals for people to work towards to increase their independence and reduce their reliance on staff for support.

The registered manager alerted staff to changes and promoted open communication. Staff actively supported people as their needs and circumstances changed. For example, we read that a person's anxiety levels had increased recently. In response to this the service had worked with other agencies and brought in an advocate to meet with the person and discuss their concerns with them. This had been effective and anxiety levels had reduced. A relative told us, "[Name] was unwell last year and needed a lot of support. The service managed the situation well and responded to our relatives needs positively. All fine now".

Staff were able to tell us how they put people in the centre of their care and involved them and / or their relatives in the planning of their care and treatment. A relative said, "I'm involved in our relatives care. The home keep us fully involved and up dated". The manager told us that annual review meetings took place with the local authorities, families and people where possible. In addition to these the manager showed us that care plans were reviewed on a monthly basis to reflect current progress and support needs. People told us that they also met with staff on a weekly basis to discuss their care, set short term goals and feedback any concerns. We read about two short term goals which had been met, one person had wanted to make silver jewellery and had achieved this and other people had wanted to visit a local zoo. The trip was arranged and people had attended. A person said, "I love animals, we have a very friendly cat here. I loved the zoo trip".

Staff considered how barriers due to disability impacted on people's ability to take part and enjoy activities open to everyone. We were told that two people had been supported to seek paid employment. One person told us about their job with a national coffee shop and the manager told us that the person had won an employee loyalty award. The person told us, "I have a job in [name]. I am very busy. I enjoy it, people are very nice. I get paid which is good and I can spend it on whatever I wish. I'm very proud of my job".

People were supported to access the community and participate in activities which matched their hobbies and interests and were reflected in individual support plans. During the inspection people had attended day centre, gardening, participated in local walks and enjoyed lunch out. Staff told us that activity timetables could be reviewed and amended in response to people's feedback. For example, a staff member said, "We recently listened to [name] who didn't want to do a whole day of gardening. They told us that they would rather do half a day gardening and half a day weaving". We found that this was now happening.. A person

said, "I have had a good day. I have been at the workshop". Another person told us, "I do lots of activities and they are all my choice. I like colouring in and writing; I do lots of this. I go to social events like disco's and parties. I also do drama in the local village hall. I really love drama". A staff member told us how one person went sailing once a week which they enjoyed.

The service met the requirements of the Accessible information Standard. The Accessible Information Standard (AIS) is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. The service had considered ways to make sure people had access to the information they needed in a way they could understand it, to comply with AIS. People's assessments made reference to people's communication needs, this information had been included in people's support plans where a need had been identified, and communication passports were being put into place.

The service promoted Equality Diversity and Human Rights (EDHR). Staff had received equality and diversity training. The manager explained that they were proactive about people's rights and access to the community.

The manager told us that they welcomed complaints and saw these as a positive way of improving the service. The service had a complaints system in place; this captured the nature of complaints, steps taken to resolve these and the outcome. We found that there were no live complaints at the time of our inspection. A relative told us, "We have never had to raise a complaint. If we did then we would speak to the manager". People were supported to understand the complaints procedure which was also available in an easy read pictorial format.

The service supported and empowered people to make decisions about their preferences when they passed away. People all had a 'What I would like to happen after I die' document in their file. These documents were put together in an easy read pictorial format to support people's understanding. They recorded areas such as; religion, where they would like their service to be held, whether they wanted to be buried or cremated, the place of burial and whether they wished to have a headstone or not. They then went into more detail for example, choice of flowers; a person had chosen blue bells and daffodils and under music choice they had requested any song with 'I love you' in.

Good

Is the service well-led?

Our findings

Quality monitoring systems and processes were in place and up to date. These systems were robust, effective, regularly monitored and ensured improvement actions were taken promptly. Audits covered areas such as; care plans, staff files, infection control, medicines and health and safety. The manager told us that they regularly worked care shifts with staff which enabled them to observe practice, make sure staff were completing records and take action to improve as and when necessary. The locality manager told us that they generally visited Two Wells on a monthly basis and completed spot checks and audits. They told us that in their last visit they reviewed trips, slips and falls which included and environmental review of carpets, stairs and outside steps. This had led to further work being planned to improve hand rails and pointing of the steps at the front and rear of the property.

The service had not had a registered manager in post since January 2018. 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. The manager had completed their pre-registration checks and had submitted their registered manager's application to The Care Quality Commission.

People, staff, relatives and professionals feedback about the management at the home was positive. A person told us, "The manager and senior are both good. Kind and helpful". Another person said, "I like the managers, they are good and organised". Staff comments included; "The manager is brilliant. They have time to listen and acts on things. They are so good with people and listens to them too. I would say they are young and energetic!" and "The manager is fantastic. They are understanding and makes things clear. For example, they are clear about giving instructions which helps me. The manager has a really good relationship with people too". A relative said, "The manager is good. Very competent, we are really pleased". A professional told us, "The manager is really good. I like them" The manager told us that the provider was open and supportive. We were told that they always listened to staff and the management would fund any resource required to deliver the best care to people living at Two Wells.

The manager understood the requirements of duty of candour that is, their duty to be honest and open about any accident or incident that had caused, or placed a person at risk of harm. They fulfilled these obligations where necessary through contact with families and people. A health professional told us, "I think Two Wells are transparent".

The service worked in partnership with other agencies to provide good care and treatment to people. Professionals fed back that they felt information was listened to and shared with staff. A health professional said, "I think they work well in partnership with us and share information on a need to know basis".

People, relatives and staff told us that they felt engaged and involved in the service. A person told us, "We have resident meetings which keep us informed and give us an opportunity to feedback". A relative said, "I

feel I can raise ideas and am involved in improvements. I can't think of any examples now though". A staff member told us, "I feel I am involved in decisions and suggestions about the home. Management listen to us, for example, we suggested improvements to the garden and now look at it. I also suggested a new light fitting in the dining room when the decoration work starts. This was listened to and is being sought". Another staff member said, "I feel able to raise ideas and suggestions and believe these would be listened to".