

Wellbeing Care Limited

Wellbeing Care Support Services

Inspection report

45 Cotmer Road
Lowestoft
Suffolk
NR33 9PL

Tel: 01502446600

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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

This inspection took place on 20 September 2017. Wellbeing Support Services is a supported living service. People live in a small complex of 10 self-contained flats. Wellbeing Support Services provides support to people in their own flat. At the time of our inspection they were supporting nine people.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

On the day of our inspection the manager was not registered with the Care Quality Commission (CQC). They had applied to register and were going through the registration process. A registered manager is a person who has registered with the CQC 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 told us they felt safe and relatives agreed. Support staff knew how to recognise and report abuse. Risks to people had been assessed and action was in place to manage any identified risks. Medicines were managed and administered safely. Staffing at the service was adequate and recruitment procedures were robust.

Support staff told us, and records confirmed, support workers received the induction, training and on-going support they needed to provide people with effective care. 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 were supported to make healthy food choices. Where appropriate staff supported people to develop their cooking skills. The service sought advice from other healthcare professionals when necessary.

People and support staff had developed positive relationships. Support staff were aware of professional boundaries when supporting people with social activities. People's views about their care and support were sought on a formal and informal level.

Support plans were detailed and written with the involvement of the person and their family where appropriate. The service was pro-active in ensuring people did not become socially isolated and worked to develop a supportive relationship between people living in the flats. People were also supported to access the wider community by taking on employment or social activities.

The service had an effective management team. A range of audits were used to monitor the safety and quality of the service, of which the provider had oversight. The provider was committed to improving the quality of the service. They had re-organised the management structure of the service and had invested in a new smart phone based support planning system.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Wellbeing Care Support Services

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 20 September 2017 and was announced. The provider was given 48 hours' notice of the inspection because the location provides a supported living service and we needed to be sure that someone would be in when we visited. The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed all the information we had available about the service including notifications sent to us by the manager. This is information about important events which the provider is required to send to us by law. We also looked at information sent to us from others, for example the local authority. We used this information to plan what areas we were going to focus on during our inspection.

During our inspection we visited three people who used the service in their homes. We also observed how staff interacted with people. We spoke with three support staff, the team leader, the manager and operations manager. We looked at three people's care records and information relating to the management of the service such as staff training records and quality monitoring audits.

After the inspection visit we received feedback from four relatives of people living in the service.

Is the service safe?

Our findings

Our previous inspection of 29 September 2015 rated the service Good in the Safe key question. At this inspection we found that the service continued to provide a Good service.

People told us they felt safe when receiving care and support from the service. One person said, "Yes, I feel safe." A relative said, "100% safe."

Since our last inspection, the provider had ensured people continued to be safe when being supported. Staff attended regular training in safeguarding adults at risk and the service whistleblowing policies. This helped staff to stay alert and aware to signs of abuse and the action to take to ensure people were protected. One member of staff told us, "I have attended safeguarding training and I would have no qualms about whistleblowing." There were processes in place to support staff to promptly report any concerns they had about a person so that the necessary action could be taken to ensure the person's safety. The manager showed us their system for recording any complaints and concerns. We noted that, although the manager had a good knowledge of reported concerns the only record was kept in the person's support plan. This meant that there was no system for monitoring any trends across the service. We discussed this with the manager and the operations manager who put a system in place before we finished our inspection to monitor concerns across the service.

Staff had access to current information about how they should protect people from identified risks. Senior staff assessed, monitored and reviewed risks to people in their daily lives. These included risks from moving and handling and accessing the community. There was clear written guidance for staff to follow on how to reduce these risks to keep people safe whilst allowing them as much choice as possible. Staff demonstrated good awareness of the specific risks posed to people and how they should support them to stay safe. For example, a staff member told us how they supported one person to maintain their safety whilst engaged in a social activity. For another person, there was guidance for staff on how to ensure their safety when travelling in the community.

There continued to be enough staff to support people to meet their assessed needs. People told us that they received support from a core of regular staff. Staff told us that there were enough staff to provide the care and support required. The provider had told us in their PIR how they were developing the rota to ensure that people received care from a consistent staff team but to retain resilience within the team to manage staff absence.

The provider continued to maintain recruitment procedures that enabled them to check the suitability and fitness of any new staff employed to work at the service.

Staff had received appropriate training to support people with their medicines. Where this was required, staff supported people to take their prescribed medicines. People's records contained up to date information about their medical history and the medicines prescribed to them. Where people managed their own medicines their support plan contained an appropriate risk assessment for this. There were protocols

in place detailing when people who had been prescribed medicines to be taken 'as required' (PRN) should be given their medicine. Regular audits of medicines were carried out to ensure people had received their medicine correctly.

Is the service effective?

Our findings

Our previous inspection of 29 September 2015 rated the service Good in the Effective key question. At this inspection we found that the service continued to provide a Good service.

People told us that staff had the skills required to provide their support. One person said, "They help me with my personal care as I like." A relative said that staff demonstrated the required skills.

Since our last inspection all staff continued to receive relevant training to help them to meet people's needs. New staff received an induction into the service to provide them with the skills needed to provide effective care. Staff also received appropriate support from senior staff through a programme of supervision and appraisal of their work performance. Through these supervision and appraisal meetings senior staff checked that staff were up to date with the knowledge and skills required for their roles. Staff were also encouraged to reflect on their working practices, discuss any concerns they had about their work and identify opportunities to learn and develop further in their role.

We noted that staff meeting records showed a very low attendance by staff. We discussed this with the manager and the operations manager. They told us that staff had to attend meetings in their own time and they were not scheduled into the rota. Staff meetings allow staff to be made aware of any changes in the service, updated with current practice as well as develop support staff as a team. Poor attendance by staff could mean that key messages around culture and development were not cascaded effectively. To promote communication on these issues the manager ensured the minutes of staff meetings were available to staff who had not attended the meeting.

One of the people using the service told us staff offered them choices when providing them with any support. We checked whether the service was continuing to work within the principles of the Mental Capacity Act 2005 (MCA). The 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Any application to do so for people living in their own homes must be made to the Court of Protection.

People's support plans contained an assessment of their ability to make decisions and give consent to aspects of their care and support. All staff had received training in the MCA so that they were aware of their responsibilities in relation to the Act. The service supported people with access to independent advocates when making decisions.

People were supported by staff to eat and drink sufficient amounts to meet their needs. There was good information about people's dietary needs and preferences in their support plan. Where appropriate as identified in their support plan, people planned the meals they ate with staff's support. One person told us,

"I am cooking sausages tonight." Staff told us how they encouraged people to cook healthy meals to support them to maintain a well-balanced diet. Where appropriate people's food and fluid intake was monitored. Referrals were made to the dietician and speech and language therapist when necessary.

People were supported by staff to maintain their health and wellbeing. Staff helped people to attend scheduled appointments with the healthcare professionals involved in their care. Outcomes from these appointments were recorded and then shared with all staff so that they were made aware promptly of any changes needed to the support people required. When people were unwell or needed additional assistance with their healthcare needs, staff sought prompt support from the appropriate healthcare professionals such as the GP. We noted in people's records, important information about them and their healthcare needs had been maintained, so that staff could share these quickly with other healthcare professionals in a medical emergency.

Is the service caring?

Our findings

Our previous inspection of 29 September 2015 rated the service Good in the Caring key question. At this inspection we found that the service continued to provide a Good service.

Staff continued to support people in a kind, patient and respectful way. One person told us, "The staff are nice and friendly." People appeared at ease with staff and did not hesitate to ask for their assistance when they needed this. Staff spoke to people in a considerate and respectful way. They did not rush people, giving them the time they needed to communicate their needs and to do things at their own pace. This was demonstrated when we were speaking to a person who had a speech impediment. We were unable to understand what they were telling us. They looked to a member of staff for support who immediately understood and provided the necessary assistance.

Staff were familiar with people's daily routines and what they liked to do. One person told us that they liked to visit the local pub supported by staff. Staff told us how they were supporting the person to organise their birthday party at the pub. Staff we spoke with were clear that their role was to provide support to people, sometimes in a social setting, but that it was necessary to maintain professional boundaries when doing this.

People and their relatives, where appropriate, were supported to express their views and be involved in making decisions about their care and support in both a formal and informal way. One relative told us that they attended regular reviews of their relative's care. Where a person had been assessed as needing one to one support we observed staff discussing with the person what they wanted to do during the day. Care plans were written in a person centred way and demonstrated people had been involved in writing them.

People were encouraged to be as independent as possible. A relative told us how the service was supporting their relative to improve their cooking skills. Other people received support from the service to seek and maintain employment and activities within the community. This included helping out at a café and working at a farm. Three people living in the service had the support of an advocate. Records showed that people were supported with access to their advocate when required.

People's right to privacy and to be treated with dignity was respected. One person told us how staff respected their privacy and dignity whilst providing personal care by closing doors and curtains. They also said that staff did not intrude when they wished to be alone. They went on to say, "It is nice to have your own space." People had their own key to their flat and we observed that staff knocked and waited for the door to be opened or asked to enter before going into people's flats.

Is the service responsive?

Our findings

Our previous inspection of 29 September 2015 rated the service Good in the Responsive key question. At this inspection we found that the service continued to provide a Good service.

People told us they were satisfied with the support they received from the service. One person said, "They give me a choice and help me with what I want to do." A relative told us, "The care is flexible to allow [our relative] to enjoy family time and also to suit [person's] changing needs."

People's records contained current information about them including their preferences for how support should be provided. People received support that was personalised and focused on how their needs should be met. Staff were able to explain to us in detail the support people required and why. Where possible the service matched the interests of people with those of their support worker. The provider told us about a person who attended a local drama group which required participation from the member of staff supporting them. They were supported by a member of staff with an interest in drama. This had resulted in increased attendance at the drama group by the person and positive feedback from the drama group co-ordinator.

A detailed assessment of people's needs had been completed before the service began supporting them. People told us they had been included in the care planning process. On the day of our inspection a person who was moving into one of the flats and would be supported by the service was visiting to measure for curtains. They met staff who would be supporting them. This meant that when they began receiving support they would be familiar with their surroundings and staff.

People told us staff involved them in reviewing their care. One person we visited in their home showed us their care plan and demonstrated familiarity with the layout and content. The service electronic care system allowed staff to contemporaneously record the provision of care. Staff could outline the needs of the people they were supporting and explained how information was passed between staff at handovers. They also told us that the support plan provided the information they needed to provide people's support.

Everyone had been given information on how to make a complaint about the service and knew how to do so. A relative told us they felt able to contact the service at any time if they needed to raise any issues. The service had a policy and procedure for reporting complaints and people were provided with information about how they could raise complaints in information left in their homes. Compliments received by the service were displayed in a communal area.

Is the service well-led?

Our findings

Our previous inspection of 29 September 2015 rated the service Good in the Well-led key question. At this inspection we found that the service continued to provide a Good service.

People were positive about the management team. A relative told us, "We feel welcome and able to contact the staff at any time." During our inspection we observed that people receiving support were able to approach the manager with any queries they may have.

On the day of our inspection the manager was not registered with the Care Quality Commission (CQC). They had applied to register and were going through the registration process. A registered manager is a person who has registered with the CQC 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.

Audits continued to be used to review the effectiveness of the service and covered all of the key aspects of service delivery, such as training, staffing, safeguarding, care and support and activities. However, we identified that there was no system to monitor complaints and concerns across the service so that the manager could identify trends. We discussed this with the manager and the provider's operations manager. They explained that as this was a small service the manager had a good overview of this type of incident. By the end of our inspection the manager had put a system in place to monitor these types of incident.

The service was provided and managed by a manager with a small supportive staff team. They were aware of their responsibilities and accountability for the safety and care of people and staff in the service. Staff told us that the manager was visible and was available to provide advice and support and showed respect for them and their work. The manager told us they felt supported by the provider and could seek advice at any time.

The culture of the service was person-centred and the manager told us they were keen to learn and develop. People's views were sought when new staff were employed. The manager told us how prospective employees were invited to an informal meeting which was also attended by people using the service. Following this feedback people who used the service views were sought on the suitability of the prospective employee before a formal interview was arranged. This enabled people to interact with the prospective employee in accordance with their abilities and give their views to the manager.

A relative said, "The new manager is doing a decent job." Staff told us that the manager was supportive and that they could approach any member of the management team if they had any worries, "...no matter how stupid."

Systems for the quality monitoring of staff practices while working with people were in place. Staff told us their practice had been observed regularly to check if they were working in the correct way. The manager showed us forms they had developed to ensure that staff supervisions were constructive and supported staff

to develop.

The provider demonstrated a continued commitment to improving the service. Since our last inspection they had re-organised the management structure employing a manager who was dedicated to Wellbeing Support Services and not shared with another of the provider's services. Relatives told us that this had led to an improvement in the service. The provider had also invested in an electronic smart phone based support planning system to improve care planning. A survey of the views of residents, relatives and staff was being planned. The operations manager told us that the results of this would be analysed and used to make improvements to the service.