

Wellington Support Limited

Wellington Support

Inspection report

5-9 St Michaels Avenue
Northampton
Northamptonshire
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Tel: 01604946535

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09 September 2016

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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 9 September 2016.

Wellington Support provides a 24hr service in shared occupancy housing to enable adults with complex mental health needs to continue living fulfilling lives in the community. When we inspected the service provided support to 12 tenants at 5-9 St Michael's Avenue in Northampton.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission (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 benefitted from the availability of 24hr support from staff that were caring, friendly, and responsive to people's changing needs. People were supported as tenants in their own accommodation by trained staff that were able to meet their needs safely. People's right to make day-to-day choices about how they preferred their support to be provided was respected and this was reflected in their agreed care plans. Staff were able to demonstrate that they understood what was required of them to provide people with the safe support they needed to remain living independently in the local community.

There were sufficient numbers of staff employed to meet people's assessed needs. People were protected from the risks associated with the recruitment of staff unsuited to the role by the provider's recruitment procedures. Comprehensive risk assessments were also in place to reduce and manage the risks to people's health and welfare.

People benefitted from a service that was appropriately managed so that people received their service in a timely and reliable way. Each person always had the assistance they needed throughout the day and night, seven days a week.

People's rights were protected and decisions about their care and support were taken in their best interest. People had the guidance they needed to raise concerns or make a complaint. There were procedures in place to ensure complaints were appropriately investigated and action was taken to make improvements to the service when necessary.

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 was safe.

People benefitted from receiving support and care from staff that were mindful of their responsibilities to safeguard them from harm.

People were protected from unsafe support and care by staff that knew and acted upon risk assessments associated with providing the level of support that was needed for each individual.

People received staff support from competent staff that had been appropriately recruited and trained.

Is the service effective?

Good ●

The service was effective.

People were provided with the support they needed and this was regularly reviewed to ensure their needs continued to be met.

People received a reliable service. There were contingency arrangements were in place to ensure the continuity of the service when staff were sick or on holiday.

Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and how people's capacity to make decisions had to be taken into account and acted upon.

Is the service caring?

Good ●

The service was caring.

People benefitted from receiving support from staff that respected their individuality.

People's dignity was assured when they received support and their privacy was respected.

People received their service from staff that were conscientious, compassionate, and committed to providing good standards of

care.

Is the service responsive?

Good ●

The service was responsive.

People's care plans were person centred to reflect their individuality and mental health needs.

People's care needs were assessed prior to an agreed service being provided. Their needs were regularly reviewed with them so that the agreed service continued to meet their needs and expectations.

People were assured that appropriate and timely action would be taken if they had to complain about the service.

Is the service well-led?

Good ●

The service was well-led.

People were supported by staff that had the day-to-day managerial support they needed to do their job.

People's quality of care was monitored by the systems in place and timely action was taken to make improvements when necessary.

People benefitted from receiving a service that was well organised on a day-to-day basis as well as long term.

Wellington Support

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 announced inspection was carried out by an inspector and took place on 9 September 2016. With community based services we can give the provider a short period of advance notice of our inspection so that we have the access to the service office to look at records related to the management of the service.

Before our inspection, we reviewed information we held about the provider such as, for example, statutory notifications that they had sent us. A statutory notification is information about important events which the provider is required to send us by law. We also took into account other information the provider had sent us about their service.

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. The provider returned the PIR and we took this into account when we made judgements in this report.

During this inspection we visited the provider's office located in the shared occupancy premises in Northampton. We looked at four records in relation to staff recruitment and training, as well as records related to the quality monitoring of the service and the day-to-day management of the service. We spoke with three people using the service, the registered manager, deputy manager, and three support workers. We looked at the care and support records of six people using the service.

Is the service safe?

Our findings

People's needs were safely met. The registered manager ensured that staffing levels were consistently maintained to meet the needs of each tenant supported in the shared occupancy houses. There were contingency scheduling arrangements in place to take account of holiday leave as well as unexpected support staff absences due to sickness. One person said, "Just knowing there are always staff around when you need them makes me feel I'm in a safe place."

People were protected from unsafe care. A range of risks were assessed to minimise the likelihood of people receiving unsafe care such as when a person needed the support of a staff member to safely access community facilities. There were also risk assessments in place to guide staff that were related to the safe management of medicines for people that required prompting and supervision when using medication.

Support plans were reviewed on a regular basis to ensure that pertinent risk assessments were updated regularly or as changes occurred. Individualised support plans and risk assessments were in place that ensured people were safely supported according to their needs. Support plans contained a comprehensive assessment of the person's mental health needs, including details of any associated risks to their safety that their assessment had highlighted.

People had detailed support plans kept at their accommodation, with copies kept up-to-date at the service office in the shared occupancy premises in Northampton. Support plans provided staff with the guidance and information they needed to provide people with safe care. There was up-to-date information about people's needs and how their service was to be provided.

People were protected from harm arising from poor practice or ill treatment. Staff understood the roles of other appropriate authorities that also had a duty to respond to allegations of abuse and protect people. There were clear safeguarding policies and procedures in place for staff to follow in practice if they were concerned about people's safety. They understood the risk factors and what they needed to do to raise their concerns with the right person if they suspected or witnessed ill treatment or poor practice.

People were safeguarded by staff recruitment policies and procedures against the risk of being cared for by unsuitable staff. All staff were checked for criminal convictions; references from previous employers were taken up. Recruitment procedures were satisfactorily completed before staff received induction training prior to taking up their duties. Newly recruited support workers 'shadowed' an experienced care worker before they were scheduled to work alone with people receiving a service.

Is the service effective?

Our findings

People received a service from staff that had been provided with the appropriate guidance and information they needed to do their job and work with people with complex mental health needs. People received care and support from staff that had acquired the experiential skills as well training they needed to care for people living in a shared housing setting as tenants in their own flats.

Staff had a good understanding of people's holistic needs and the individual care and support they needed to enhance their quality of life. Timely action had been taken by staff whenever there were concerns about person's deteriorating mental health that affected their quality of life or put them or others at risk. Action taken was in keeping with the person's best interest, with the appropriate external healthcare professionals involved as necessary. Staff then worked closely with the individual to support and care for them during these times to enable them to regain their independence and manage their coping skills.

Newly recruited staff had received a thorough induction that prepared them for working with people. Staff confirmed their induction provided them with the essential knowledge and practical guidance they needed before they took up their support duties with the tenants. One staff member said, "I never ever felt that I had been left to just get on with the job. They [seniors and colleagues] made sure I had the confidence and knowledge I needed to be able to support people in the best way."

People's needs were met by staff that were effectively supervised. Staff had their work performance regularly appraised at regular intervals throughout the year by senior staff. Staff said that the registered manager and other senior staff were readily approachable for advice and guidance at all other times. People benefited from receiving support that was effectively monitored by senior staff that were in a position to observe and assess staff doing their job.

People's support plans contained assessments of their capacity to make decisions for themselves and consent to their care. Staff had received the training and guidance they needed in supporting people that may lack capacity to make some decisions for themselves. Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA 2005).

Is the service caring?

Our findings

People's dignity and right to privacy was protected by staff. People's support was discreetly managed by staff so that people were treated in a dignified way. People's privacy within the shared occupancy accommodation was respected.

People were supported to do things at their own pace and the people we spoke with took a pride in sustaining their independence and being able to live in the community. Staff responded promptly, however, when people needed assistance or reassurance and they were familiar with people's individual behaviours and what to look out for with regard to whether the person was becoming unwell and needed their attention. Behaviours arising from people's mental health condition were sensitively managed by staff that were knowledgeable of 'triggers' that contributed to an individual's behaviours. These 'triggers' were avoided but staff knew how to work with the person in a kind, thoughtfully measured way, whenever such behaviours occurred.

People were encouraged to do as much as they could for themselves within the constraints imposed upon them by their mental health needs. They lived as part of the local community and independently made use of local facilities with, where necessary, discrete support from accompanying staff.

People's individuality was respected by staff that directed their attention to the person they engaged with. They used people's preferred name when conversing with them and their manner was respectful. Staff were familiar with and acted upon people's routines and preferences for the way they liked to have their support provided. Staff were able to discuss how they facilitated people's choices in all aspects of their day-to-day support, including their right to take risks.

Is the service responsive?

Our findings

People's abilities to do things for themselves had been thoroughly assessed prior to moving to their supported living accommodation as tenants. People's mental health diagnosis, their family history, interests and behaviours were taken into consideration when their support plan was agreed with them in their best interest.

People were encouraged to make informed choices about their support and how they preferred to spend their time during the day. There was comprehensive information in people's support plans about what they were capable of doing for themselves and the on-going support they needed to be able to put this into practice. Staff were skilled at picking up on people's non-verbal cues so that they knew if someone needed their attention. One person said, "They [staff] know if things are starting to go badly for me and I'm not feeling so well. They know what to do to help me."

People consistently received the level support they needed in accordance with their individual needs assessments, whether on a day-to-day basis or over a longer period as their dependency needs changed or fluctuated over time.

People were protected from social isolation within the shared occupancy accommodation because staff made an effort to engage with them individually. Staff also ensured that people were enabled to enjoy going out and participate in what was going on in the wider community.

People were provided with the verbal and written information they needed about what to do, and who they could speak with, if they had a complaint. The provider had an appropriate complaints procedure in place, with timescales to respond to people's concerns and to reach a satisfactory resolution whenever possible.

Is the service well-led?

Our findings

People were assured of receiving support in their own accommodation that was competently managed on a daily basis. The registered manager had the necessary knowledge and acquired experience to motivate the staff team to do a good job. Staff said there was always an 'open door' if they needed guidance from the registered manager or from any of the senior care staff in the team. One member of staff said, "If I'm unsure I ask, no-one thinks any the less of you for that. It's encouraged that we ask because people living here [as tenants] have complex mental health needs and we [staff] need to feel we can go to the seniors and get the advice we need about what to do if we are worried about someone's mental health." Staff also confirmed that there was a positive culture that inspired teamwork, that the effort and contribution each staff member made towards providing people with the care they needed was recognised and valued by the senior staff and by the provider.

People were assured that the quality of the service provided was appropriately monitored and improvements made when required. Staff had been provided with the information they needed about the 'whistleblowing' procedure if they needed to raise concerns with appropriate outside regulatory agencies, such as the Care Quality Commission (CQC). Feedback from people that used the service was regularly sought through meetings and people's suggestions for improvements to the service were listened to and acted upon as necessary.

People's support records were fit for purpose and the formats for recording information and setting out guidance was regularly reviewed by the registered manager and other senior staff. Support records accurately reflected the daily as well as long term support people received. Records relating to staff recruitment and training were also fit for purpose. They were kept up-to-date and reflected the training and supervision staff had received. Records were securely stored at the service office within the shared occupancy premises at 5-9 St Michael's Avenue.

Policies and procedures to guide staff in good practices were in place and had been routinely updated when required.