

Eastern County Care Limited

Little Wakering House

Inspection report

367-369 Little Wakering Road
Little Wakering
Southend On Sea
Essex
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14 November 2023

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Little Wakering House is a care home providing personal care to people with a learning disability and autistic people. At the time of our inspection there were 13 people receiving care. The service is set in the community in an adapted building with a large garden.

People's experience of using this service and what we found

People told us they were happy living at the service. One person said, "I have been at a lot of services, but I am the most happy here." A relative said, "It is a really brilliant service I am very impressed."

Right Support:

Care and treatment were planned and delivered in a way which was intended to ensure people's safety and welfare. There were enough staff to meet people's needs. People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed. There were systems in place to minimise the risk of infection and to learn lessons from accidents and incidents. Medicine was dispensed by staff who had received training to do so and assessed as competent.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care:

Care was person-centred and promoted people's dignity, privacy and human rights. The registered manager enabled staff to develop the skills they needed to provide good quality care and support. People were supported to access health professionals to maintain their health and well-being.

Right Culture:

The ethos, values, attitudes and behaviours of leaders and care staff ensure people using services led confident, inclusive and empowered lives.

Care was focused on supporting people to remain independent. Staff supported people to engage in their local community. Care was personalised to people's needs and staff reviewed and adapted support as people's needs or wishes changed. The registered manager had systems in place to monitor the service and outcomes for people.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The rating at the last inspection was good (published 6 December 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Little Wakering House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by 2 inspectors.

Service and service type

Little Wakering House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Little Wakering House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post.

Notice of inspection

The inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We communicated with 5 people who used the service about their experience of the care provided and 3 relatives. We spoke with 4 members of staff including the registered manager and care staff.

We viewed a range of records. This included 3 people's care records and multiple medicine records. We reviewed 2 staff files in relation to recruitment. A variety of records relating to the management of the service were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff had received training in how to safeguard people and the provider had policies and processes in place to support this.
- One member of staff said, "We have a safeguarding champion who I could raise any concerns with." Another member of staff said, "If I witnessed any form of abuse I would inform the manager and if I needed to would report higher."
- Staff had weekly meetings with people to discuss, thoughts, feelings, and safeguarding, this gave people a safe space to discuss any concerns they had.
- The registered manager had raised safeguarding concerns appropriately with the local authority and worked with them to keep people safe.

Assessing risk, safety monitoring and management

- Risk assessments and care plans were person centred and provided guidance to staff on how to safely support people.
- The registered manager told us they believed in positive risk taking and would try to accommodate any activities people wanted to do by putting a risk assessment in place to support this.
- People were encouraged to live fulfilled lives, and risk assessments were in place to support this. A relative told us, "Since being at the service [person name] now feels like they are living life, they are more active and enjoy going out to the gym, discos and football."
- Environmental checks were in place and people were involved in completing these checks with staff to highlight if any issues needed addressing.
- There were detailed personal evacuation plans for people. Staff had regular fire evacuation practices as part of their fire safety procedures.

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 MCA 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 can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- People were supported to make everyday decisions for themselves. Staff had received training in the Mental Capacity Act and supported people within the framework.
- DoLS application had been made and legal authorisations were in place where required. Where people lacked capacity, the registered manager told us they had advocates in place to support them with decisions about their care.

Staffing and recruitment

- The registered manager told us they had over recruited staff to ensure they had flexibility in staffing numbers and could provide consistent support to people.
- We observed high staffing numbers at the service supporting people to follow their individual planned activities. A relative told us, "We are very pleased with the service, it took a while to find the right home and now they are very settled there."
- Appropriate checks were in place before staff started worked including providing full work histories, references and a Disclosure and Barring Service (DBS) check. DBS provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received their medicines safely. Staff had been trained in how to administer medicine safely and had their competency to do so checked.
- People had their medicines reviewed by health professionals and the registered manager understood the principles of the least restrictive medicines being used.
- Medicine records contained all the information staff needed to safely administer medicines.

Preventing and controlling infection

- Staff had received training in infection prevention control (IPC) and supported people to minimise the risk of infection.
- Staff had cleaning rotas in place and supported people to keep their rooms clean and tidy
- The registered manager had policies and guidance in place to support staff maintain good IPC practices.

Visiting in care homes

- People were supported to have visitors at the service and were supported to spend time away from the service with their relatives.

Learning lessons when things go wrong

- The registered manager had systems in place to learn from accidents/incidents or untoward events and track any themes.
- Lessons learned were shared with staff during handovers and team meetings and any learning or changes needed were actively implemented. A relative told us, "Staff are always willing to listen to [person name] about any improvements needed in their care. If there are incidents, they seem to learn from them and improve."

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive culture at the service, which was inclusive, and person centred, promoting positive outcomes for people. A relative told us, "The staff are very proactive and have improved [person name] quality of life."
- Care was person centred and focused on supporting people to live their best life. The registered manager told us, "This is people's home, and we want them to feel like it is."
- A member of staff said, "We want people to have the best quality of life. We support them with anything they wish to do and teach life skills to get ready to move to supported living."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager told us when they first went to work at the service they spent the first month working with people and staff so that they could really understand people's support needs and how staff worked.
- The registered manager has worked with people and staff to develop a culture that puts people at the centre of everything.
- Staff were clear about their roles and understood risks and regulatory requirements. The registered manager told us they were proud of the hard work the staff team had contributed in supporting people. The registered manager had nominated staff for the regional care awards and their deputy manager had won an award for front line leaders.
- Staff felt supported in their role. One member of staff said, "We have a brilliant team and a great management team, we all work hard together."
- The registered manager understood their responsibility under duty of candour to be open and honest and investigate when things go wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager engaged with people daily and had good contact with relatives. One relative said, "[Managers name] is very thoughtful and open, it makes me feel confident about [person name] being there."
- People had regular meetings with their key workers to review their care, discuss how they felt and any

support they may need.

- People's equality characteristics had been considered and people were supported with their diversity, cultural and religious beliefs.
- One person told us, "I go to church every Sunday and attend the Salvation army."

Continuous learning and improving care; Working in partnership with others

- The registered manager had systems in place to audit care being provided and to maintain oversight of the service.
- Staff had regular training and development to enhance the skills they needed to support people. One member of staff said, "I recently had Prada-Willi Syndrome training face to face, it was really enjoyable, and I really understand so much about the condition now and how to support people."
- The registered manager had worked with the Prada Willi association to source this training for staff to equip them with the skills they need to support people.
- Where needed people were supported to access support from health professionals such as GPs, social workers, advocates, dentists and learning disability specialists.