Wellington Care Limited

Wellington Community Care

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

This inspection of Wellington Community Care took place on 12 July 2018 and was announced. We gave the provider notice of our inspection because we needed to know someone would be at the agency office to meet us. The service was first registered in July 2017 and so this was the first rated inspection.

At this inspection we rated the service as 'good'.

The provider was required to have a registered manager in post. There was a manager in post who had been registered since the service was registered. 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.

Wellington Community Care is a domiciliary care agency. It was set up to provider person-centred domiciliary and supported living services to adults in the community with mental health needs, learning disabilities, autism and other complex needs living in their own houses and flats or specialist housing. The service was supporting only two people at the time of our inspection, but was working with Hull City Council to provide specialist support to others in the near future.

This service provides care and support to people living in their own homes and 'supported living' settings, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance, with regards to the supported living houses. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. Registering the Right Support CQC policy. The people receiving the service rented properties supplied by a housing association under individual tenancy agreements. These properties were sourced by the registered manager working in collaboration with social services officers and family members to ensure the people living in them would find them suitable for their needs.

At this inspection we found that the safety of people, staff and visitors was actively maintained using risk management systems. Safeguarding referrals were made to the responsible investigating body. Suitable numbers of staff were recruited and deployed to meet people's needs. The provider and staff safely managed medicines and the control and prevention of infection.

Staff were trained, skilled and had their competency assessed to carry out their roles. People's nutritional and healthcare needs were met. People's rights were upheld through adherence to the Mental Capacity Act

and associated legislation. Advocacy services were accessed for people that required them. The supported living premises where some people lived that received the service, were suitable for providing support to people. Otherwise people chose for themselves how their homes were designed.

The staff were thoughtful and caring. People, their relatives and visiting professionals told us that staff were consistently caring and compassionate. The staff worked towards providing a person-centred culture. They respected people's rights, privacy, dignity, diversity and independence.

People received a good responsive service. Staff followed tested ways of supporting people to meet their needs through effective care plans. Support to people reflected their preferences and cultural needs and people were helped to experience a variety of activities, pastimes and occupations when they wished. Complaints were appropriately responded to so that outcomes for people were satisfactory. People's end of life care was suitable for their individual needs and wishes.

The registered manager was experienced, competent and knowledgeable, which ensured the service was well-led. They effectively used quality monitoring and assurance systems to improve the service, understood their legal and registration responsibilities, maintained supportive working relationships with others and ensured the secure and consistent completion of records and documentation.

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?

Good

The service was safe.

People, staff and visitors were safe using and visiting the service because of good risk management, safeguarding systems, robust recruitment and deployment of staff and suitable numbers of staff on duty.

The registered manager and staff safely managed medicines and the control and prevention of infection to keep people safe.

Is the service effective?

Good

The service was effective.

This was because staff were trained, skilled and competent to carry out their roles, people's nutrition and healthcare needs were met and their rights upheld through use of the Mental Capacity Act.

Advocacy services were accessed for people that required them, the supported living premises where some people lived were suitable for meeting people's needs and people in their own homes chose for themselves how their homes were designed.

Is the service caring?

Good

The service was caring.

This was because staff were thoughtful and caring. People, their relatives and professionals involved in people's care supported this view and felt staff were caring and compassionate.

Staff worked towards providing a person-centred culture and respected people's rights, privacy, dignity, diversity and independence.

Is the service responsive?

Good

The service was responsive.

This was because staff followed effective care plans that

reflected people's preferences and cultural needs and enabled people to experience a variety of activities, pastimes and occupations.

Complaints were well managed so that outcomes for people were satisfactory and people's end of life care was suitable for their individual needs and wishes.

Is the service well-led?

Good

The service was well led.

This was because the registered manager was experienced, competent and knowledgeable and effectively used quality monitoring and assurance systems to improve the service.

The registered manager understood their legal and registration responsibilities, maintained supportive working relationships with other organisations and ensured the secure and consistent completion of records and documentation.

Wellington Community Care

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 12 July 2018 and was announced, with 24 hours' notice as we had to make sure there would be someone at the agency offices to see us. Inspection site visit activity started on 12 July when we visited the office location to see the manager and to review care records and policies and procedures. We contacted people that used the service and support staff via the telephone several days later. This was the first rated comprehensive inspection undertaken at the service.

One Adult Social Care inspector carried out the inspection. Information had been gathered before the inspection from notifications that had been sent to the Care Quality Commission (CQC). Notifications are when providers send us information about certain changes, events or incidents that occur. We received feedback from local authorities that contracted services with Wellington Community Care and reviewed information from people who had contacted CQC to make their views known about the service. We received a 'provider information return' (PIR) from the provider. A PIR 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 spoke with one relative, two health care professionals and the registered manager. Two other health care professionals contacted us via email to tell us their view of the service. We spoke with two directors of the organisation and two staff that worked at Wellington Community Care. We looked at care files belonging to two people that used the service and at recruitment files and training records for three staff. We viewed records and documentation relating to the running of the service, including the quality assurance and monitoring, medication management and infection control systems. We also looked at records held in respect of complaints and compliments.

Good

Is the service safe?

Our findings

People's family members told us they thought their relatives felt safe receiving support from staff that worked at Wellington Community Care. They said, "[Name] seems to enjoy being with the staff that support them" and "I have confidence the staff follow safe practices."

Staff told us they saw Wellington Community Care as a good place to work where their safety as well as that of the people that used the service was promoted and protected. They talked about using least restrictive interventions when supporting people and felt they had good opportunities to discuss issues and events and learn from each other. They had policies and procedures in pace to protect everyone involved with the agency.

People's safety and human rights were protected by the systems in place to monitor and report suspected incidents. The culture among the staff regarding people's safety was open and transparent. Staff were trained in safeguarding adults procedures and demonstrated an understanding of their responsibilities to keep people safe.

Where a person behaved in a way that challenged other people the staff managed the situation in a positive way that protected people's rights and dignity. Staff confirmed with us how they maintained consistency of approach so people knew what the responses would be to their behaviour. For example, staff were trained in 'Mapa' de-escalation techniques that respected people's rights and ensured they were treated with dignity to keep themselves and others safe. ('Mapa' is the 'management of actual or potential aggression' and relies on de-escalation before low level restraint.) We saw supporting documentary evidence that when Mapa holds were used they were appropriately managed.

Support to people in these circumstances was monitored and led by the registered manager and always involved a de-brief for everyone. Consistency of approach with people was expected and regularly reviewed. There was 24 hour on-call support for staff should they require it. Staff were astute at recognising people's anxieties and behavioural patterns. They referred people to professionals for further assessment or advice in a timely manner.

Staff were skilled at identifying risks for people and enabled them to take responsible risks while reducing the possibility of harm or injury. Accidents and incidents were recorded, analysed and learning from them was used to avoid repetition. We saw documentary evidence of one person's incident. It showed how staff had analysed and reported on the action taken to learn from it for the next time and to ensure consistency of approach. This ensured the person understood what the staff response would be the next time this kind of incident arose.

Current best practice was adhered to and staff used their learning to drive improvement. The registered manager led by example in this regard and ensured models of best practice were followed. They openly shared information with other organisations and authorised bodies on a need to know basis. Staff confirmed that the registered manager was a strong role model for best practice and safety.

Sufficient numbers of trained and qualified staff were available on duty as per an efficient rota to meet people's needs and respond to any unforeseen circumstances. Staffing levels were acquired according to the needs of the new individuals that began to receive the service, as this was a new service and people were given packages of support in a phased way according to a planned programme. For example, people were supported with a package of care by Wellington Community Care staff wherever they lived at the point of referral to the service. The service was provided weeks before they moved into any specialist housing facility. This ensured people adapted to the staff supporting them first and then transitioned to their own accommodation helped by support workers they had learned to trust. One person's day time support was provided by two staff working 8 am to 10 pm. A waking night staff member worked 10 pm to 8 am, with an on-call team leader available if required. The registered manager was a second on-call staff member for nights. If these arrangements were ever deployed then the team leader not on-call would step up to cover the registered manager the following day.

Recruitment systems and procedures were robust and made sure that staff selected were right for the job. Staff confirmed the process had been thorough. Details of recruitment information was held electronically and used a 'red, amber' green' system to show stages and completion of a new staff member's application. Appropriate Disclosure and Barring Service and other security checks (references) were completed. These also included staff members' rights to work in the country and the qualifications they held. Ways of developing reference forms was discussed with the registered manager to provide improved accuracy of information.

The registered manager told us that the staff employed tended to have extensive life histories of their own and were experienced in dealing with and overcoming adverse situations that challenged them. This meant they were equipped to support people that received the service with their own challenges in life. We were also told that new staff with specific skills were being recruited with one person in mind that was soon to receive a package of support. We understood that ten new staff were undergoing the process to join the service. Staff were recruited, in these early days of service provision, to match the personalities and needs of people referred to Wellington Community Care. This was important to the registered manager who worked with social services and other organisations to ensure people received the right support.

Staff responsibility for the management of medicines was safe and met good practice standards described in relevant national guidance. One staff told us how they supported people with medicines and explained the action taken when issues arose. This was respectful of people's safety needs.

The service managed the control and prevention of infection well. Staff had received training in this area, understood their responsibilities and maintained good standards of cleanliness and hygiene. They told us that personal protective equipment was always available, that people were encouraged to maintain good hygiene standards while maintaining independence and that they felt the management were supportive with information and good practice guidelines. Procedures were followed and concerns about wellbeing in relation to hygiene were shared with the appropriate agencies.

Good

Is the service effective?

Our findings

People's family members told us the service was effective at meeting people's needs. They said, "I have absolutely no concerns that [Name] is supported well" and "The staff are really good with [Name] and know how to relate to them."

Care and support was planned and monitored to ensure consistency, in line with current guidance, legislation and best practice. People' needs were robustly assessed and regularly reviewed and reference was made to external services where necessary, such as those for health care and support with accessing other services and using technological aids. People's quality of life and care outcomes were good because staff effectively applied their learning to provide the outcomes people wanted.

Staff were competent and skilled to carry out their roles. Training was sourced from Humber Mental Health Foundation Trust as well as supplied by the registered manager who had a professional qualification (City & Guilds in Education and Training) and had also completed 'train the trainer' courses in 'Mapa' foundation, moving and handling and management of medicines. The registered manager was booked to complete 'Mapa' advanced trainers' course in September 2018.

Staff confirmed the induction, training and supervision they had been given that supported them to carry out their roles. They showed a good understanding of equality and diversity issues and people's rights. Staff talked about seeking consent and respecting difference and told us how they had experienced the difficulties for themselves in life regarding their own diverse behaviour. Supervision and appraisal of staff was effective at motivating them and enabling their professional development.

People were actively involved with meal provision and exercised genuine choice regarding food and drink. Discussion with the staff revealed that people were provided with meals that respected their religion, culture and dietary preferences. People, especially those with complex needs, were protected from the risk of poor nutrition, dehydration and swallowing problems that affected their health. We were told that people's mealtimes were relaxed and unhurried and always respected people's choice.

Staff practice followed clear guidelines and was consistent with regards to cross-sector working with other organisations. People were involved in their move between services, for example, from hospital or family homes and prison. Staff worked well with other agencies. Advocacy services were accessed for people where needed.

People's health and wellbeing was effectively monitored and any concerns were identified so that they could be given the right information in the format they required and be supported to with their health.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making specific 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 these decisions, any made on their behalf must be in their best interest 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 interest and legally authorised under the MCA. The procedures for this with regards to people that live in their own homes are called Court of Protection orders. 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. People did have authorisations, for example, to only leave their homes when accompanied by two staff members. Where people were assessed as lacking capacity to make specific decisions any made on their behalf were done so using best interest processes. Staff were aware of these processes and requirements under the MCA.

People were involved in decisions about their care. Mental capacity assessments were comprehensively completed and involved people, their families and other professionals where necessary. People's rights regarding their housing arrangements were protected in that they had tenancy agreements with MIND Housing Association for the properties they rented. The place where one person lived was designed to house no more than three people in a shared living accommodation arrangement. This met the values that underpinned Registering the Right Support and other best practice guidance, with regards to the supported living houses. It ensured people with learning disabilities or autistic spectrum disorder and mental health needs lived as ordinary a life as any citizen.

Good

Is the service caring?

Our findings

People's family members told us they found the staff to be kind, caring and compassionate and that relationships between people and staff were positive. Families told us they felt listened to and their relatives knew how to seek help. They said, "I often visit [Name] and I always see staff being caring and showing understanding of [Name's] needs" and "While I am not there all the time, I believe I would know if [Name] were ever unhappy with the care they get form the staff."

Staff told us they ensured that people were always treated with kindness and consistency of approach. They explained how difficulties in supporting people in the very early days led them into achieving the right approach to supporting people as individuals. This meant setting clear guidelines but understanding the person's point of view and needs and compassionately helping them through their difficulties.

Staff demonstrated good caring skills in getting to know people well and told us they had time to spend with people throughout the day, building relationships and providing clear boundaries. They used people's preferred means of communication to interact with them and provided support with, for example, personal care, nutrition, personal safety and entertainment that respected people's wishes.

People and health care professionals told us that staff treated people consistently as individuals and were quick to respond to any changes in need that they presented. Staff explained how they recognised when people needed help from them with decisions about their care and support. Staff told us how they provided support sensitively. They also said they pointed people and families in the right direction if outside help was needed, for example, from advocates, social services or health care professionals.

Everyone with an interest in people's care felt that staff had time, information and the support they needed to provide compassionate and person-centred care to them. This included making sure routines, rotas, training and staff supervision and appraisal arrangements were appropriate to empower stakeholders.

People were treated with dignity and respect without discrimination. Staff were confident they could note and report any failings in how people were treated, to the registered manager and have action taken to ensure it didn't continue.

Recruitment of new staff, their training and support was underpinned by the values of kindness, compassion, respect dignity and empowerment. The registered manager demonstrated that the job interview for a care worker was designed to highlight their value base, identify their life skills and experiences and looked for caring values in new staff at that stage in the process.

Staff had time to develop trusting relationships with people and family members, which enabled them to recognise and know about when people were distressed or in discomfort. Staff were alert to people's needs and told us about the practices they followed. Staff intuition and ability to recognise needs, particularly in those people living with dementia, was well honed.

People's choices were fully respected, including when they moved around the supported living service with regards to the time they got up or went to bed, whether they joined in with activities and when they received personal care from a staff member of their choosing.

Staff respected people's privacy and dignity. We were given some example of how they did this: ensuring people's curtains and blinds were closed if supporting with personal care, encouraging people to close their toilet door when in bedrooms or bathrooms. Staff maintained confidentiality of information, supplying details to other stakeholders and professionals on a need to know basis only. Not all staff received all of the details about people's past histories, events they had been involved in or details of their medical and health care requirements. This was because it was not always necessary for staff to have information that did not concern them or impact of the service of support people received.

Good

Is the service responsive?

Our findings

People's relatives told us the staff responded well to meeting people's needs. They said, "[Name] gets 24 hour support, every day and staff are firm but fair with them, so they know where they stand" and "I have not needed to complain so far and don't expect I will need to. I know what to do should I have to and so I feel the service is meeting [Name's] needs well." One health care professional told us, "The service is really responsive. We meet and talk with the manager to set up packages of care and I have no concerns they will be met."

People, their families, advocates and professionals at Humber Mental Health Foundation Trust were involved in compiling people's packages of support. People were initially assessed by the registered manager on meeting them for the first time, then had a pre-admission assessment. All information gathered was used, along with any local authority assessments or care plans and details from family members, to devise the support package to meet the person's needs. 'Positive behaviour plans' were also devised where people needed them.

PBS is a person-centred framework for providing long-term support to people with a learning disability, and/or autism, including those with mental health conditions, who have, or may be at risk of developing, behaviour that challenges support workers. It is a blend of person centred values and behavioural science and uses evidence to inform decision-making. Behaviour that challenges usually happens for a reason and maybe the person's only way of communicating an unmet need. PBS helps us understand the reason for the behaviour so we can better meet people's needs, enhance their quality of life and reduce the likelihood that the behaviour will happen.

People's diverse needs were considered on the grounds of the protected equality characteristics. For example, people with learning disability needs who were perhaps unable to recognise discrimination when out in the community were represented by staff who could identify it and speak up for their rights to be respected. People's choices and preferences were listened to and championed, but their individual needs were also taken account of in respect of their learning disability and behaviour. For example, one person was provided with heavy-duty furniture and high fencing to the garden to ensure their safety.

Staff were also treated respectfully with regards to their diversities. Staff had equality and diversity training, were made aware of each other's needs with regards to race and culture, sexual orientation, disabilities, marital status and age. Discrimination was not tolerated, but challenged and expected behaviour was covered by policy.

Staff empowered people to make choices so they were in control and maintained independence. For example, people did their own shopping and chose the foodstuff they wanted. They cooked their own meals with support from staff. Staff encouraged activities, relationships and community links so that people were not isolated.

The provider complied with the Accessible Information Standard, which is the means of ensuring that those

with a disability receive accessible health and social care information by identifying and managing people's communication needs. There was use of alternative format documentation and sometimes technology to assist people and staff in the management of people's communication needs and physical disabilities. For example, people had picture format documents that invariably contained real photographs of the places, activities and things the person was involved with each day. One person had a picture board in their kitchen that they competed each morning, showing their choice of activities and outings each day. We were told that people would be assisted to access computer equipment and programmes, where necessary to assist them with communication.

Staff communication needs were also looked at and it had been agreed that emails and texts would be used. Copies of these were held in a communications book after being issued to staff.

People and their families were given information for raising concerns. They were confident their complaints would be taken seriously, explored and responded to in a timely manner. We saw that the complaint procedure was open and transparent. Learning from complaints was used to improve the service and staff gave examples of how they had done this.

Staff told us they had not yet had the need to look at end of life care for people. However, they ensured us that people and their families would be empowered, involved, listened to and informed in developing their support plans with regards to their preferences and decisions for end of life care. People's wishes would be known and respected, particularly in relation to their diverse needs on the grounds of protected equality characteristics, for example, learning disability, dementia or physical disability. Staff were aware of the need to ensure people's dignity and comfort were maintained and that professionals would be consulted about a dignified and pain-free death. Specialist medicines would be available at short notice. Staff told us they would support relatives and friends at the end of a person's life.

Good

Is the service well-led?

Our findings

People's family members told us the service was very well-led. They said, "I have every confidence in the manager" and "I believe the service is well managed and staff have a good role model to follow in the manager."

The registered manager understood their governance responsibilities with regards to legal requirements and conditions of registration. The service was well-led and managed and the culture promoted positive person-centred care. Staff described it as supportive, ambitious regarding improvement and experimental. The registered manager explained that each package of support was built on the understanding that the service provided for people 'would be right' and therefore preparation, planning and matching of staff to people was essential.

The provider was required to have a registered manager. On the day of the inspection the manager had been registered for as long as the service: one year. The registered manager was aware of the need to maintain their 'duty of candour'. This is the responsibility under the 2014 regulations to be honest and to apologise for any mistake made. They were also responsible to a board of directors who met every two months to discuss service delivery and any issues.

The management style of the registered manager was positive, forward-looking and extremely inclusive for people that used the service, their family members and staff. The registered manager was supported by the organisation's senior management, but had autonomy to devise how the service was run and managed.

The registered manager related well to people, staff and other stakeholders. They actively shaped the culture by promoting and leading on a vision that the organisation had set: to become the leading health and social care provider in positively changing people's lives. The values of the service, as described by one of the directors, was to show commitment to empowerment and people being in control of their lives. Equality and diversity were actively promoted for people that used the service as well as staff. For example, a person's physical difference was compensated against when they were out in the community and staff advocated and promoted their adult status at all times. Any workforce inequality was acted on so that staff felt they were treated equitably. For example, a discrepancy in a person's financial transactions put all staff under uncomfortable suspicion, until swift and thorough investigations showed who the concern lay with. The way the situation was handled ensured staff were quickly cleared and informed of their exoneration.

Feedback was sought about service delivery using meetings and impromptu discussions. Staff meeting minutes were evidenced. These showed who was present, the topics discussed and what action was to be taken to make changes to or develop work practice. For example, team leaders were to supervise the e-learning of staff in the Care Certificate, an activities board was to be devised for a person that used the service and rolling rotas were to be produced to meet the needs of individual people. Team meetings were innovative in that they also incorporated 'team-building' and we saw photographic evidence of a meeting held in a local park where a game of 'rounders' helped staff to bond.

Satisfaction surveys were ready for issuing but as there were few people using the service yet, they had not been issued. Verbal comments had been obtained from the first users of the service in May 2018 and recorded that people were satisfied so far with how support had been delivered. These included, 'I am very happy in my new house, though [Name and Name] are a bit bossy.' A family member stated, 'I am very happy with how the move for [Name] has gone. They have settled really well.'

Audits had been completed to assess service and staff performance. These included monthly board audits on the financial viability, growth and development of the service. Registered manager audit responsibilities included six-monthly 'governance and quality returns' being sent to the board of directors. These included checks in relation to staffing issues, people that use the service and their support needs, safe practices, environments and the general running of the service. However, he quality assurance system had only been implemented from May 2018 since the first people began to use the service and so no analysis of information had taken place yet. Systems looked to be suitable and promised to be effective.

Staff told us they felt respected, valued and supported and their voices were heard and acted on. They thought they had good opportunities for personal development. They received constructive feedback about their performance from the registered manager, who accounted for the actions, behaviour and performance of staff. People's families and staff were meaningfully involved in how the service was delivered, as their diverse views and opinions were sought through care reviews and meetings.

Staff encouraged people to set up and maintain links with local community resources. For example, one person had begun to attend football sessions in the community and was enjoying it immensely.

The registered manager worked openly and collaboratively with other agencies and organisations by building good relationships and keeping in contact with their officers and workers, sharing information and listening to and acting on advice when it was offered. One health care professional told us, "Wellington work really well with other agencies. They source accommodation and are helping people to transition between, for example, prison or difficult family home situations and their own places. The manager is assertive, easy to relate to and has built a rapport with Humber Foundation Trust through collaborative discussions about individuals' needs."

Another professional that we had contacted before the inspection told us in an email 'In my discussions with Wellington's manager the service seems to be promising. The manager has attended meetings for individual patients and discharge planning meetings reliably, but we have no one in a service and have not therefore reviewed anyone yet.' This highlighted the registered manager's commitment to working closely with other organisations, which in turn supported care provision, service development and joined-up care for people.

Data protection was appropriately managed and the service was registered with the Information Commissioner's Office. The registered manager was aware of the new data protection legislation recently introduced by the European Communion. Information held on computer and in paper format was securely stored.