

Wargrave House Limited

Wargrave House LEAP

Inspection report

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27 November 2017

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection took place on 23 and 27 November 2017 and was unannounced. At the last inspection on 23 February and 3 March 2015 the service was rated Good. At this inspection the service was rated overall good.

Wargrave house (LEAP) is purpose-built residential accommodation on the site of Wargrave school and college. The service accommodates up to 6 young adults between the ages of 19 and 25 years who are living with autism and attend the college that is also run by the registered provider. On the day of our inspection there were five people staying at the service. Each person stayed for between one and four days each week.

There was a registered manager at the service at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 and to report on what we found. At our last inspection we found the registered provider was not fully following the requirements of the MCA. At this inspection records showed the registered provider had ensured all appropriate documentation was in place that included capacity assessments. The registered provider had policies and guidance available to staff in relation to the MCA. Staff demonstrated an understanding of this and had all completed training.

Systems in place for the recruitment of staff were robust and this ensured that only suitable staff were employed to work with the vulnerable people supported. Records showed that all staff had completed an induction at the start of their employment and also undertaken shadow shifts. All staff had completed mandatory training as well as additional training specific to their role. Staff were supported by the management team through regular supervision and team meetings. This meant that people were supported by staff that had the right skills and knowledge for the role.

The registered provider had safeguarding policies and procedures in place. Staff had all received training and demonstrated a good understanding of this topic.

A thorough assessment of people's needs was completed prior to them accessing the service. Individual care plans and risk assessments were in place and included 'What is important' and 'My health passport' documents. People and their chosen relative's had participated in the preparation of their person centred care plans.

People knew the staff that supported them by name and had developed positive relationships. Staff treated people with kindness and were caring in their manner.

People undertook activities of their choice. Feed back was sought from people on each day of their stay at the service. Annual feedback questionnaires were sent to relatives and positive feedback had been received.

Dietary needs were fully assessed and clear guidance and documentation was in place for the management of this. Relatives told us people's dietary needs were met.

The registered provider had documents available in accessible formats that included easy read and pictorial.

There was a clear complaints policy and procedure in place that was accessible to all people and their relatives.

The registered provider had up to date policies and procedures in place that were reviewed regularly.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

The registered provider followed robust recruitment procedures and ensured sufficient numbers of staff were available to support the needs of people.

Staff all received safeguarding training and were familiar with the policies and procedures in place.

Medicines were managed safely and appropriate emergency procedures were in place.

Good 

Is the service effective?

The service was effective.

Staff supervision was provided in line with the registered provider's policy and best practice.

Staff had the right skills and knowledge to support people and had all received up to date training for their role.

People's rights were protected by staff that had all received training and had knowledge of the Mental Capacity Act 2005.

Good 

Is the service caring?

The service was caring.

Staff and the people supported had developed positive relationships.

People were provided with care by staff that were kind and compassionate.

People were treated with respect and staff respected their right to privacy and dignity.

Good 

Is the service responsive?

The service was responsive.

Care plans reflected people's individual needs and were person centred.

People and their relatives knew how to make a complaint and felt confident they would be listened to.

People were given choices about their activities, food and how they spent their day.

Good ●

Is the service well-led?

The service was well led.

Quality assurance systems were in place that helped the management team continually improve and develop the service.

People relatives and staff told us the management team were approachable and always available to offer support or discuss concerns.

The registered provider's policies and procedures were up to date and regularly reviewed.

Good ●

Wargrave House LEAP

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.

The inspection was carried out on 23 and 27 November by one adult social care inspector and was announced. The registered provider was given 24 hours' notice as we needed to be sure that someone would be available at the office.

During our inspection we observed care and support within the communal areas at the service. We spoke to two people supported by the service and two relatives. We spoke to four support staff, members of the therapy team, the registered manager and the nominated individual. We looked at two people's care plans, three staff recruitment and training files and records that related to the management of the service.

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 information that we held about the service. This included notifications we had received from the registered manager, safeguarding referrals, concerns about the service and other information from members of the public. We contacted the local safeguarding team who told us they had no immediate concerns regarding the service.



Our findings

We saw that staff acted in an appropriate manner and that people were comfortable with staff. Relatives told us they had confidence in the service and their comments included, "I have no issue relating to safety at all" and "When [Name] is staying at the service it is the only time we relax as we know they are totally safe."

Risk assessments are in place within each care plan file we reviewed and these held clear guidance for staff to follow when supporting people. Risk assessments were specific to the individual and included vulnerability and moving and handling. A range of person centred risk assessments were in place for people that had behaviour that challenged. These included clear guidance for staff to follow that reduced the risk and protected people from harm.

Personal emergency evacuation plans (PEEPs) were in place within each file we reviewed. A PEEP is a document that describes the support person need to evacuate the building in the event of emergency. Each PEEP included details of when a person had last taken part in a fire drill and how they had responded to this.

We looked at the staff recruitment files for three staff and saw they held a completed application form, interview records, as well as two references which included the most recent employer. An up-to-date disclosure and barring check (DBS) was held for each member of staff employed. The DBS carry out criminal record and barring checks on individuals who intend to work with children and vulnerable adults to help employers make safer recruitment decisions. This meant people were supported by staff that were of suitable character to work with vulnerable people.

We reviewed the staff rosters for the service and they demonstrated that sufficient staff were employed to meet the needs of the people supported. The service did use agency staff on occasions and records showed they used regular people that had undertaken a thorough induction at the service and had developed an understanding of people's needs.

Staff were aware of their responsibilities that related to the safety of people they supported as well as their own safety at all times. All staff had completed safeguarding training and were able to describe the different types of abuse, signs that may indicate that a person is being abused and actions they would take to report this. Staff told us they were confident that the registered manager would respond promptly to any concerns that they had in relation to safeguarding people from harm. A safeguarding concern was reported during our inspection and we saw that staff and the registered manager followed the safeguarding procedures that were in place. Following the event the registered manager and staff team prepared a storyboard that used

an easy read and pictorial format to support the person to understand how to stay safe in the future.

Staff supported people with the management of their medicines. Staff that administered medicines had all completed training and had their competency regularly assessed. We reviewed the medicine records for two people and found the records to be fully completed and signed by staff. One person's file held information for staff to support them to administer PRN 'as required' medicine.

Staff had all completed training on infection control and told us about the importance of using personal protective equipment (PPE). Protective aprons and disposable gloves were used by staff when undertaking personal care tasks. These are used to protect staff and people from the risk of infection being spread. Staff were observed washing their hands between tasks to reduce the spread of germs.

People's care plan files held contact details for relatives, GP and other healthcare professionals to be contacted in the event of an emergency. Staff told us they had access to a member of the management team at all times through an 'on-call' process. This meant that in the event of an emergency staff had an appropriate person to contact without delay for support and advice.

Records showed health and safety checks were regularly undertaken at the service. All equipment including hoists were regularly serviced and in good repair.

Our findings

Relatives told us they had total confidence in the staff team as they were well trained and had the knowledge and skills to meet the needs of the people supported. Comments included, "Staff are excellent", "Staff are skilled and have a great understanding" and "All staff are very approachable, professional and friendly."

Records showed that all staff had completed a thorough induction at the start of their employment. Staff that we spoke with confirmed the induction had prepared them for the role and they had also completed shadow shifts with experienced members of the team. Records reviewed evidenced that all staff had completed training in topics that included moving and handling, health and safety, fire prevention, equality and diversity and first-aid. We identified that some training was out of date and required a refresher update. The registered provider immediately addressed this and following the inspection we received confirmation that all training was up to date.

All staff had undertaken additional training in mindfulness, epilepsy and PECS which is the Picture Exchange Communication System which allows people with little or no communication to communicate using pictures. This meant people received support from staff that had the knowledge and skills to support them.

Staff were supported to continue with their professional development and we saw that all staff had undertaken or were completing a level two and three Diplomas in Health and Social Care.

Staff told us they received regular supervision and an appraisal. They said that they felt fully supported by the management team. Records were fully completed and showed supervisions had taken place regularly. Supervision is an opportunity for the registered provider to discuss performance issues, as well as any training and development needs. It provides staff with an opportunity to raise any concerns they may have.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions or are helped to do so when required. 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 the best interests and legally authorised under the MCA 2005.

We checked whether the service was working within the principles of the MCA and found that it was. The

registered provider and staff had a good basic understanding of the Mental Capacity Act and had all completed training. The process of assessment used by the registered provider included gathering information on the needs of people as well as reference to their capacity to make decisions. The registered manager told us they worked alongside people's relatives, as well as health and social care professionals if a person did not have the mental capacity to make their own decisions. Best interest decisions were evidenced when people lacked capacity to make decisions for themselves. Deprivation of Liberty Safeguards (DOLS) applications had been appropriately applied for and decisions were awaited from the local authority.

People and their chosen relatives had been involved in the preparation of their care plans and had consented to the contents of these. Records showed the registered provider had sought consent from the person to allow for their care plans to be seen by their parents, staff and therapists. We saw that staff asked for consent before undertaking tasks with people.

We saw that people were involved in menu planning and making choices about what they would like to eat and drink. People told us they liked the food at the service. One person's care plan had information that related to their sensory diet. The plan included clear guidance prepared by an occupational therapist for staff, for the management of this. For example '[Name] to be offered a cold drink through a straw which will stimulate their mouth before eating or to eat something crunchy prior to a meal such as a carrot stick'. Menus were offered in a pictorial format and a huge variety was available for people to choose from. One person showed us a selection of recipes that they followed as they enjoyed cooking for themselves. A relative said, "Staff let [Name] cook what he wants and help him to do this." The drawers and cupboard doors within the communal kitchen were all labelled with easy read and pictorial signs. This encouraged people to independently access their own utensils, cutlery, foods and drink.

The registered manager described the support they had offered to a person during the transition to living in the community. They had linked with the new service provider who had identified a key worker for the person. The key worker visited the service on multiple occasions to overview the person's morning and evening routines, activities, met with the therapists that had been supporting the person and to develop a relationship with the person. The registered manager had shared all the systems in place that supported the person to ensure a smooth transition.



Our findings

People, relatives and healthcare professionals all told us that the staff were caring. People knew staff by name and appeared happy, comfortable and relaxed in their company. Comments from relatives included, "Staff spoke to [Name] as an adult and demonstrated that his feelings and aspirations counted", "Staff are very caring and [Name] has developed really positive relationships with the staff team and "[Name] enjoys the continuity of staff and has a key worker that he gets on really well with."

Throughout our visit we saw staff engage positively with people and treat them with kindness. Staff involved people in all decisions and promoted their independence at all times. Records showed people were communicated with in a way that was meaningful to them. People supported used different types of communication that included Ipad's and PECS which is the Picture Exchange Communication System which allows people with little or no communication to communicate using pictures. We saw that staff allowed people sufficient time to give their views and responses were not rushed. This meant people's communications needs were fully met.

We saw that people's rights to privacy and dignity were respected by staff. People's bedroom doors remained closed and staff consistently knocked and awaited a reply before entering. One person requested to speak to a member of staff away from the group and this was discretely achieved to maintain the person's confidentiality.

Information was available in different formats that included easy read and pictorial documents which met the needs of the people at the service.

The registered provider had an advocacy policy in place and people had access to information about advocacy services available to meet their needs.

Our findings

One person told us they liked doing seated yoga each week and another told us they liked going to Nomad Rangers as they liked doing outdoor activities. Comments from relatives included, "[Name] has lots of fun and staff are very good at finding activities for them to complete that have included golf, attending the gym and going out for meals" and "The staff appear to know a great deal about the struggles that autistic adults have and they are very good at getting them into the community."

An assessment of people's needs was undertaken prior to them using the service. People, their chosen relatives and other health and social care professionals participated in this process. Following the assessment people's individual care plans and risk assessments were developed. Care plans included information about people's personal care requirements, communication needs, social interaction skills, independent living skills and occupational therapy functional skills. All care plans were person centred and clearly stated how the person would like to be supported. Staff told us the care plans gave them clear guidance to ensure people had continuity of care.

Each person had a 'What is Important' document within their care plan files. This included information from all areas of the person's life. For example, 'I like to tell jokes; I like to play games with my peers'. Each person also had a 'health passport' that included essential information regarding the person's health and included details of health professionals that supported them. This document was used if people were required to attend a medical appointment and was reviewed and updated regularly. This ensured other professionals had access to up-to-date information that related to a person's specific needs.

Staff completed daily records which were comprehensively written and included information about each person's health, well-being, mood, food, fluids and sleep pattern. These records were reviewed regularly by the management team.

Records showed care plans were regularly reviewed and updated when any changes occurred to people's care and support needs. People and their chosen relatives were included in this process.

People supported invited us to attend their daily group meeting. During the meeting people took it in turns to participate. One person recorded who was in attendance by ticking a photograph of the person, another person ticked the photographs of the staff in attendance. People chose the tasks they would like to undertake, for example to help in the kitchen or to load the dishwasher. People also chose the activities they would like to undertake that included, seated yoga, going to St Helens on the mini bus and spending time

on the computer. The evening menu was discussed and people chose what they each wanted to eat. People talked about what had been good about their day and if anything had been bad. People communicated in ways appropriate to them. People willingly participated and appeared to enjoy their group meeting.

People told us they enjoyed the activities at the service. There was a large outdoor area that included seven different pieces of exercise equipment. People could choose to have individual exercise programmes developed to meet their needs. There was also an enclosed garden area where people could access play equipment or sit and relax.

The registered provider had a complaints policy and procedure that was available in easy read and pictorial formats. People and their relatives told us they knew how to raise a concern or complaint and stated they felt confident they would be listened to. We reviewed the registered providers process for managing complaints and a clear course of action was documented, including an initial letter acknowledging the complaint, an investigation, actions of any learning and changes implemented, and a written response to the complainant. One relative told us, "Any minor issue that we've had, has been very promptly addressed."



Our findings

People, relatives and staff all described the registered manager and management team as supportive and approachable. One relative told us, "The registered manager and staff are just fantastic." Comments from relatives that had completed a recent quality questionnaire included 'I am so impressed with the service and it has done wonders for [Names] self-esteem. He wants to go out with us more as a family and is more confident', 'My son's needs and interests are fully met', 'I have complete confidence in the staff and management' and 'It's all excellent I can't fault it in anyway'.

The service had a registered manager in post that had been registered with the Care Quality Commission since 2011.

The registered provider undertook audits throughout the service. These included medicines management, care plans, living environment, health and safety and accidents/incidents. Records showed that when concerns had been identified actions were put in place to drive up improvements.

During our visit we observed people participating in a project to put forward ideas for the decorating and refurbishment of the communal lounge. People were also choosing new flooring, wall art, murals and pictures. This meant people were fully involved in the development of the service.

Accidents and incidents were clearly documented and thoroughly reviewed to identify any patterns or trends. The registered provider had a bespoke software programme to support them with this process.

People were invited to give daily feedback at the service through the group meetings as well as one-to-one meetings with staff. One person's feedback had included photographs of activities they'd undertaken and written thoughts.

The registered provider invited feedback through questionnaires from relatives annually. Records showed many positive comments been received and this information was shared with the staff team. We saw that one person had stated they would love a weekly summary of activities completed. A liaison sheet had been introduced with the person's consent to share this information with their relatives. This meant the service responded promptly to feedback received.

Minutes of staff meetings were reviewed and they showed that meetings took place regularly. Staff told us they attended daily handover meetings and felt their ideas were welcomed by the management team. The registered provider held regular multi-disciplinary meetings with the teachers and therapists working

with people in the college setting. Staff worked within the college setting and residential setting to ensure people experienced continuity of care and support.

The registered provider had policies and procedures in place that were available to staff if they required guidance. These documents were reviewed regularly.

Registered providers are required to inform the Care Quality Commission (CQC) of certain incidents and events that happen within the service. The service had notified the CQC of all significant events which had occurred in line with their legal obligations.

Ratings from the last CQC inspection were clearly displayed at the service and on the registered providers website.