

Wheatley Care Personalised and Self Directed Support Services (North Lanarkshire) Housing Support Service

14 McGregor Street
Craigneuk
Wishaw
ML2 7SE

Telephone: 01698507241

Type of inspection:
Unannounced

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31 October 2024

Service provided by:
Wheatley Care

Service provider number:
SP2006008236

Service no:
CS2014333902

About the service

Wheatley Care Personalised and Self Directed Support Services (North Lanarkshire) provide care and support to people living in their own homes. This includes adults and older people with mental health problems, learning disabilities, alcohol-related brain damage, drug and alcohol problems, people who may be at risk of homelessness, and people with physical health issues.

The service is based in the Craigneuk area of Wishaw and operates across the North Lanarkshire Council area.

The provider is Wheatley Care. The provider summarises its aims and objectives as follows:

"The service aims to address the challenges of the people we work for by creating a highly engaging programme of support which reflects on past experiences and creates positive outcomes for the future. We do this by creating co-created support packages with the individual. This empowers the people we support to take control of their care and decide on their own positive outcomes, community of their choice, home for life."

About the inspection

This was an unannounced inspection which took place on 29, 30 and 31 October 2024. The inspection was carried out by two inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with four people using the service and one family member
- spoke with seven staff and management
- communicated with health and social care professionals.
- reviewed documents

Key messages

- People value the service and see it as providing positive influences on their lives.
- People are encouraged to be active in agreeing the kind of support they want.
- Staff are appropriately trained and feel well supported in their work.
- Management oversight has improved to ensure good practice and positive outcomes.
- Health and social care professionals see the service as a valued partner in achieving good outcomes for people.
- Previous requirement and areas for improvements have been fully met.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	5 - Very Good
How good is our leadership?	5 - Very Good
How good is our staff team?	5 - Very Good
How well is our care and support planned?	5 - Very Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people and evaluated this key question as very good.

People supported by Wheatley Care were very positive about the service and the staff. They told us that they had regular staff who they had got to know and trust. They said the service was built around their individual needs and preferences.

People received a range of support from the service. This included, when required, support with practical but important tasks like paying bills and doing housework. People were also assisted and encouraged to socialise and be active. This might be going shopping, visiting cafes or taking walks.

For some people, medication played an important part in keeping them well. The service encouraged people to take responsibility for their own medications, where possible. When people needed assistance with medication we saw, from medication records, that people got the right medication and dose at the correct times.

Some people mentioned they could rely on the service to help them through times when life was challenging. One person said, 'they help me keep going.'

A family member told us that the service had improved in a number of ways recently. This included management staff responding to calls promptly and the service taking time and making efforts to match specific staff to their loved one's needs. They said, 'Very happy with service and the staff. I can go out and not worry about because cos I know they are being well looked after.'

Health and social care professionals told us the service was an important part of a team approach in keeping people well. This included attending multi-disciplinary meetings and supporting people to attend health appointments.

Following a complaints investigation, in February 2024, we made an area for improvement on people receiving consistent care from staff who know them and their support needs. We are satisfied that this has been met. For more information see 'What the service has done to meet any areas for improvement we made at or since the last inspection' towards the end of this report.

How good is our leadership?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people and evaluated this key question as very good.

There had been changes in management since our last full inspection in August 2023. The current arrangements involving the registered manager and team leader were temporary with a permanent manager to be appointed after this inspection. Despite the arrangements being temporary, people and staff told us that they saw positive changes. For people, this included having consistent staff and better communication from management. For staff, it was about management being approachable, available and clear on what they expected.

The service improvement plan was detailed with clear goals on improving outcomes for people and supporting staff. This together with the provider's 'Vision for 2021 to 2026' made clear that people were at the heart of their activities.

Management had a range of robust approaches in place to provide assurance that the service was running well and alert them to areas for action.

Accidents and incidents were recorded well and detailed actions to deal with the events and, when appropriate, reduce the likelihood of repeats.

Care plans and reviews of care provided to people were audited to ensure they were accurate, in line with people preferences and desired outcomes. When there were any actions required, for instance, information needed updated, these were clearly recorded and confirmed when completed.

Following a complaint investigation, in February 2024, we made an area for improvement on how the service responds to concerns and complaints. We are satisfied that this area for improvement has been met. For more details see 'What the service has done to meet any areas for improvement we made at or since the last inspection' at the end of this report.

How good is our staff team?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people and evaluated this key question as very good.

Front-line care staff were committed to their work and enjoyed their job. They told us they felt well supported by the current management arrangements.

Staff benefitted from a comprehensive training programme provided mostly online but also face-to-face. This included moving people safely, supporting people with medications and infection control. Most staff had completed all the training required for their roles. For staff yet to complete training, the service had plans in place support them to do this.

The service makes use of direct observations to be sure staff were supporting people as intended and using good, safe practices. These involve management staff visiting service users without staff knowing in advance. Managers looked at how staff engaged with people as well as how well they supported them with specific tasks, for instance, personal care and support with medication. Feedback was provided to staff on their performance. People being supported and their families were also encouraged to give their views on how they felt care was provided.

Supervision takes place on a regular basis with staff. This provides opportunities for staff to get feedback on their performance, management to ensure staff are compliant with relevant guidance and discuss people supported.

Staff told us that direct observations and supervisions were useful to them. They said feedback from management, including on areas that needed improvement, was appropriate and respectful. They also told us that management and senior staff were approachable and supportive on a day-to-day basis.

At our previous full inspection, in August 2023, we made two areas for improvement relating to staffing. These related to staff following safe practice in infection control and being fully trained. Following a

complaints investigation, in February 2024, we made another two areas for improvement on staffing. These related to training, including when additional training might be required and the service ensuring staff competence following training.

We are satisfied that all four areas for improvement have been met. For more details see 'What the service has done to meet any areas for improvement we made at or since the last inspection' at the end of this report.

How well is our care and support planned?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people and evaluated this key question as very good.

Personal support plans, or care plans, are essential to helping people achieve good outcomes. They should be person-centred and provide information on people's backgrounds, needs and preferences. They also provide care staff with the details they need to support people.

We found the support plans at Wheatley Care were accurate, up to date and made clear how staff could help people achieve positive outcomes.

To continue to be meaningful care plans need to take into account people's changing needs and circumstances. The service did this by carrying out six-monthly reviews of the care provided. The reviews involved the person supported, their representatives if appropriate and the views of other professionals. We were satisfied that, with few exceptions, people had their support reviewed and updated on a regular basis. Exceptions included people in hospital at the planned time for reviews.

As well as having people involved in planning their care and reviews, the service used additional methods to assist people to be active in planning and reviewing their supports. These methods included 'Outcome Stars' which help make it more straightforward for people to identify what areas of their lives they are satisfied with and what areas they would like to change. This approach - using care planning, care reviews and the Star process - helped ensure people's views and preferences were fully taken into account.

Management had systems in place to oversee the quality of reviews as well as the use of additional methods. This helped ensure these were meaningful, any changes noted and actions required were carried out.

At our August 2023 inspection, we were not satisfied that the service reviewed people's supports on a six-monthly basis, as care services are required to do. We also decided that the star approach could be improved and linked with care planning and reviews. We made a requirement on this and related areas. As noted above, we are now assured that the requirement has been fully met. Please see, 'What the service has done to meet any requirements made at or since the last inspection.'

We also made an area for improvement on care plans being made available to people supported and giving staff the required information to provide care. We are satisfied that this area has been met. Please see 'What the service has done to meet any areas for improvement we made at or since the last inspection.'

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

By 31 January 2024, the provider must ensure that care plans are reviewed on a six-monthly basis, as a minimum, in line with current legislation.

To do this, the provider must, at a minimum, ensure:

- a) people are supported to understand and be included with their care review;
- b) collaborate with people and others involved with their care to gather their views on what is working well with the care and support;
- c) ensure that any agreed actions are completed and reviewed regularly to ensure they remain effective;
- d) 'outcome stars' and risk assessments reviewed and updated as part of care reviews; and
- e) managers are involved in the monitoring and the audit of people's reviews.

This requirement was made on 8 August 2023. Extended to 21 August 2024.

This requirement was made on 15 August 2023.

Action taken on previous requirement

Review matrix in place clearly showing when reviews due. Reviews are detailed and informative, with some information being transferred to or from outcome stars.

People were encouraged to be active participants in reviews, although some choose not to take part. Health and social care professionals' views are included, where appropriate.

Audits clearly happening on planned basis and make clear what is required to improve records.

Met - outwith timescales

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

To reduce the risk of infection and cross contamination, the provider should ensure that staff follow good practice in relation to infection prevention and control. This should include, but is not limited to, being satisfied staff are competent in the donning, doffing, and disposal of personal protective equipment.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisations codes' (HSCS 3.14).

This area for improvement was made on 8 August 2023.

This area for improvement was made on 8 August 2023.

Action taken since then

Training records and interviews with staff confirm training taking place. Staff confident in explaining importance of infection control to people and themselves.

Previous area for improvement 2

The provider should develop systems to ensure care staff are appropriately trained for their role. This must include, but is not limited to, ensuring all care staff receive mandatory training as identified by the provider and any relevant refresher training.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

This area for improvement was made on 8 August 2023.

Action taken since then

Interviews and records provided confirm appropriate training completed by staff. Management encourage and direct staff to ensure compliance.

Previous area for improvement 3

To support good outcomes for people, the provider should ensure that an adequate care and support plan is always available to people receiving care and the team who provide the care and support. This should include, but is not limited to, ensuring this provides information to staff on how a person is to be supported.

This area for improvement was made on 23 February 2023.

Action taken since then

Care plans provided to people and contain good level of information including directions to staff.

Previous area for improvement 4

To ensure positive outcomes for people experiencing care and support, the provider should ensure the care team are trained, competent and skilled. This should include, but is not limited to, ensuring that any specialist training is provided to meet people's individual needs and there is a system in place to assess staff competency on a regular basis.

This area for improvement was made on 23 February 2024.

Action taken since then

Linked to area for improvement '3' above. Satisfied that any requirement for additional training or briefing would be acted on appropriately by provider.

Previous area for improvement 5

To support positive outcomes for people, the provider should ensure that the care is well co-ordinated so that people can experience stability in their care and support from a team who knows their needs, choices and wishes.

This area for improvement was made on 23 February 2024.

Action taken since then

People confirm they get consistent, reliable support from staff who have built up positive relationships with them.

Previous area for improvement 6

To support positive outcomes for people experiencing care, the provider should ensure that any concerns related to people's care and support is responded to appropriately. This should include, but is not limited to, ensuring the service's complaint policy and procedure is implemented when required.

This area for improvement was made on 23 February 2024.

Action taken since then

The service receives few direct complaints. Policy in place and provided to people.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

How well do we support people's wellbeing?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good
How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good
How well is our care and support planned?	5 - Very Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	5 - Very Good

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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

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