

# The Wilf Ward Family Trust

## Isabella Court

### 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

We undertook this inspection of Isabella Court on 7 December 2016.

Our previous inspection of Isabella Court took place in October 2015, when the service was given an overall rating of requires improvement. There were no breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014 Regulations identified at that time, but three recommendations were made to encourage improvements. These related to ensuring people always received caring and responsive care and that the service was consistently well led.

Isabella Court is registered to provide personal care and accommodation for up to nine people. The home focuses on providing care to younger adults who may be living with a learning disability, autism and/or physical disabilities.

At the time of this inspection the home was providing care to nine people.

Isabella Court had a registered manager. 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 in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People appeared comfortable in their surroundings and with staff. Relatives told us people were safe at Isabella Court and that their relations were always happy to return to the home after an outing or visit with family.

The registered provider's recruitment process reduced the risk of unsuitable staff being employed. Staff knew what to do if they had concerns or suspicions of abuse and confirmed they felt able to raise concerns with the management team.

There were enough staff were on duty to support people safely and the manager had flexibility to change staffing to accommodate activities or appointments people needed to attend.

People's medicines were stored and managed safely. Staff had received training on the safe administration of medicines.

Staff received the training and support relevant to their roles. This included encouragement to complete formal qualifications and regular formal supervision.

Staff worked within the principles of the Mental Capacity Act 2005. The manager knew when and how to seek authorisation under the Deprivation of Liberty Safeguards to deprive people of their liberty lawfully.

People received a varied choice of meals, snacks and drinks throughout the day. Nutritional needs were screened and people's weight was monitored.

Staff supported people to access other healthcare professionals to maintain and improve their health. This included the involvement of specialist healthcare professionals when needed.

Relatives spoke positively about the care their relations received. Staff were described as kind and caring. Staff knew people well and could describe how they maintained people's privacy and dignity.

People and their relatives had been involved in planning and reviewing their care and support needs. Records included detailed information about people's preferences, routines and support needs.

People took part in a variety of activities and outings as part of their weekly routines. The sensory room had been improved since our last inspection and the manager had plans to introduce individual sensory programmes, to support people to get the most out of these facilities.

Staff tried to engage people and encourage activities while people were in the home, but a more structured approach would be beneficial. The manager agreed and had already highlighted this as an area for further improvement.

A complaints procedure was in place and relatives told us that they could discuss any issues or concerns with staff.

Relatives and staff spoke positively about the registered manager. There was a pleasant, warm atmosphere at the home and people told us they were satisfied with the care provided.

Audits and checks took place and there were plans for further improvements to the environment and arrangements for activities. People had been consulted and asked for feedback about the service.

The registered manager had informed CQC of significant events by submitting notifications in line with legal requirements. The provider had also displayed their inspection rating since the last inspection, although some improvements were needed to the way ratings were displayed on the provider's website. This was discussed with the manager during our inspection and action taken.

## 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 ●

Relatives told us that people were safe and appeared happy to return to Isabella Court after visits away from the home.

Staff had received safeguarding training and knew how to report suspected abuse.

People were protected by staff who were safely recruited and there were sufficient staff to care for people safely.

Staff had been trained in the safe handling of medicines and medicines were administered safely.

### Is the service effective?

Good ●

Staff were trained and supported to meet people's needs.

The service implemented the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People had access to healthcare services when they needed them.

People's nutritional needs were met and they had access to food and drink when they wanted it.

### Is the service caring?

Good ●

The service was caring.

Staff supported people in kind and caring ways.

People were comfortable with their staff and relatives thought people were treated well.

Staff were aware of the importance of maintaining people's privacy and dignity.

### Is the service responsive?

Good ●

The service was responsive.

People and their relatives were involved in planning and reviewing their care.

Care plans contained detailed information about people's preferences, routines and support needs.

People regularly took part in activities and events in the local community.

Staff interacted with and supported people with some activities in the home, but a more structured approach to activities while at home would be beneficial.

**Is the service well-led?**

**Good** ●

The service was well led.

There was a registered manager in place. Staff and relatives were complimentary about the manager, their approach and impact.

The atmosphere in the home was positive, friendly and pleasant.

People using the service, their relatives and staff were kept informed and given opportunities to provide feedback.

Systems were in place to update policies and procedures and monitor the quality of the service.

# Isabella Court

## 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 7 December 2016 and was unannounced. The inspection was carried out by an adult social care inspector.

Before our inspection we reviewed all the information we held about the service. We reviewed our previous inspection report. We also reviewed the notifications and any safeguarding information or concerns we had received. A statutory notification is information about important events, which the provider is required to send to the Commission by law.

We contacted the Local Authority and obtained feedback from them about the service.

We looked at the provider information return (PIR) which the provider had completed and returned to us. A PIR provides us with information about the service, including what they do well and what they want to improve.

People who used the service were not able to verbally discuss their care and experiences with us in any great detail, because of their complex needs. However, we spent time speaking with, observing and interacting with the nine people who used the service during our visit. We observed the care and support provided and the activities people engaged in to help us make judgements about their care.

We spoke with five staff in depth, including the registered manager, the deputy manager and three support workers. We also observed and spoke with other support workers throughout our visit, but on a less formal basis.

We looked at documents and records that related to people's care and the management of the home. This included a range of training records, medicine records, quality assurance records, policies and procedures.

We looked at two people's care plan records and three staff files in detail.

The registered manager agreed that they would inform the relatives of people living at Isabella Court about the inspection and invite them to give feedback directly to us as part of the inspection process. After our inspection we contacted six relatives of people who lived at the home for feedback.

We also liaised with the fire officer regarding their recent inspection visits.

# Is the service safe?

## Our findings

The majority of people could not tell us directly if they felt safe living at Isabella court. We observed the care and support people received throughout our visit and spoke to people's relatives. People seemed at ease in the home and there was a comfortable atmosphere apparent on the day of the inspection. We saw people interacting with staff in a way that suggested they felt comfortable. For example, making their needs known, laughing and making physical contact with staff. Relatives we spoke with told us that their relations liked living at the home. For example, they were always happy to return after visits or outings. One person told us, "[Name of person] is happy and I can't speak highly enough of them [Isabella Court], it takes a load off our minds. There is a happy atmosphere."

There were policies and procedures to guide staff on the action to take in response to allegations or suspicions of abuse. Support workers had received safeguarding training and could tell us what they would do if they had concerns about someone's wellbeing or treatment. All the staff we spoke with told us people were cared for and treated well. Support workers had confidence that any concerns raised would be dealt with openly and appropriately by the manager and provider. They also knew how to raise any concerns higher within the organisation, or externally, if necessary.

There were safe recruitment and selection processes in place, to reduce the risk of unsuitable staff being employed. The recruitment records we viewed contained a completed application form, which included details of past employment. This meant the provider was able to follow up the reasons for any gaps in previous employment. Two references and Disclosure and Barring Service (DBS) checks had been obtained prior to staff starting work. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people. Employment records were not all kept at the home, but records of key information were available and the required documentation could be accessed if requested.

The registered manager described how staffing levels were guided by the dependency of people living at the home and the activities and events they needed to attend. There was a rota in place to ensure enough staff were on duty to safely support people. The rota was reviewed on a monthly basis to take into account any changes to people's activities or level of need. A pool of relief staff was available to help cover any vacant shifts and the provider had identified and vetted three agencies which could be used to supply additional staff if needed. There was an on-call manager available outside office hours who staff could call for support if needed.

Our general observations around the home on the day of the inspection showed that staff were available when needed and dealt with people's needs in a timely way. We saw that people were allowed to take things at their own pace and we observed staff taking the time to engage and talk with the people who used the service. Most people living at the home were provided with some element of one-to-one staffing time to help meet their social and recreational needs. In some cases two-to-one staffing was allocated to enable certain activities to take place, such as hydrotherapy. A shift plan was available and used to allocate staff and responsibilities for each shift. This helped to ensure that people received the staffing support they needed



and staff were clear what tasks they were responsible for.

Staff assisted everyone living at the home to take their medicines. At the time of our visit no-one was able to look after their medicines independently. However, staff described how people needed different levels of support to take their medicines and how they supported this. Staff we spoke with were able to describe how some people needed their medication at particular times or in a particular way and showed us the arrangements that had been put in place to support this.

One of the deputy managers acted as the lead staff member for medicines management at the home. They showed us how they completed regular medicine stock checks and competency observations of staff practice. We found that medicines were stored safely and regular monitoring of room temperature ensured medicines were stored within the recommended temperature ranges. Arrangements were in place for the safe storage and recording of controlled drugs. Controlled drugs are medicines that require increased monitoring due to the risk of their misuse. We checked a sample of medicine administration records [MARs] against medicine stock and found that these tallied. This showed that medicines had been administered in accordance with prescribing instructions.

Individual written guidance for medicines prescribed 'when needed' or 'as directed' was available to guide staff on their consistent and safe use. The deputy manager explained how they followed up any queries about these medicines with the prescriber, so that enough information was available to ensure their safe and consistent use. Some people required medicine in particular emergency situations and we found that staff had received training and support to enable them to do this if needed. We also found that clear records relating to the administration of prescribed creams were available.

The service had a business continuity plan that had been updated in November 2016. This provided information and guidance to staff on what to do in emergency situations, to help ensure that people remained safe and continued to receive the care they needed.

We looked at a selection of maintenance records. These showed that the service's premises and equipment had been serviced and inspected appropriately. For example, up to date service and inspection records for fire equipment, gas and electrical appliances, and manual handling equipment were available. Regular checks of water temperatures, manual handling slings, fire equipment and first aid kits had also been carried out to help ensure people's safety. The home had been given a five star rating [the best available] for food hygiene in June 2015.

The service had an up to date fire risk assessment. Information about each person living at the home and their personal evacuation plan was available. An inspection had recently been undertaken by the Fire Authority. This had resulted in required actions to improve fire safety. Some works had already been completed and the registered manager had obtained quotes for the remaining work. The fire officer completed a return visit shortly after our inspection to ensure that appropriate actions had been taken. Following this visit they told us, "The manager and her staff have been very proactive and professional in our interactions, and the goodwill advice given has been adopted."

The home provided people with a homely and comfortable place to live. Bedrooms had been decorated individually with people's preferences and choices reflected. The sensory room had been updated. We saw that some aspects of the home's physical premises were tired and would benefit from updating. For example, we saw a number of radiators were corroded or damaged, the laundry flooring had gaps that were permeable, and some areas would benefit from redecoration. We asked the registered manager about this and they told us about the maintenance work that had been completed and what was planned. For

example, they had obtained quotes to replace the radiators and to update the fire alarm system. However, we were informed that there was no formal plan for the on-going renewal and refurbishment at the home at the time of our visit. This would be beneficial to help identify priorities and plan expenditure.

# Is the service effective?

## Our findings

During our visit we observed that the people who lived at the home looked well cared for. People were supported to be clean and appropriately dressed. Staff ensured that people's care and support needs were met and people appeared to be comfortable in their surroundings. The relatives we spoke with were content with the care provided at Isabella Court. One relative told us, "We can honestly say [relative] is as well looked after and clean and cared for as well as we could do." Another said, "[name of person] has always had a shower and looks clean and tidy when I see him."

Staff we spoke with felt well supported by management and told us they received regular supervision sessions. These formal supervision sessions included discussions about their performance, training and support needs. Records we viewed supported this. Staff also told us they felt they could approach the management if they had any concerns or troubles and would be listened too. One staff member told us, "All of them [management] are so approachable, it is really well supported." Another said, "I know for a fact that [registered manager] would listen to you."

We spoke with the manager about training arrangements and looked at training records. All new staff completed an induction when they started in their role and then completed training courses covering relevant topics. For example, safeguarding, medicines, health and safety, safe moving and handling, mental capacity and the deprivation of liberty safeguards. We also saw that staff had completed training that was relevant to the people they supported. For example, training on epilepsy, diabetes and specialist medicines to help them meet people's needs. Staff members were encouraged to complete a formal qualification [such as a diploma in health and social care], in addition to their mandatory training and updates. The staff we spoke with confirmed they were up to date with their training and felt they had the training and support they needed to support people effectively.

Relatives we spoke with told us that staff contacted and involved relevant healthcare professionals when needed and kept them informed about any changes to their relations health. One relative told us, "I know if [name of relative] coughs. If there is anything slightly wrong they ring me." We saw evidence in people's care records of the involvement of healthcare and other relevant professionals. For example, we saw that one person had benefited from the involvement of a physiotherapist and occupational therapist recently, to review the use of equipment and ensure the person's comfort and wellbeing. We also saw evidence of involvement by the GP, speech and language team (SALT) and relevant mental health professionals.

We saw that people's nutritional needs and risks had been assessed and care plans were in place setting out their support needs and preferences. People's weight was monitored and staff were able to describe what actions they would take if someone appeared to be losing weight. Where relevant care plans included advice from the SALT and details on requirements relating to textured diets and thickened fluids. For example, one person was at risk of choking. A choking risk assessment was in place and guidance had been provided by the SALT on the type of diet and consistency of fluids the person needed.

We saw that arrangements for the lunch time meal were flexible, with people eating different things and at

different times, depending on their preferences and plans for the day. Some people had lunch out in the community, because they were undertaking activities outside of the home. A menu was in place, to help staff plan and offer a variety of different meals. During our visit we observed staff assisting people with their meals. This was done on a one-to-one basis, with staff giving people time to eat at their own pace and offering individual encouragement and support as needed. Staff seemed to be aware of people's likes and dislikes and pleasantly encouraged them to eat if necessary. We saw that hot and cold drinks and snacks, were made available throughout the day.

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 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 MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

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. At the time of our visit all nine people living at the home were either subject to a deprivation of liberty authorisation or waiting for their authorisation request to be assessed by the local authority. Staff had received training on mental capacity and DoLS and the manager had a good understanding of their responsibilities under the MCA. During our visit we observed staff offering explanations and gaining informal consent before carrying out care tasks.

## Is the service caring?

### Our findings

At our previous inspection we recommended that the registered person consulted best practice guidance on ensuring people were treated with dignity and respect at all times. This was because we observed that care was sometimes given in a functional, rather than a caring way.

Relatives we spoke with during this inspection were complimentary about the approach of staff and felt that people were treated well. One relative told us, "They [staff] are kind in their approach." Another said "[name of person] is blooming, happy, very well cared for." Another relative described to us, "I would say the thing that has delighted me most is the standard of caring, not just caring for, but caring about. They see [name of person] as a person."

We observed care interactions [how staff interacted with people while providing care and support] throughout our visit. We saw that staff were polite, sensitive to people's needs and took the time to speak with people and offer explanations. Assistance with eating was done individually, with staff sitting beside the person to offer one-to-one support. One person was going out on an activity during the afternoon and we observed how staff involved them as much as possible in packing their bag and getting ready to go. The staff member explained how the person got a lot out of these interactions and how, "Little things go a long way." We saw staff treating people in kind, pleasant and encouraging ways. People appeared comfortable in the presence of staff.

The registered manager described how they always tried to recruit staff with the right values and implemented a values based recruitment process. They felt this was very important to ensuring that people received a caring service and described how they believed they could train staff to have the correct skills and knowledge, but couldn't teach staff to have the values that were necessary for this role. The registered manager also had plans to deliver empathy/practical training to staff, to develop better understanding of how it felt to be in a wheelchair, supported to eat and drink and receive support with other personal care tasks.

Friends and relatives were able to visit freely. Some people regularly went to visit or stay with their families as part of their normal routines. For example, relatives for one person told us how they regularly came home to stay for the weekend and were coming to stay for Christmas. Another relative described how they regularly alternated between them visiting the service and their relation visiting their home. They told us that staff called them by their preferred name and made them welcome when they were visiting Isabella Court, "They [staff] do make you welcome."

Relatives also told us they were involved in decisions about the health and welfare of their loved ones. For example, one relative described how they were consulted and how staff recognised their family's expertise. They told us, "They [staff] ask what we know about things." Another relative described how they were shortly taking part in a formal review with their relation's social worker, and how the home's manager and staff would support them with this. This person commented, "I am happy with the staff, I can sit and talk to them."

Staff we spoke with were clearly able to describe how they worked to maintain people's privacy and dignity and provide a caring service. One staff member told us, "It's treating people like you would want to be treated. For example, not shouting their bowl movements across the room, keeping it private, closing doors, talking to them [people using the service] about what we are doing."

## Is the service responsive?

### Our findings

During our previous inspection we recommended that the registered provider consulted best practice guidance on consulting with people to provide meaningful and fulfilling activities for each individual person's needs and interests.

We saw that people came and went through out this inspection visit, taking part in a variety of trips and activities with the support of staff and their families. For example, one person went swimming and staff involved them in packing their bag before they went out. When people spent time in the home we saw that staff regularly engaged them in interactions or conversation where possible and we saw some individual activities taking place. For example, one person was supported with a scrapbooking activity while other people watched television. We noted that there were times when staff appeared to struggle to engage people effectively in meaningful activity while they were in the home. A more structured approach to individual activities for people while spending time in the home would be beneficial and we discussed this as an area for further development with the manager during our inspection.

Relatives told us that they thought people living at Isabella Court had a good quality of life and were supported to take part in appropriate activities and social events. One relative told us, "I think they do as much as they can." Another relative described how staff supported their relation to attend the hairdresser of their choice, even though this was some distance away. They told us, "They [staff] take her to her preferred hairdresser, one she's used too." A relative described how staff supported their relation to visit them each week. They also told us that staff kept a diary of the person's weekly activities, so that their relative could look at it and keep up to date with their daily lives.

The registered manager showed us how the sensory room had been improved and updated since our last visit. This room provided a space where people could go to relax while listening to music or using sensory equipment, such as moving lights. The manager had plans to develop individual sensory plans for people, so that staff could support people to use the sensory facilities in the most effective way for their individual preferences and needs.

People and their families were involved in planning and reviewing their care. The relatives we spoke with had been asked about their relations preferences and how they liked to be supported. One relative commented how their relation was confident in making their needs known, saying, "She's in charge, it's her way or no way." On the day of our inspection one person living at Isabella Court was supported to attend a review of their care. Relatives also told us that they were involved and invited to reviews of their relations care. One relative told us, "We had quite a thorough review last year." They went on to describe how a close relative living abroad had also been involved in the review using Skype. Skype is a way of communicating by video link using a computer.

Each person who lived at Isabella Court had a personalised support plan. This contained their assessments, risk assessments, support plans and care records. The records we looked at contained person centred information about the person, their background, routines and preferences. The information had been

reviewed regularly and contained the detailed, individualised information staff needed to care and support people well.

Staff we spoke with knew people well and were able to describe their preferences and support needs. They told us about people's different communication styles and methods, and how staff understood what people were communicating to them. For example, how to understand if someone was happy or sad, or wanted to do a particular activity or task.

The home had a complaints procedure and kept a record of any complaints or compliments they received and the actions taken in response. There had been no formal complaints since our last inspection, but the registered manager described how they maintained contact with people and their families to encourage open feedback. The management team had also completed training on effectively dealing with concerns, before they became formal disciplinary or performance issues. Relatives we spoke with felt able to raise any issues or concerns with the staff and management if the need arose. One relative told us, "The new manager is lovely, tries hard to balance caring and management." Another relative said, "I can sit and talk to them [the staff]."

The registered manager was able to describe how they supported people to transition between services. This was relevant because recently someone had moved out of Isabella Court and a new person had come to live at the home. Staff had worked closely with other care providers and families to ensure a smooth transition and to maintain relationships with the person who had moved away from Isabella Court.



# Is the service well-led?

## Our findings

At the time of our previous inspection in October 2015 the home did not have a registered manager and we recommended that the service consulted best practice guidance on involving those people who are significant in the lives of people who live at the service to promote good quality care.

The service now had a registered manager, who had been registered with the CQC since May 2016. Comments made to us by staff included, "I think the management structure is really brilliant, really approachable, but professional at the same time, that balance," and, "Having a manager has really helped, it's a bit more organised and someone to go to." We noted that the registered manager interacted well with people who lived at the home and the support workers on duty. The registered manager was also able to speak in detail about people who used the service and the plans they had to make further improvements to the service.

Following the our last inspection in October 2015 a letter had been sent to the families of people who lived at Isabella Court, letting them know the outcome of our visit and what the provider was doing to make improvements. This showed an open and transparent approach.

A survey had recently been sent to the relatives of people who lived at the service. This survey had been sent to people with a CQC leaflet explaining what people should expect from a good quality care service. Five surveys had been returned so far and gave positive feedback about Isabella Court. For example, one person had commented, "We are very happy with the running of Isabella Court. The staff are very caring and the communication couldn't be better." The registered manager told us that they planned to fully analyse the survey results when all had been returned and consider how the survey could be developed and improved for future use.

Relatives of the people who lived at Isabella Court knew who the manager was and felt they could approach them with any problems or questions they had. For example, one relative said, "[Registered manager] knows what she's doing and she's straight, always there, very reassuring and always has an answer."

Overall we found that the atmosphere in the home was positive, friendly and pleasant. The people who lived there were appeared comfortable and at ease with staff. Support workers knew people well and told us they enjoyed their work. All of the support workers we spoke with told us that they would recommend Isabella Court if one of their friends or family needed the type of care they provided.

The registered manager was supported by senior management and other registered manager's within the Wilf Ward Family Trust. For example, the registered manager received supervision from their line manager and attended monthly regional team meetings with other managers, to discuss best practice, service developments and other management issues. The support workers within the service also had staff meetings to discuss work related issues and share information.

The home's staff had access to the provider's corporate policies and procedures which were available

online. These were reviewed and updated centrally by the registered provider. The registered manager had also developed a local process to ensure that paper copies of key policies and procedures were available in the home and that staff were made aware of any changes.

Arrangements were in place to ensure that routine maintenance and safety checks were kept up to date. The registered manager showed us how a programme of audits and reports had been used to monitor quality. Examples of topics covered by audits included health and safety, staffing, customers experience, safeguarding, finance and notification requirements. Medicines audits and staff competency observations had also taken place. There were plans for the next audits to be completed by managers from different services, to provide additional external scrutiny to the auditing process.

We saw an example where additional audits and observations had taken place in response to incidents that had occurred at the service. This showed that the home's governance systems monitored and responded to areas of potential risk. Regular reports were also completed and shared with the registered provider. These provided monitoring information to help ensure the safety and quality of the service.

Notifications about certain events and changes must be made to the Commission in accordance with legal requirements. Since our last visit we had received notifications about appropriate events at the home. The manager was aware of notification requirements and able to describe when they must submit a notification.

It is a legal requirement for registered providers to display their current inspection rating and we saw that this information was clearly displayed in the home's reception area. Before our visit we checked that the provider was also displaying their rating clearly on their website. The website included a link to the CQC rating, but this information was not as prominent and accessible as it should be. We discussed this with the registered manager, who raised it with the registered provider during our visit. Since our visit the provider has undertaken work to improve the accessibility of ratings information on their website.