

The Wilf Ward Family Trust

The Wilf Ward Family Trust - Supported Living (Northallerton)

Inspection report

7 South Parade
Northallerton
DL7 8SE

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13 July 2021

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Ratings

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

Summary of findings

Overall summary

About the service

The Wilf Ward Family Trust - Supported Living (Northallerton) provides support to people living in their own supported living accommodation. The service supports people with learning disabilities and/or autism with personal care and support in their own homes. At the time of the inspection, the service was supporting thirteen people living in six houses. There were sleeping-in rooms for staff where required in the houses.

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

We received positive feedback from people and their relatives who told us they were happy with the support they and their relatives received from the service. People received person-centred support and staff knew people well. Support plans covered all aspects of people's lives and their preferences to ensure a personalised experience. People were supported to maintain important personal relationships in general and during the pandemic.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, Right care, Right culture. People were supported to reach their personal goals through person-centred approaches from leadership and staff with the right skills and attitudes to achieve this.

People's health and well-being needs were supported from the staff team who encouraged people to develop. People were empowered to have their say and to exercise their rights. Access to an advocacy service was available and used when needed. Systems were in place for communicating with people, their relatives and staff to ensure they were fully involved.

Medicines were safely administered and recorded accurately. Individualised risk assessments were in place. Staff were confident they would raise concerns to safeguard people. Robust recruitment and selection procedures ensured suitable staff were employed.

All essential visitors had to wear appropriate personal protective equipment (PPE), provide evidence of a negative COVID-19 test and complete NHS Track and Trace information. Staff completed training in infection prevention and control. The registered manager completed competency checks and regular spot checks with all staff regarding safe use of PPE and infection prevention and control procedures.

People were supported to have choice and control of their own lives where possible and where people needed support from others to make decisions or lacked capacity this wasn't always recorded or carried out appropriately. We have made a recommendation the effective key question of this report to improve these

practices.

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

Rating at last inspection

This service was registered with us on 20 November 2019 and this is the first inspection.

Why we inspected

This was a planned first rating inspection. We looked at infection prevention and control measures under the Safe key question. We look at this in all inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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
Details are in the safe findings below.

Good ●

Is the service effective?

The service was not always effective
Details are in the effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring
Details are in the caring findings below.

Good ●

Is the service responsive?

The service was responsive
Details are in the responsive findings below.

Good ●

Is the service well-led?

The service was well led
Details are in the well led findings below.

Good ●

The Wilf Ward Family Trust - Supported Living (Northallerton)

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Notice of inspection

This inspection was announced. We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

The service had a manager who was in the process of registering with us and awaiting their fit persons interview. This means that once registered they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. This is information we require providers to send us to give some key information about the service, what the service does well and

improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spent time with people who used the service. We spoke with three people who used the service, the manager, and two support staff.

We reviewed a range of records. These included three people's care records, a variety of records relating to the management of the service, including audits and procedures were reviewed.

After the inspection

We carried out telephone interviews with five relatives and five members of support staff while continuing to seek clarification from the provider to corroborate evidence found. We looked at audits, care plans, reports and policies.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

How well are people protected by the prevention and control of infection?

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Assessing risk, safety monitoring and management

- Peoples relatives told us they felt their family members were safe. One relative told us, "They're safe and happy. Safety is our main priority and if our relative is save then we're happy too."
- Personalised risk assessments were in place and were regularly reviewed. Where risks were identified, support plans guided staff to manage and reduce these risks.
- Fire safety practices helped ensure people's safety and included regular checks of equipment used by staff.

Using medicines safely

- People received their medicines as prescribed and at the right time. Medicine records were clear for staff to follow and were accurately completed.
- Medicine administration records were clear and completed fully.
- Where appropriate people were also supported to manage their own medicines safely.

Systems and processes to safeguard people from the risk of abuse

- Staff had received safeguarding training and were able to appropriately raise any concerns.
- Where safeguarding concerns had been raised, investigations and timely appropriate action was taken.

Staffing and recruitment

- Where people were supported by agency staff, procedures were in place to ensure the same staff were used and clear recruitment plans in place to limit the need for future agency.
- There were enough staff to meet people's individual needs and maintain their safety. Staffing levels were increased when people's needs changed.
- Staff were recruited safely. The provider's processes included robust checks to ensure only suitable staff were employed.

Learning lessons when things go wrong

- Accidents and incidents were recorded on an individual basis. The manager analysed these to look for any patterns or trends and took appropriate action to minimise risk of further incidents.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence. This is the first inspection for this newly registered service. This key question has been rated Requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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 had the appropriate legal authority and were being met.

- Where people lacked capacity to make decisions in an area of their life, they were not always supported to have maximum choice and control of their lives. Restrictive practices were in place for one person without the appropriate legal authority.
- Decisions were made in people's best interests with involvement from people, their family, advocates and relevant professionals. However, appropriate records reflecting this were not always in place.
- Staff sought people's consent and included people in decisions about their care. People were given choices and encouraged to make their own decisions where possible.

We recommend that an audit of people's best interest decisions take place to ensure the correct people are involved in decisions, appropriate records are in place and applications to the court of protection are made where necessary.

Staff support: induction, training, skills and experience

- Staff had the skills and knowledge to support people. Staff completed training to ensure they could meet people's specific needs. One staff member told us, "We can always improve and training is there when you want it, can't fault it."
- People were supported by staff who received regular supervisions and appraisals. Staff told us they valued the opportunity to discuss their practice.
- New staff followed an induction process that included specific training and shadowing experienced staff.

Supporting people to eat and drink enough to maintain a balanced diet

- People's eating and drinking needs were met. Staff understood people's dietary needs and supported them to have a varied and nutritionally balanced diet. Appropriate support was provided to people who required a specialised diet.
- People were able to choose their own food and meal times.

Staff working with other agencies to provide consistent, effective, timely care and Supporting people to live healthier lives, access healthcare services and support

- The service worked in partnership with external professionals, such as social workers, speech and language therapists, and GPs to support and maintain people's long-term health and well-being.
- People had personalised support plans covering their healthcare needs. These shared important information with healthcare professionals.
- Referrals were made to healthcare professionals where appropriate and in a timely manner such as occupational therapy and dieticians.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Outcomes for people were met. Their preferences, care and health needs were assessed and regularly reviewed.
- Changes to people's needs were reviewed with them and their advocate or relatives and this was reflected in their support plans. One relative told us, "Any changes and they let us know, we are well informed."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect. This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were trained in dignity and respect. We observed staff treat people with kindness and respect. One person we spoke with told us, "staff are kind and they let me do what I want".
- There was a positive rapport between people, support staff and the management team.
- People were supported to maintain personal relationships. Relatives told us how they received regular phone calls and video calls. One person told us, "I can visit my family when I want".

Supporting people to express their views and be involved in making decisions about their care

- People were supported to make plans and discuss any changes to their support with staff and their advocate or relatives.
- People were supported to have their say and had an independent advocate where required to promote their rights.
- Staff spent time listening and talking to people. We observed the relaxed atmosphere and mutual respect between people and staff.

Respecting and promoting people's privacy, dignity and independence

- People were actively supported to set goals and to develop their independence. One person was busy with their staff completing their household tasks with their staff during our inspection and they were encouraged to do as much as they could themselves.
- People were supported to learn new skills. One person showed us how their staff had supported them to learn how to plant fruit and vegetables. They were also planning on learning to keep hens.
- Staff engaged with people in a dignified way.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs. This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had personalised support plans which covered all aspects of their life and the support they required. Records showed they were reviewed regularly.
- The support people received was tailored to their needs and was delivered in a person-centred way.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities socially and culturally relevant to them

- People followed their interests and took part in activities that had positive impacts on their lives and their overall well-being. One person we spoke with was joining a new local walking group to meet new people. Another we spoke with told us, "I can go out on my own or with staff and go wherever I want, whatever makes me feel happy."
- People were supported to use a range of communication methods to maintain contact with their relatives and friends during the COVID-19 pandemic.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were met. Staff adapted information and communication methods to suit people's preferences. For example, using Makaton (signing) and providing easy read information for those who needed it.

Improving care quality in response to complaints or concerns.

- A complaints procedure was in place and was followed by the registered manager and staff.
- People were supported to raise any issues. Where issues had been raised, these were addressed and appropriately followed up.

End of life care and support

- People were supported to make advanced care plans for their end of their life where they chose to..
- Peoples advanced care plans were personalised, and the relevant people were involved to ensure peoples wishes were gathered and recorded.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture. This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider and manager encouraged people and staff to be open with each other and created a culture of acceptance.
- The provider's aim was to support people to achieve their goals and provide person centred support. This was embedded in the culture of the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Policies and procedures were current and in line with best practice.
- The manager carried out audits that included action plans for improvement where needed.
- The provider understood their legal responsibility to notify CQC about incidents that affected people's safety and welfare. They had sent us notifications relating to significant events occurring within the service.

Continuous learning and improving care, working in partnership with others

- The manager took on board the opinions and views of people who used the service and their relatives to make improvements. During the pandemic they had conducted keeping in touch questionnaires to gather their feedback.
- Staff and relatives told us the house managers and management were supportive.
- People were supported by a range of healthcare professionals, the manager and staff had forged good working relationships.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There was clear leadership and regular audits completed by the registered manager to understand the quality and safety of the service.
- The provider had a plan to ensure minimal disruption to care in case of an emergency.
- Policies and procedures were current and in line with best practice.
- The manager was open with the inspector during the inspection and took on board suggestions for improvements.

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

- Peoples support plans covered all aspects of daily living including engaging in the local community and in recent times during the pandemic this relationship was strengthened.
- People had regular review meetings with their staff team and relevant professionals. This was to review all areas of their support plans and ensure any barriers to leading a full life were overcome.
- Staff could approach their line managers or the manager for support at any time.