

The Wilf Ward Family Trust

Errol House

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

Errol House provides accommodation for people with a learning disability. The service can accommodate five people in single rooms all on the ground floor, with shared bathing facilities. There is a lounge and a dining area and accessible gardens. The home does not have a lift, however, it is only the office and staff facilities located on the first floor. The house has its own transport and is close to local amenities.

At the last inspection in January 2015 the service was rated Good.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Errol House on our website at www.cqc.org.uk'

At this unannounced inspection on the 20 June 2017 we found the service remained Good. The service met all relevant fundamental standards.

The service 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 were protected from the risk of harm or abuse because staff employed were trained in safeguarding adults and understood their responsibilities. The registered provider had policies and systems in place to manage safeguarding incidents and maintained records of any suspected or actual safeguarding concerns.

Risks were managed and reduced so that people avoided injury or harm. The premises were safely maintained and there was documentary evidence to show this. Staffing numbers were sufficient to meet people's needs and recruitment systems were followed to ensure staff were suitable to support people.

Systems were in place to make sure people received their medications safely, which included key staff receiving medication training and regular audits of the system.

Robust recruitment procedures ensured the right staff were employed to meet people's needs safely. At the time of the inspection there was sufficient staff on duty to meet people's needs.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible.

People received adequate nutrition and hydration to maintain their health and wellbeing. The premises were suitably designed and furnished for providing care and support to people with a learning disability. This included accessible gardens and a patio area.

People were treated with respect. People and their relatives told us staff were kind and very caring. Staff demonstrated a good awareness of how to respect people's preferences and they ensured their privacy and dignity was maintained. We saw staff took account of people's individual needs and preferences while supporting them.

People could take part in activities of their own choice and there were also organised group activities. People received one to one support for activities in the community and had an organised holiday each year.

The service was well-led and people had the benefit of a culture and management style that were inclusive and caring. Staff were clear about their roles and responsibilities and had access to policies and procedures to inform and guide them.

A system was in place for checking the quality of the service using audits, satisfaction surveys and meetings. People made their views known through direct discussion with the registered manager and staff or via the complaint and quality monitoring systems. People's privacy and confidentiality were maintained as records were held securely on the premises.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Errol House

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 checked 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 comprehensive inspection took place on 20 June 2017 and was unannounced. The inspection was undertaken by an adult social care inspector.

Prior to the inspection visit we gathered information from a number of sources. We looked at the 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 looked at notifications sent to the Care Quality Commission by the registered manager. We also obtained the views of professionals who may have visited the home, such as service commissioners, healthcare professionals and the local authority safeguarding team.

At the time of our inspection there were five people using the service. We observed staff providing support to people in communal areas of the premises and interactions between people that used the service and staff. We looked around the premises, communal areas and people's bedrooms, after asking their permission to do so. We spoke with two people who used the service and contacted three relatives following our inspection for their views and feedback.

We spoke with the registered manager, the deputy, three support workers and the regional manager. We also contacted and spoke with three health care professionals following our inspection.

We looked at documentation relating to two people who used the service and three staff, as well as the management of the service. This included people's care records, medication records, staff recruitment, training and support files, as well as minutes of meetings, quality audits, policies and procedures.

Is the service safe?

Our findings

People we spoke with told us they felt very safe living at Errol House. One person said, "I am safe, I am happy here."

Relatives we spoke with told us they were very confident that their family member was safe and well cared for. One relative said, "[My relative] is very happy with everything, if [relative] was unhappy or felt unsafe they would tell me. I know they are safe by how they are always smiling and happy to be there." Another relative said, "[My relative] is safe and settled, there is a regular team of staff who know them well." Another commented, "It feels safe there, definitely."

Health care professionals we spoke with were very complimentary about the service. One said, "I am safe in the knowledge people are getting excellent safe care."

The provider had safeguarding policies and procedures in place to guide practice. Safeguarding procedures were designed to protect people from abuse and the risk of abuse. Staff we spoke with were knowledgeable on procedures to follow. Records seen showed that incidents were referred to the local authority and details of these were passed to us at the Care Quality Commission, which meant the registered provider was meeting the requirements of the regulations. Staff were aware of the whistle blowing procedures and who to contact if required to ensure any issues of concern were raised.

We found risk assessments were in place in people's care files. Risks had been regularly reviewed and staff received regular training on how to manage risks to ensure people were safe. Environmental risk assessments had also been completed and there was a separate file for personal emergency evacuation plans (PEEP's) in place. This information was easily accessible in the case of a fire to ensure people's safety. The premises was well maintained and kept clean.

From our observations and speaking with staff it was evident staff understood people's individual needs and knew how to keep people safe. We saw they encouraged people to stay as independent as possible while monitoring their safety. Where assistance was required this was carried out in a safe way. The registered provider's accident and incident policies and records ensured people were protected and action was taken to identify any themes or triggers to manage and prevent accidents or incidents re-occurring.

We found there was adequate staff to meet people's needs. Some people received one to one support for their safety and this was in place at the time of our inspection. Staff we spoke with confirmed there was adequate staff to be able to provide the care and support required, including accessing the community and activities. The registered manager told us they were recruiting at the time of our inspection as they required more care staff, at present existing care staff were covering shifts to ensure adequate staff were on duty to meet people's needs.

A robust recruitment and selection process was in place, which included new staff receiving a structured induction to the home. We sampled two staff files all essential pre-employment checks required had been

received. This included written references, and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

We looked at the systems in place for managing medicines in the service. We found medicines were stored safely. We saw records were kept for medicines received, administered and disposal of medicines. We found people were receiving medication as prescribed.

Is the service effective?

Our findings

People we spoke with told us staff were good and looked after them well. One person said, "I am happy here."

Relative's we spoke with were happy with the care and support provided. One relative said, "All staff are exceptional they understand [my relative] and try very hard to ensure their needs are met." Another relative said, "Communication is very good, I am kept informed of any changes or issues and we work well together."

We found staff had the right skills, knowledge and experience to meet people's needs. All new staff completed an induction when they commenced work. The registered manager was recruiting at the time of our inspection and was aware of the Care Certificate. This certificate looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings. The registered manager told us that any appropriate candidates employed would be expected to undertake the Care Certificate as part of their induction to the home.

Staff we spoke with all told us that they received the training they needed to do their job well. Staff were also able to attend specific additional training if required including, autism and epilepsy awareness. The registered manager said staff had to complete the company's mandatory training, when they commenced employment which included moving people safely, health and safety, food safety and safeguarding vulnerable people from abuse. We were e-mailed the up to date training matrix following our inspection and we saw certificates of training completed in staff files, which corroborated this.. Staff had received regular supervision sessions and an annual appraisal of their work.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). The registered manager and staff were aware of their responsibilities under this legislation. Staff gave examples of how people's best interests were taken into account if the person lacked capacity to make a decision. Records sampled demonstrated that where people could not speak for themselves decisions had been made in their best interest and these were recorded in their care files.

People's nutritional needs were met by staff who had consulted people about their dietary likes and dislikes, allergies and medical conditions. We also saw support was obtained from health care professionals if required including speech and language therapists. Most people were able to choose what they wanted for lunch and what time they wanted to eat. People told us they enjoyed the food and were actively involved in menu planning. Staff told us the lunch time meal was very flexible as some people were out at this time and others would choose activities and may have a meal out. We were told the evening meal was prepared for everyone, but we saw there was always a choice available. One person was on a specific diet in consultation with specialists and staff were managing this and monitoring the person's weight to ensure they received adequate nutrition.

Relatives we spoke with told us the food was very good. One relative said, "There is a lot of home cooking, very healthy, lots of fruit and veg." Another relative told us, "I am pleased with the variety of food, they are always given choices."

People were supported to maintain good health and had access to healthcare services when needed. Care records detailed any health care professionals involved in the person's care. Health care professionals we spoke with told us the service was very good at seeking advice and guidance to ensure people's needs were met. One health care worker told us, "The staff are amazing, give very person centred care that meets people's individual needs."

The service was well maintained and clean. People had access to outside space. The registered manger told us they were looking to raise funds to improve the garden space to make it more sensory for the people who lived at Errol House. However, we found the kitchens were very tired with damaged worktops and units which were not able to be effectively cleaned. The registered manager had identified that environmental improvements were required in the kitchen and agreed to discuss with the provider and arrange for the works to be carried out.

Is the service caring?

Our findings

People we spoke with confirmed that staff respected their decisions and maintained their privacy and dignity.

People and their relatives had been involved in planning the care that staff delivered. Relatives we spoke with told us staff were very good, knew people's needs and provided excellent care and support. One relative said, "It is a very homely place, nice and relaxed atmosphere." Another relative said, "Staff are always caring and understand how to communicate with people." Another commented, "All staff are excellent, kind and caring."

We saw that care delivered was sensitive to people's needs. Staff were kind and considerate. Interactions we observed were extremely positive and it was obvious from people's reactions to staff and the laughter and banter, that staff knew people very well. Staff used people's preferred names and we saw that people's dignity and privacy was respected. People's general well-being was assessed and monitored by the staff who knew what events could upset their mental or physical health and staff were vigilant in recognising when people were not their usual self.

We observed that staff only provided personal care in people's bedrooms or bathrooms. Staff ensured toilet and bathroom doors were closed when in use. Staff were also able to explain how they supported people with personal care in their own rooms with door and curtains closed to maintain privacy. We saw people were discretely assisted to their rooms for personal care when required, staff acknowledged when people required assistance and responded appropriately.

Staff told us people living at Errol House communicated in different ways. They were able to explain the types of communication used. Communication methods included, pictures, Makaton, iPads and tablets. Staff could explain the communication methods used by each individual. We observed staff responding appropriately to different methods and staff understood what people were telling them. Staff also maintained confidentiality of people's information and documentation.

We were told that everyone living at Errol House had relatives or friends to represent them, but that advocacy services were available to anyone if they required them. Advocacy services provide independent support and encouragement that is impartial and therefore seeks the person's best interests in advising or representing them. The registered manager was aware of the need to seek advocacy when required and was considering it for one person at the time of our inspection.

Although at the time of the inspection people who lived at Errol House were young and healthy, the staff had included people's wishes, in regard to if they became ill or were admitted to hospital. People also had a hospital passport to give details of how to meet the person's needs if they were admitted into hospital.

Is the service responsive?

Our findings

People told us they received good care and support. Relatives we spoke with told us staff provided exceptional care and support that met the needs of their family member. One relative said, "There are lots of care plans put in place to ensure [my relative] needs are met, I am kept informed of any changes and staff communicate regularly." Another relative said, "[My relative] has improved since living at Errol House, which has improved their quality of life and access to the community and activities, this has only been possible because staff have been consistent in their approach and supportive."

Each person had a care file which contained information about them and their individual care needs. The care files we sampled contained needs assessments which had been carried out before people were admitted to the home. Care plans and risk assessments had been completed. People and their relatives we spoke with told us they were involved in their care and support plan and the staff regularly reviewed the plan with them.

The daily records and visit records were all up to date. These records showed the registered manager worked responsively with external professionals, such as learning disability nurses, occupational therapists and dietitians. We saw the professional visit record was updated following any input from health care professionals.

Health care professionals we spoke with all said the staff identified changes and contacted relevant professionals for advice or guidance. This ensured people's needs were met. One health care professional told us, "They are a fantastic staff team, they provide positive support, listen to people, learn from what is not going well and are passionate about ensuring people's needs are met in a person centred way." Another comment from a health care professional, "Staff identified that a resident could not use their communication aid in the community, so they requested a wheelchair mount for them to enable them to use their communication aid when out in the community, which I feel is pro-active in meeting the resident's needs".

People were supported to access the community and participate in activities. People had been on holidays and at the time of our visit the staff and people they supported told us they were arranging further holidays for people. One person told us they had just returned for a week away, they had thoroughly enjoyed the week. The person showed us their holiday pictures and laughed at the funny ones and it was obvious they had really enjoyed the experience.

There was a complaints' policy which was given to each person when their care package commenced. It was written in plain English and gave timescales for the service to respond to any concerns raised. A record of compliments received had been maintained with outcomes.

The relatives we spoke with told us they were confident that any issues or concerns highlighted would be taken seriously by the management team and they would take action to address them. One relative commented, "Staff listen and resolve any issues no matter how minor." Another said, "I have not had to raise

any concerns but would not hesitate to speak to any member of staff if I had any, I know they would deal with any issue."

Is the service well-led?

Our findings

At the time of our inspection the service had a manager in post who was registered with the Care Quality Commission. 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.

There was a structured team in place to support the registered manager. This included deputy managers, senior support workers and support workers. Each member of staff we spoke with was clear about their role and the roles of the other staff employed at the home.

The registered manager and registered provider were aware of the need to maintain their 'duty of candour' (responsibility to be honest and to apologise for any mistakes made) and they sent notifications to us in a timely way, thus fulfilling the requirement to notify us of accidents/incidents and safeguarding concerns.

Most people using the service were unable to communicate their views about leadership of the service but our observations were that the service benefitted positively from the registered manager and the way in which the home was run.

All staff we spoke with told us that they were well supported by the managers. They said there was an open and transparent culture in the home and they were comfortable raising concerns. Staff felt they worked well as a team and everyone pulled together to share ideas and resolve problems. Health care professionals we spoke with also told us it was a very good staff team who worked well together.

We found systems were in place for managing safeguarding concerns and incidents and accidents. Staff and visiting professionals all told us that the registered manager took steps to learn from such events and put measures in place which meant they were less likely to happen again.

Effective systems to monitor and improve the quality of the service provided were in place. We saw copies of reports produced by the regional manager and the registered manager. Any issues identified were recorded on an action plan and were actioned.

The registered manager actively sought the views of people who used the service and their relatives. This was done in a number of ways such as daily interactions with people, resident meetings and questionnaires. People's feedback was taken into account to improve the quality of the service. We saw the results of the last survey sent out and most of the comments were very positive.

Communication within the staff team was described as very good. Regular hand overs kept staff informed of people's changing situations. Staff meetings enabled staff to keep up to date with any changes and updates. The registered manager and staff kept records regarding people that used the service, staff and the running of the business. These were in line with the requirements of regulations.

