

The Wilf Ward Family Trust

The Wilf Ward Family Trust Domiciliary Care Harrogate and Northallerton

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

About the service: This service is a domiciliary care agency providing personal care to younger adults and older people. The service specialises in supporting people with a learning disability or autistic spectrum disorder, a physical disability or who may be living with dementia. Thirty-six younger adults and older people were receiving support at the time of this inspection.

People's experience of using this service: People were happy with the support staff provided. Staff were kind and caring; they provided person-centred care to meet people's needs.

The outcomes for people using the service reflected the principles and values of Registering the Right Support in the ways staff promoted inclusion, choice and control and supported people to gain new skills and become more independent.

People told us they felt safe or acted in a way which showed us they were comfortable and at ease with the support that staff provided. Staffing levels met people's assessed needs. Staff had been trained to recognise and respond to risks and signs of abuse. People felt comfortable speaking with staff if they were worried, concerned or needed to make a complaint.

Staff understood people's needs and the risks to their safety. Risk assessments guided staff on how to safely meet people's needs.

We have made a recommendation about recording more consistently detailed information about how accidents and incidents were managed.

Staff spoke with people in respectful way and supported people to maintain their dignity. People routinely made choices about their care and support. Staff understood the importance of consent; people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

We have made a recommendation about developing documentation in relation to mental capacity assessments and best interest decisions.

Staff had regular training, and a system of supervisions and appraisals helped the registered manager to monitor their performance and support their professional development.

Care plans provided detailed information about people's needs to support staff to provide person-centred care. Plans were in place to guide staff on how best to support people who might become anxious or upset. Staff worked with professionals and responded to their advice to make sure people's needs were met.

Staff supported people to take part in regular meaningful activities and to pursue their hobbies and

interests.

The registered manager used audits to monitor the quality and safety of the service. They listened to people's feedback and responded to issues and concerns to continually improve the service.

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

Rating at last inspection: At the last inspection service was rated requires improvement (report published 26 February 2018).

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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 had improved and was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service had improved and was well-led.

Details are in our Well-Led findings below.

Good ●

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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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection was carried out by two inspectors.

Service and service type: This service provides care and support to people living in 14 'supported living' houses, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Not everyone using the service receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service had a manager registered with the CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: Our inspection was announced to make sure people and staff would be available when we visited.

What we did: Before the inspection we checked information we held about the service. This included

notifications the provider had sent us about events or incidents that had occurred and which affected their service or the people who used it. We contacted the local authority's adult safeguarding and quality monitoring team as well as Healthwatch England, the national consumer champion for health and social care, to ask if they had any information to share.

The provider completed the Provider Information Return. This is information providers must send us to give us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection we visited the location offices and two supported living services to speak with people and review records. We also telephoned people to gather their feedback about the service. Overall, we spoke with four people who used the service, eight people's relatives, the registered manager and nine members of staff.

We looked at four people's care plans, risk assessments, daily notes and medication administration records. We reviewed three staff's recruitment records, as well as induction, training and supervision records for the staff team. We reviewed meeting minutes, quality assurance audits and a selection of other records relating to the management of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Using medicines safely.

- Staff had been trained and their competency checked to make sure they provided safe support for people to take their prescribed medicines.
- Staff documented the support provided with people's medicines; we spoke with the registered manager about providing more detailed guidance for staff on administering topical creams and 'as required' medicines.
- Medicine errors had been investigated and action taken to prevent similar mistakes happening again.

Assessing risk, safety monitoring and management.

- Staff identified risks to people's safety; risk assessments guided staff on how to safely meet people's needs.
- Positive behaviour support plans provided detailed information about how best to support people who may become anxious or upset.
- People and relatives told us the service was safe; people were relaxed and at ease with staff, which showed us they felt safe.
- Staff understood people's needs, the risks to their safety, and what was expected of them to keep people safe; risk assessments were used to enable people to maintain their independence and support positive risk taking.

Learning lessons when things go wrong.

- Staff reported accidents and incidents; managers checked these records to make sure appropriate action had been taken to keep people safe.

We recommend the provider continues to develop this system to record more consistently detailed information about how accidents and incidents were managed.

Staffing and recruitment.

- Staff continued to be recruited safely. The provider made sure appropriate checks had been completed before new staff started work.
- Staffing levels met people's assessed needs. People told us, "There are always staff around if I need them, they are here to answer my question when I want them." A relative said, "There are always staff there to meet [Name's] needs."

Systems and processes to safeguard people from the risk of abuse.

- Staff understood their responsibility to identify and report safeguarding concerns.
- The registered manager helped keep people safe by responding to concerns and reporting allegations of abuse to the local authority safeguarding team.

Preventing and controlling infection.

- Staff completed infection control training and used personal protective equipment, such as gloves, to help stop the spread of germs and infections.

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

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 MCA 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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA.

- The registered manager made sure people's rights were protected by appropriately reporting potential deprivations of liberty.
- Staff sought people's consent and were proactive in supporting people to make decisions.
- Issues around choice and people's ability to make decisions was central in staff's approach to planning and delivering support, but records did not always show how and when people's mental capacity had been assessed.

We recommend the provider develops more detailed records in relation to mental capacity assessments and best interest decisions.

Staff support: induction, training, skills and experience.

- Staff completed an induction and accessed a range of training, which helped them develop the skills and confidence needed when supporting people.
- Supervisions and appraisals helped management to monitor staff's performance and support them to learn and develop in the role.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support.

- Staff regularly reviewed people's needs to make sure they were providing effective care and support.
- Staff supported people to access healthcare services and attend annual health reviews. A person who used the service told us, "If I'm not well the staff go and get someone to see how I am, and they spend some time with me and make sure I am alright."

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

- Staff had assessed people's dietary needs and care plans recorded guidance on how those needs should be met.
- Staff supported people to plan and prepare meals and drinks; when needed, they checked people's weight and sought advice from healthcare to make sure people were eating and drinking enough.

Adapting service, design, decoration to meet people's needs.

- People lived as part of their local community; staff supported and encouraged people to take part in local activities and access local amenities.
- Staff supported and encouraged people to decorate and personalise their homes.
- Environmental checks helped make sure people's homes were safe and continued to meet their needs; staff helped report any problems or repairs needed to people's landlords.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff were kind and caring in the way they supported people. People told us, "The carers are all very nice people. They are friendly with me." A relative said, "Staff are lovely and friendly and nothing is ever too much of a problem for them."
- People got on well with staff and enjoyed their company; staff were caring and attentive in their approach and people responded positively to this.

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

- Staff were proactive in offering people options, encouraging them to make decisions and respecting their choices. A member of staff explained, "The customers are given choices about whether they go out, what they want for their meals and even the decoration and furnishings for their house."
- People's care plans included detailed information about their likes and dislikes. This showed they had been asked about what was important to them and encouraged to make decisions about the support they received.
- Staff tailored their approach to communicating with people depending on their needs.
- Communication care plans provided detailed information about how to share information in an accessible way which people could understand.
- Staff used 'easy-read' information. Easy read information includes pictures and words and is a way of presenting information in an accessible way.

Respecting and promoting people's privacy, dignity and independence.

- Staff treated people in a way which maintained their privacy and dignity; people told us staff respected their privacy and personal space.
- Staff understood the importance of helping people to maintain their dignity; they care and support they provided was discreet and respectful.
- Staff provided effective support to help people develop and maintain their independence; they helped people to make meals and drinks, do housework, shopping and complete personal care tasks independently.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- Staff worked with people, professionals and their relatives to explore how best to meet people's needs. A relative explained, "The staff spend a lot of time discussing and trying to find the right way to do things. Which is a big relief to us. They work tirelessly to get it right for [Name] and us as a family."
- People's care plans contained detailed and person-centred information to guide staff on how best to meet their needs.
- Care was provided in a person-centred way. A person who used the service told us, "If there is any problem and I can't face it by myself I can speak to staff and they will help me solve it."
- Staff showed a good understanding of what was important to people and adapted their approach to meet their individual needs and preferences.
- Staff encouraged people to take part in regular activities, to pursue their hobbies and interests as well as find and maintain meaningful employment. A person told us, "We speak to staff about what we want to do and they help organise it."

Improving care quality in response to complaints or concerns.

- People felt confident speaking with staff if they were worried or concerned. One person explained, "The carers support me to sort any problems out." A relative said, "If we have concerns we tell them and it's addressed. We know if we raise something, it is never dismissed."
- The registered manager responded to complaints; they met with people and their relatives to discuss any concerns and look at ways to make changes and improvements to resolve any issues.

End of life care and support.

- People's wishes and views about care and support when approaching the end of their life had not always been explored or recorded.
- The provider was working to implement good practice guidance and provide training for all staff on how best to meet people's needs, if support with end of life care was required.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care.

- The registered manager was committed to continually developing the service; they had taken positive steps to make improvements in response to feedback at the last inspection.
- Regular audits helped the registered manager monitor the quality and safety of the care provided, identify where improvements were needed and ensure actions were completed.
- The provider and registered manager were open and responsive to feedback. One member of staff explained, "They do listen to staff and they are open to ideas and react to what we say."

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- The provider and registered manager promoted a person-centred culture through the training, staff supervisions and information shared with staff.
- Information about the provider's visions and values were shared at all levels of the service. A member of staff said, "The job is a great job. The ethos of the organisation is caring, customer focused support and that's what matters to me. It's a privilege to be a support worker and be involved in people's personal lives."

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

- There were clear roles and responsibilities for managers at all levels. The registered manager was supported by deputy regional managers, cluster managers and assistant managers in managing the service.
- We received mixed feedback about changes in staff and management; the registered manager monitored this and had put plans in place to help ensure staff felt supported and valued.
- Staff were positive about new managers who had started and the impact they had made. A member of staff said, "Things are running smoother. We seem to be more of a team now."
- The registered manager reported safeguarding concerns, notified the CQC of events when required, and investigated and responded to any complaints people had about the service.

Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- There was effective and open communication between staff and management; meetings, newsletters, email updates and staff conferences helped the provider and management share information and discuss the running of the service.
- People were involved in workshops to look at improving different aspects of the service; these provided opportunities for people to make suggestions and give feedback about the service.

- Quality assurance surveys gave further opportunities for people and professionals to provide feedback; the registered manager had reviewed and responded to comments where improvements could be made.