

The Wilf Ward Family Trust

Fell Close

Inspection report

4 Fell Close
Newby
Scarborough
YO12 6ST
Tel: 01723 364310
Website: www.wilfward.org.uk

Date of inspection visit: 26 November 2014
Date of publication: 06/02/2015

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 

Overall summary

This inspection was carried out on 26 November 2014 and was unannounced.

Fell Close is owned by The Wilf Ward Family Trust. The home is registered to provide care for up to four people with physical or learning disabilities. It is situated in Newby, just outside Scarborough. There was a registered manager at the time of our inspection but they were on long term sick leave and an interim manager was in place. 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.

We found that this service was safe and people told us that they felt safe living in the home. Staff were recruited safely and checks were made before staff were employed to ensure that they were considered suitable people to work with people who used the service.

There was sufficient staff with appropriate skills and knowledge on duty to meet the needs of the people who

Summary of findings

used the service. Staff received supervision from more senior staff which enabled them to discuss any matters pertinent to their work and to develop personally. This was done regularly. There was a full training programme in place and staff reported that they were able to access appropriate mandatory and additional training.

The staff spoke kindly to people and treated them with respect which was reflected in the very good relationships between staff and people who used the service we observed during our inspection.

Staff were able to explain how they would safeguard people and if necessary how they would report any incidents that may have caused people harm. We saw that staff had received training in safeguarding vulnerable adults. This meant that staff awareness around safeguarding was good and if any situation arose where someone was at risk of harm staff would know what to do. We found medicines were managed appropriately ensuring that people received their medication safely.

The interim manager was aware of how to follow the principles of the Mental Capacity Act 2005 and applications had been made in respect of people being deprived of their liberty where required.

The environment required some improvement and updating to ensure that it was appropriately equipped for people using the service. The building was fully accessible. The environment included alterations to ensure anyone with mobility needs could navigate easily around the building. Activities were based on the individual person and were designed to provide meaningful and enjoyable occupation and development of independent living skills. Bedrooms were personalised and people had personal items in place. The rooms were decorated according to each individual person's choices. These required some updating and maintenance.

There was a robust and effective quality assurance system in place which helped in the development of the service and making changes and improvements. This included monitoring and auditing at various levels.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

This service was safe and people who used the service told us that they felt safe.

Safe recruitment practices had been followed and appropriate checks had been made into the suitability of staff who worked at the service.

Staff told us that they understood how to safeguard people and could tell us about different types of abuse. Training records showed that staff had received training in safeguarding vulnerable people

We found that medication was stored, recorded and administered safely in line with current guidance.

Good



Is the service effective?

This service was effective because it had taken account of the needs of people with learning and physical disabilities when planning and maintaining the environment. Staff had been trained in relevant areas such as epilepsy, learning disabilities and Down's syndrome.

Staff who came to work at this service received an induction which was then followed up by other more specific training.

Staff were supervised by more senior staff on a regular basis.

People were supported to access a nutritious diet and where necessary, supported to cook, eat and drink.

The interim manager was fully aware of the principles of the Mental Capacity Act 2005 and how to make an application to request authorisation of a person's deprivation of liberty. This had been done where required.

Good



Is the service caring?

This service was caring. Staff treated people with kindness and respect. Staff were cheerful and friendly and they knew everyone's individual needs.

One staff member told us "Everyone is treated with respect. They all get their own time with staff and can do the things they wish with staff support".

Staff supported people to maintain independent skills and to build their confidence in all areas.

Good



Is the service responsive?

This service was responsive to people's needs and people's care files were person centred.

Staff acted promptly when someone needed access to a healthcare professional and followed those visits up when necessary.

There was a full programme of activities which were designed to be appropriate for each individual.

Good



Summary of findings

Is the service well-led?

This service was well led. There was a registered manager who was on sick leave and an interim manager who was taking responsibility for running the service. There was a consistent group of staff. Vacancies on the rota were covered by the existing staff team.

There was a robust and thorough quality assurance system in place which led to service improvements where appropriate.

The manager had made statutory notifications to the Care Quality Commission where appropriate.

Good



Fell Close

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.

An unannounced inspection of this service was carried out on 26 November 2014. The previous inspection was carried out on 20 December 2013 and CQC had no concerns at that inspection. The inspection team was made up of an inspector and an expert-by-experience with experience in adult social care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience was a person with a disability who had experience of using this kind of service. There were 3 people living at Fell Close on the day of the inspection.

Prior to the inspection we reviewed all the information we held about this service including notifications we had received. Before the inspection, the provider completed a Provider Information Return (PIR) which we used to inform our inspection. 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 care plans for two people who used the service, records relating to the management of the service, observed the administration of medication and checked the management of medicines looking at medicine administration records (MAR). We reviewed three staff files and the daily rotas.

We spoke with one person who used the service, the interim manager, the area manager and two care staff. Some of the people who used the service were not able to speak with us directly so we also recorded observations.

Is the service safe?

Our findings

This service was safe. People who used the service told us that they felt safe and observations showed that people trusted staff and followed the guidance given. One person when asked if they felt safe indicated through nodding their head that they did. They also agreed that they felt safe being supported by staff and that they would be able to alert staff if they didn't feel safe. We observed that people were kept safe because there were sufficient staff to support people in every area of the service on the day of our inspection. This was confirmed when we looked at the staff rotas. On the rotas we saw that each day was covered by the registered manager, their deputy or a senior member of staff.

We reviewed three staff recruitment records and saw evidence that safe recruitment practices had been followed. This was confirmed by all the members of staff we spoke with, who told us that they had attended a formal interview and provided information regarding their work history. They also confirmed that they had not started work until their Disclosure and Barring Service check had come through and their references had been verified.

Staff told us that they understood how to safeguard people and could tell us about different types of abuse. We saw from training records that staff had recently received training in safeguarding vulnerable people. Staff were able to give us direct examples or respond to presented scenarios that demonstrated they had the knowledge to identify and alert someone to the possibility of abuse. There had been one safeguarding alert made to the local authority by staff at Fell Close. This was related to a medication error. The resulting action taken by the service included seeking medical advice, internal procedures with staff and full recording of the incident in order to review lessons learned. The response showed that the service was pro-active and vigilant in monitoring people and staff. There was a safeguarding policy in place and the service was appropriately following local safeguarding protocols.

We observed staff providing physical support for people throughout the day and any procedures to be undertaken were carefully explained to the person prior to the procedure being carried out sensitively and safely. This

meant that people who used the service could be confident that staff were aware of how to keep them safe. Safety checks of equipment had been carried out and were up to date.

Accidents and incidents had been recorded. These were also checked by the manager who completed an accident monitoring tool. However there were no completed forms dated after January 2014. When we spoke with staff they felt there would have been more recent forms completed but were unsure where these would be kept and we were not able to locate them. The forms we looked at were succinct and included actions taken such as training needs identified and training organised. This showed the manager and staff were learning from these events and making improvements.

When we reviewed care and support files of people who used the service we saw that risks to people's health and wellbeing had been assessed and where a risk was identified, there was clear information to inform staff how to manage or minimise the risk. We saw that appropriate moving and handling risk assessments had been completed for people and that the appropriate equipment was in place. When people had presented with any medical needs staff had sought professional input from the appropriate health and social care services. These risk assessments were detailed and reviewed on a regular basis. We could see that risks to people's health were managed well by staff.

We looked at how medicines were managed at Fell Close and inspected medicine administration records. Trained staff dealt with medicines for people who used the service. Medicines were stored in a locked medicines room. We found that medicine was stored, recorded and administered safely in line with current guidance. Weekly checks of medicines were carried out although these were not always recorded. We discussed this with the interim manager who was in the process of reviewing the processes used for monitoring elements of the service. Fridge temperatures and room temperatures were checked although these were also inconsistently recorded.

Medication training was done by all staff administering medication and checks were carried out by the manager and the area manager on a monthly and three monthly basis as well as a full audit every 12 months. These checks were fully recorded. There were a range of medicines policy and these had last been reviewed in 2013. Policies in place

Is the service safe?

included administration, recording errors, recording administration and non-prescription 'when needed' or PRN medication such as mild pain killers. Any errors in medication administration were fully recorded in the

person's care file and on an accident form. We saw evidence that if there were any discrepancies or errors, medical assistance had been sought immediately. There were no major errors recorded since the last inspection.

Is the service effective?

Our findings

We reviewed three staff files and saw that when staff started work at this service they received an induction. They then went on to complete further mandatory training. The staff files we looked at confirmed that training in safeguarding, fire safety, moving and handling people, food hygiene, mental capacity and deprivation of liberty (DoLS) and health and safety had been completed by most staff. Specific training relating to people's medical conditions had also been completed including autism, epilepsy, learning disability, dementia awareness and Down's syndrome. To support the staff and ensure they had up to date training, the manager monitored the training needs of all staff. This was also discussed regularly at staff meetings. This meant that staff were able to highlight further training needs when appropriate. One member of staff told us "I have done lots of training and it has helped me be more effective at doing my job. I have been able to get extra support where needed to improve my skills".

When we interviewed staff they told us that they had attended supervision sessions on a regular basis. Each member of staff was supervised by a more senior member of staff in order to ensure that the responsibility for staff supervision was shared. When we spoke with staff they told us that the manager was very approachable and was always happy to discuss any issues. Staff felt enabled to discuss any work related matters and personal development with the manager which would enhance their practice. We also saw evidence that where staff were struggling or needed support this was given through both formal and informal channels.

We could see that the environment was in need of updating and some maintenance. There had been a full environmental audit which had resulted in an action plan. The interim manager explained that this covered some of the areas that required attention but not all. The manager explained that this was one of the priorities in improving the service. People's bedrooms were decorated in a style that had been chosen by them although these needed updating. We asked people if they were able to navigate around the building safely and they told us they were. There were several communal areas for people to use. These were clean and tidy although required redecorating and re-organising to ensure that they were suitably equipped to support people to use them effectively. A

maintenance programme was in place. Although there were some adaptations for people using the service such as pictorial noticeboards and meal selectors these were not as developed as they could have been. The notice board was located away from a communal area and the kitchen was not very accessible and did not have any adapted equipment in it. This made it difficult for people to be fully involved in meal preparation if the kitchen was busy at the time. There were no signs indicating toilets, bathrooms and people's rooms. Rooms were bright and flooring was plain and level in most areas although one bedroom and the hallway required some maintenance or replacement due to damage and wear. This may have presented a risk of injury to people using the service.

We observed and participated in a mealtime in the dining room. We saw people receiving support from staff to eat and drink. On the day of our inspection people were eating sandwiches and crisps. People who used the service had assisted to prepare the meal with staff support. Staff were friendly and encouraging with everyone and ensured that people had clean clothes protectors and feeding aids in place if required before the food arrived. Staff checked that everything was to their liking and offered sauces and drinks. When we spoke with people who used the service about the food they agreed that it was good. We saw people actively making choices about what type and quantity of food they wanted. The interim manager told us "There are no restrictions for people using the kitchen and we would help them with their decisions. For example, someone may choose to eat a full tub of butter. We would support them to make an informed choice that is safe and appropriate. We teach about appropriate snacks that do not interfere with full meal choices". A member of staff told us "If I am supporting someone to prepare food, I take extra care to prepare it in a way that means I would want to eat it myself. Even pureed food can be made to look appetising". People who used the service and were present during the inspection ate their food with enthusiasm and were offered options, extras and drinks. We saw evidence that all staff had completed food hygiene training.

Within people's files we found extremely detailed care plans relating to nutrition. These included likes and dislikes, level of understanding and methods used to encourage independence. There were risk assessments relating to nutrition, choking and swallowing and where appropriate referrals had been made to the dietician or Speech and Language therapy (SALT) team. The SALT team

Is the service effective?

were then able to risk assess the person and give guidance about the types of food or the way food should be prepared in order to minimise any risk. Staff were aware of people's specific needs.

When we examined care and support plans we saw that people's health needs had been reviewed and people had been referred for specialist support where required. People had hospital passports in place. These are documents that give hospital staff information about the person if they are admitted to hospital. Each person also had a health action plan in place. We saw examples of records of visits to the GP, nurse, pacemaker clinic, a seizure review and podiatry services. This meant that people were supported by staff to access specialist healthcare when it was necessary.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the Mental Capacity Act 2005 (MCA) legislation which is designed to ensure that any decisions are made in people's best interests. We saw an application had been made to the local authority for deprivation of liberty safeguards to be put in place. The interim manager was aware of how to make an application. When we spoke with care staff they were clear on the process for DoLS and mental capacity assessments as well as best interests and lasting power of attorney. There was a policy in place regarding DoLS and MCA.

Is the service caring?

Our findings

We observed that staff interactions with people were good. The staff were cheerful and friendly. When we asked people who used the service if they were happy to talk to any of the staff if they needed to discuss anything they agreed by nodding and gesturing towards staff members. Staff and people who used the service knew each other by their first names and appeared relaxed in each other's company.

One staff member told us "We are focused on person centred care. We find out about the person and care is given for people to do things at their own pace". We observed that a person who was considering using the service in the future was visiting on the day of the inspection. They had visited the service several times. The staff made comments like "the process of introduction is as long as it needs to be", "We need to get to know them and they need to get to know us" and "We need to be sensitive to both them and their family so that they do not rush such an important decision". This showed that a caring approach was taken to someone adapting to a new way of life. Our observations confirmed that people felt well cared for and relaxed within their home environment.

Each person had their own room and we saw staff knocked on the door before entering ensuring that people had their privacy maintained. Staff responded to people's wishes positively and spoke to them in a respectful manner. They were compassionate and supportive to people and worked in a discreet way when they were providing support such as personal care.

We observed staff giving people information about what was going to happen to them. For instance, we saw a member of staff explain what was going to happen throughout the rest of the day. This was done in appropriate language and with enthusiasm. When the person became agitated about a delay in going out due to shift changes, staff spent time with the person choosing an alternative activity based on their likes so that they were not agitated while waiting to go out. The staff member responded to the person sensitively.

When we spoke with the interim manager about the ethos of the home they made comments including "Everyone should be given time to learn from their mistakes and their positive experiences. Everyone here is treated with dignity and respect and staff know the people very well". A staff member we spoke with also commented "The home is like a family". The expert by experience that attended the inspection also commented "Throughout the visit I observed how well the staff got on together and the friendly atmosphere. Everyone appeared happy and content. There was lots of laughter and singing!"

We saw that people who used the service and their relatives had been involved in setting up and reviewing care plans where possible. People who used the service were not able to tell us about their involvement in planning and reviews. However we saw evidence within files that people had been involved in discussions and families had been able to input if they wished to. We saw that some files contained accessible documents used to involve the person in planning using alternative ways of communicating and encouraging choice.

Is the service responsive?

Our findings

We saw that people's care files were person centred and kept up to date. There were separate care plans for each area of need. For instance in one person's care plan file we saw there were completed documents regarding communication, maintaining relationships, daily activities, personal care, continence, sleeping and moving and the handling the person. Each of the care plans was extremely detailed and included details of the person's care needs, their wishes and aspirations in the area and any risks related to the need. This meant that people's care profiles included a wide range of information designed to assist staff to support them effectively. When people's needs changed this was clearly recorded.

Daily notes were up to date, detailed and respectful of the individual person. We were not able to talk with people who used the service about their care plans. However, when we spoke with staff about each individual's needs they were aware of how the person needed to be supported and any wishes or preferences they may have. This showed that the care plans were accurate and well followed by staff.

People were encouraged to maintain their family and other social relationships. We saw in one person's care file that the care plan around maintaining social relationships was four pages long and very detailed. We also observed staff talking with people who used the service about relatives and friends who were involved with the person.

We spoke with people and staff about raising concerns and having involvement in developing and improving the service. We also saw evidence that there were meetings with people who used the service. Staff supported people to be included in this discussion although it was acknowledged that this could be challenging when people did not have extensive verbal communication. Staff employed other ways to engage people. For example, the house was undergoing a programme of refurbishment and staff had been preparing 'mood boards' with materials of different colours and textures. People could then identify

which they preferred and be involved in planning alterations to the home. Records showed that resident meetings had been arranged on a monthly basis although only agendas were retained. There were no minutes or action plans from these meetings so it was not possible to make a judgement on the content or quality of these discussions.

Staff meeting minutes also showed that staff were able to raise concerns and make suggestions for improvements to the service. This was positively encouraged and staff opinion was valued highly by the manager and the area manager. Staff spoke positively about their ability to be involved in making decisions and leading improvements according to their knowledge of the people who used the service.

When we asked people if they knew how to raise concerns or make a complaint if they wanted to do so they agreed that they did. There had been a complaints log in place but the complaint process had now been 'centralised'. This meant that all complaints received and responses sent were monitored through a system based at the provider's head office. The areas manager explained that head office would respond to minor issues or anything relating to the wider organisation. Anything to do with the specific service, a member of staff or a particular event would be done in conjunction with the manager. This would all be recorded on the central system. This system also monitored for trends. There had not been any complaints received regarding this service since our last inspection. A leaflet was available in the home with details of how to make a complaint and what response could be expected in terms of timescales and investigation.

There was an activity programme in place and during our inspection we observed several different activities happening. People chose to do some art activities, watch films, listen and sing along to music and one person went on a trip out to the shops in the afternoon. Staff were assisting and encouraging people to join in with various activities.

Is the service well-led?

Our findings

There was a registered manager who had been off work on long term sick leave for some time. An interim manager was in place at the time of our inspection. The interim manager told us that they had an open door policy for staff, people who used the service and visitors.

Staff told us that they liked the interim manager and that they were very supportive. One staff member told us “I am very pleased with the new manager. They are like a breath of fresh air”. Another told us that they felt part of a team. The area manager was very positive about the teamwork ethos of the service. People who used the service also told us that they liked the manager.

Regular staff meetings were held for staff so that the manager could share information. Staff were encouraged to express their opinions and question practice and minutes showed that this happened in a constructive way on a regular basis. We observed staff approaching the manager during the day to ask for advice and guidance and they always got a polite response, including encouragement to make decisions for themselves, where appropriate.

When we spoke with the interim manager they were clear about the key challenges for this service and how they might address them. Although they had only been in post a short time, they were aware of the priorities for improvement.

Staff, the manager and the area manager carried out regular audits of various areas relating to delivery of the service. This included the environment, health and safety, equipment, care plans, risk assessments, staffing and

training, activities and medicines to ensure the quality of the service. Some were completed monthly and some three monthly. Although there was a wide range of audits in place, these were not always happening consistently. Many did not have associated action plans and in some cases it was not clear from the forms used how the quality of an element of the service had been assessed. For example on one form there was a section entitled ‘Quality monitoring feedback?’ and the response was ‘Yes’ but no further detail about how this had been ascertained and what it was referring to. The area manager explained that these were organisation wide forms and that they were due for review in the near future. The interim manager explained that some of the audits had not been done in the absence of a manager but these were now being completed by them and would soon be back up to date. We saw some the interim manager had already completed. The information from the audits enabled the manager to plan improvements and ensured consistency of the quality of support.

When we asked the interim manager to provide a range of documents to demonstrate how the service was run they were able to do so quickly and were able to sit and discuss them with us even though they had only been managing the service for a very short period of time. They showed a good knowledge of the service and of the needs of people who used the service.

There had been one safeguarding alert raised by the staff/managers of the service and this had been investigated thoroughly and improvements made to prevent the same incident being repeated. The staff/managers had made all appropriate notifications to CQC as required by law.