

# The Wilf Ward Family Trust

## Sherburn 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

### About the service

Sherburn House provides accommodation and personal care for up to 12 people who have a learning disability and/or autism. At the time of our inspection, 11 people were using the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service received planned and co-ordinated person-centred support that was appropriate and inclusive for them.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 12 people. Eleven people were using the service. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the local residential area and operating as two small wings.

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

The service delivered safe care and made sure risks to people's health and safety were managed well. People's relatives told us they had every confidence in the management team and staff and their family members were 'in safe hands'. Staff knew their responsibilities in relation to keeping people safe from the risk of abuse. Staff were recruited safely and there were enough staff to meet people's needs. Medicines were managed so people received their medicines as prescribed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff understood how people communicated their wishes and preferences. Staff supported people to maintain a balanced diet and monitor their nutritional health. They had the skills and knowledge to meet people's needs. They felt supported and received supervision and appraisals of their performance.

Staff were patient, friendly and kind, and people's privacy and dignity were respected. Staff showed they valued people as individuals and had formed supportive relationships with people. They knew how people preferred their care and support to be provided.

People had up to date support plans, which clearly set out how their care and support needs should be met by staff. These were reviewed regularly with the involvement of people's relatives. We saw people's rights

were respected. People chose to pursue a variety of activities and interests at the service and in their local community. People's relatives knew how to complain and felt confident any concerns would be listened to and responded to by the registered manager.

There was a positive leadership in the service. The service was well led by a management team who led by example and had embedded an open and honest culture. Audits and checks were carried out to monitor the quality of care delivered. The registered manager was aware of their responsibility to report events that occurred within the service to the Care Quality Commission and external agencies.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good. (published 28 June 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Sherburn House

## 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.

#### Inspection team

The inspection was carried out by two inspectors.

#### Service and service type

Sherburn House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse or when a person injures themselves. We contacted relevant agencies such as the local authority and local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used all this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. 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

During the inspection, we spoke with one person who used the service. We spent time interacting with five other people who used the service and had limited or no verbal communication. We also observed staff interactions with people and observed care and support in communal areas. We spoke with the registered manager and seven members of staff. We reviewed a range of records. This included two people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A sample of records relating to the management of the service, including policies and procedures were also reviewed.

#### After the inspection

We made telephone calls to three people's relatives to gain their feedback on the service. We also continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We had contact with three health and social care professionals who regularly visit the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- People received their medicines safely. Medicines were stored securely, and stock balance checks were completed to ensure medicine quantities were accurate.
- Staff knew how to ensure people received their 'as required' medicines when they needed them. However, some of these medicines did not have protocols in place to guide staff on their use. Arrangements were made at the time of the inspection to rectify this.
- Staff were trained to administer medicines safely in line with current good practice guidance. This included an initiative called STOMP (Stopping over medication of people with a learning disability, autism or both with psychotropic medicines).

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

- Appropriate systems were in place to protect people from the risk of abuse. Safeguarding procedures were in place and staff understood their responsibilities to raise concerns.
- People's relatives told us they felt their family members were safe and well supported. One said, "I believe very firmly that my [family member] is in very safe and capable hands."
- People were comfortable with staff and it was clear there were positive relationships between them.

### Assessing risk, safety monitoring and management

- People's support plans contained very detailed risk assessments linked to their support plans. Staff understood where people required support and how risk was managed while still encouraging people's independence and freedom. For example, staff told us how they promoted independence in cooking in the kitchen despite the risks involved.
- The environment and equipment were safe and well maintained. Appropriate checks, such as gas safety had been carried out.
- Each person had a personal emergency evacuation plan and staff were aware of what to do in the event of an emergency.

### Staffing and recruitment

- Overall, staffing levels were appropriate to support people and meet their needs. Staff said they felt rushed sometimes and felt people would benefit from more staff to enable them to go out more or just spend time together.
- Our observations showed staff responded well to people's requests for support and were available to provide individual support at times.
- People's relatives told us there was always enough staff to meet their family member's needs.
- The provider had safe recruitment procedures in place.

#### Preventing and controlling infection

- There were effective systems in place to reduce the risk and spread of infection.
- The environment was clean and well presented. People's relatives told us the home was always clean and tidy. One said, "It is spotless every time I visit."
- Staff had access to and wore personal protective equipment when required.

#### Learning lessons when things go wrong

- A system was in place to record and monitor any incidents.
- The registered manager responded appropriately when accidents or incidents occurred and used any incidents as a learning opportunity.
- Any lessons learnt were discussed with staff to prevent re-occurrence.



# 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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they moved in to the home to ensure they could be met. This was managed on an individual basis to ensure people were comfortable at the service.
- A social care professional described how they had been involved in supporting a person through this assessment. They said, "[Name of manager and assistant manager] in particular, went out of their way to be flexible and responsive to ensure that they were clear they could meet [person's] needs and to plan a thorough introduction to the service."
- Care was managed and delivered within lawful guidance and standards. For example, initial assessments considered any additional provision that might need to be made to ensure people's protected characteristics under the Equality Act 2010 were respected.

Staff support: induction, training, skills and experience

- Staff received the training and updates they required to effectively carry out their role. Staff told us the training they undertook was useful and relevant. One member of staff said, "We get trained in every aspect of the job. If there is a new need that arises for a new person, we would get training before they move in."
- Staff were supported well and received regular supervision and appraisal of their role.
- People's relatives said staff were competent, knowledgeable and skilled.

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

- People were supported to have enough to eat and drink and were given choices.
- Meal times were flexible to suit people's needs and alternatives to the planned menu were provided.
- People's weight was monitored for any changes. Appropriate referrals to health practitioners were made in response to any concerns.

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

- People were supported to access and receive a range of healthcare services they needed. Staff liaised with professionals when assessing a person's health needs and kept them under review, so they could provide information to professionals when needed. For example, physiotherapists and speech and language therapists.
- People's oral healthcare needs were assessed. People visited the dentist regularly and had support plans in place to manage any oral healthcare needs.
- Detailed information was recorded about people's health needs and the professionals involved in their support. A health professional spoke highly of the support people received to manage their often complex

health needs. They said, "Staff at Sherburn House seem to be very responsive to changes in their residents' health status and are quick to contact us for advice or to refer to us for assessment."

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

- The home was designed and decorated to meet people's needs. The environment was spacious and decorated with people's involvement, based on their interests and tastes.
- People had access to an attractive garden from every bedroom in the service as there were patio doors leading on to it. A relative said, "It is so lovely for [family member] to be able to see the garden from their room, I know it gives them such pleasure."
- People's rooms were highly personalised to suit their individual preferences.

#### 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 particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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.

- When people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.
- Where people were deprived of their liberty, the registered manager worked with the local authority to seek authorisation for this to ensure it was lawful.
- Staff had received training in MCA and DoLS and understood their responsibilities under the act.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. 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

- People were treated with kindness and respect by staff. All interactions we observed were kind, caring, positive and appropriate. Staff spoke kindly, laughed and joked with people, and it was clear they valued people as equals. People were relaxed and happy in staff's company. One person told us, "I am happy here, I like the staff."
- People's relatives spoke highly of the staff. Their comments included, "They are all really nice staff and [name of family member] likes them a lot" and "Staff are brilliant. It was such a relief when [family member] got a place there. We feel so lucky."
- People were protected from discrimination and were supported in any cultural support they required. For example, their preference of gender for staff to support with personal care.
- People's care records contained information about their background and preferences. Staff were knowledgeable about these.

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

- People were supported to express their views in several ways that were individual to them. Staff understood people's non-verbal communication and responded well to this. For example, giving people choices in a way they could understand using visual cues.
- Staff were supportive and positive in responding to people communicating distress through their behaviour and actions. They showed empathy and understanding of people as individuals.
- Care records showed people's relatives participated in care planning. Relatives told us they felt very involved in the care of their family member. They said their views were respected and they felt staff listened to them.
- People had a named key worker in the staff team to support them to express their views and participate as much as possible in planning care and achieving their goals. One staff member described how they were working with a person on identifying new leisure pursuits and activities by having 'taster' sessions.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with respect and maintained their privacy and dignity. They knocked on people's doors and waited before entering. We also saw staff spoke with people discretely about their personal care needs.
- Staff were mindful of people's right to confidentiality. Records were kept securely and personal information about people was protected.
- People were supported to maintain relationships with those close to them. Relatives told us they were kept

up to date with areas of their family member's life such as activities and holidays. One relative said, "It is great to keep in touch, so we can talk about things [family member] has done when we see them."

- Staff promoted people's independence when possible. We saw this when people were supported with their meals. Staff encouraged people to do what they could while also maintaining dignity and choice. One staff member told us they saw people's achievements around independence as a cause for celebration.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 very detailed support plans which reflected their current needs. These clearly identified what was important to people. For example, how they communicated their wishes and preferences.
- Support plans covered all aspects of people's daily living, care and support needs. These included personal care, mobility, eating and drinking and activities. Support plans were reviewed on a regular basis to ensure they were up to date.
- Daily records showed people received their support as planned and were assisted and supported to achieve their goals.
- Staff could explain the support people needed and what was important to them as individuals. They showed us they knew people and their needs well and provided a person-centred service.

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.

- Support plans contained information about how people communicated and anything that would make them anxious or distressed.
- Staff had a very good awareness of people's communication needs, both verbal and non-verbal.
- Staff made sure people's sensory impairment needs were met. On the day of our inspection optical services professionals were at the home using specialist equipment to test people's vision.
- People were assisted to communicate their needs and choices using photographs and other visual cues.

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

- Staff encouraged people to pursue their interests and participate in activities that were important to them. For example, one person was about to get a football season ticket as they were interested in supporting the local team. Another person was actively involved in a drama group. They had a strong interest in western themed films and had recently had a part as a cowboy in a production.
- People enjoyed activities that took account of their diverse needs. One person was supported to attend a men's group, designed to get groups of men together to reduce loneliness and isolation.
- People had access to the community facilities such as swimming pools and sensory experience rooms. Staff told us people enjoyed going out for meals and we saw they did this during our inspection.

- People also enjoyed in-house activities. We saw people engaged in activities such as listening to music, interacting with objects they found of interest and generally relaxing. The registered manager told us they were currently developing the sensory rooms in the service to be more interesting and stimulating for people. We saw the progress that had been made with this, such as tactile wall coverings.

#### Improving care quality in response to complaints or concerns

- The provider had a comprehensive complaints policy. This included information about how to make a complaint and what people could expect to happen if they raised a concern.
- Staff were aware of the process to follow should someone raise a complaint. No complaints had been received by the service in the 12 months prior to our inspection visit.

#### End of life care and support

- The service was not supporting anyone at the end of their life.
- Staff had sensitive conversations with people and their relatives about end of life plans and some people had these in place.

# 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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 registered manager and management team were approachable and sensitive to people's needs. Relatives all told us they knew the registered manager and felt comfortable to discuss anything with them. One relative said, "I feel I can be open and honest about things."
- The management team and staff spoke warmly and knowledgeably about people. It was clear they valued people and were committed to providing a good quality service.
- Staff told us they found the management team supportive. One member of staff said, "They have supported me to grow within my role."
- There was a positive focus on supporting people to communicate and express their views. Records gave detailed information on how to support people to express themselves.

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 an open and transparent culture at the service. When things went wrong or there were incidents, the registered manager was open and honest about these. They informed relatives and others as appropriate.
- The responsibility to uphold the duty of candour was understood by the registered manager.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager and management team demonstrated a commitment to ensuring the service was safe and quality care and support was delivered.
- Regular audits on all areas of the service were carried out to identify any areas for improvement. Overall, these were effective and led to improvements in the service. Some action plans did not have the detail of when they had been completed. For example, a shortfall in staff training had been identified and there were no actions identified to show how this would be rectified. However, we were informed this training was planned.
- The provider and registered manager understood the responsibilities of their registration. Notifications had been sent to us appropriately. For example, in relation to any serious incidents concerning people which had resulted in an injury or safeguarding concerns.
- The management team kept up to date with best practice and developments. One of the management team had recently undertaken training with the British Institute of Learning Disability on active support.

Active support enables people with learning disabilities to be given support to be engaged in life activities and opportunities to increase their independence.

- Staff were kept informed of important issues that affected the service. For example, staff told us following incidents, there was discussions and reflection at staff meetings.

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

- People and their relatives were encouraged to be as involved as possible in planning their or their family member's care and support. One person had recently planned and helped prepare their own birthday tea based on traditional foods they enjoyed.

- Staff told us that they were able to share their ideas and felt listened to. Staff meetings were held, which gave staff the opportunity to raise issues and make suggestions.

- There were systems in place to record feedback received about the service. This included several compliments made by health professionals and members of the public. The registered manager had identified they needed a more formal way to gain feedback and was considering the use of surveys in the future.

Working in partnership with others

- The management team and staff worked closely with other partner agencies and community groups to achieve good outcomes for people.

- There were positive links with health care providers who were all very complimentary about the service. Comments we received included; 'The care the staff provide appears to be excellent with a lovely 'family' feel to it. The residents seem generally happy and content. They are observed to be well supported during any periods of distress. I have observed that all the carers advocate passionately for their clients and clearly have their best interests at heart.'