The Wilf Ward Family Trust

The Wilf Ward Family Trust Domiciliary Care York

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

The Wilf Ward Family Trust Domiciliary Care York service provides care and support to people living in 14 'supported living' settings, so that they can live in their own homes 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. At the time of our inspection the service was supporting 31 people with a learning disability or physical disability. People lived in their own homes across the York area, either individually or sharing with up to three other people.

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The care service had been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with a learning disability were supported to live as ordinary a life as any citizen.

Staff were well trained and knowledgeable about how to support people effectively. Staff received a comprehensive induction and regular support. We found that staff training, along with knowledge of best practice, had been used to benefit people who used the service. This included screening people for dementia, and implementing knowledge gained in experiential training to make positive changes to people's support.

Staff were aware of people's healthcare needs and supported them to access healthcare services and professionals whenever needed. Staff also considered people's emotional needs and we found they had been proactive in advocating for people to receive additional support and healthcare where required, to meet their holistic needs. Where people had complex nutritional needs, we found staff followed guidelines and used creative methods to ensure people had a healthy and varied diet.

There were sufficient staff to meet people's needs. The provider planned staffing according to people's requirements and used the allocated hours contracted by the local authority for people's support. The provider conducted appropriate recruitment checks before staff started their employment, to ensure candidates were suitable to work with vulnerable people.

Positive risk taking was promoted, to support people in leading full lives and developing independence skills. Risk assessments and risk enablement plans were in place to help staff reduce risks to people's safety and well-being. Staff had received training in safeguarding vulnerable adults and knew what action to take should they have any concerns. Safe systems were in place to ensure 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.

We observed staff were kind, caring and respectful in their interactions with people. Staff understood how to maintain people's privacy and dignity. People were involved in decisions about their care. Where people were unable to express their views verbally, staff used their knowledge of people's preferences, non-verbal communication and feedback from relatives to help ensure their wishes were considered. The provider was very proactive in raising awareness of equality, diversity and human rights issues.

Staff promoted people's independence; they used varied methods to enable people's participation in daily living tasks, such as cooking. Support was tailored to people's needs. Staff used people's preferred methods of communication, such as Makaton sign language, pictures or symbols.

The provider developed a detailed support plan for each person, to give staff the information they needed to support people in line with their needs and preferences. People took part in a wide range of activities of their choice and we found people had been supported to achieve personal goals and aspirations.

There was a registered manager in post, supported by two regional deputy managers. We received positive feedback about the management team and leadership of the service. Staff felt supported and were motivated to deliver high quality care.

The registered manager had a focus on continual improvement of the service and had further developed the quality assurance system since our last inspection. In addition to quality and compliance audits, there were satisfaction surveys, observations of care practice and systems in place to investigate and respond to any concerns or complaints.

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? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

The Wilf Ward Family Trust Domiciliary Care York

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.

This comprehensive inspection took place on 18 and 24 October 2018. We gave the service two days' notice of our inspection because we needed to be sure someone would be available to assist us with the inspection and organise for us to visit people who used the service.

The inspection was carried out by two inspectors on the first day of the inspection and one inspector on the second day.

Before our inspection, we looked at information we held about the service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the service, such as notifications we had received from the registered manager. A notification is information about important events which the service is required to send us by law. We sought feedback from the local authority quality monitoring team and safeguarding team prior to our visit. We also contacted visiting professionals for feedback about the service.

During the inspection we visited five supported living settings and spoke with nine people who used the service and observed care staff interacting with people. We spoke with the regional registered manager (referred to as the 'registered manager' in this report), two deputy regional managers, four service managers, an assistant manager and six support workers. We spoke with one visiting health and social care professional during our inspection and received feedback from another shortly after our site visits. We

looked at a range of documents and records related to people's care and the management of the service. We viewed four people's care records, medication records, four staff recruitment, induction and training files and a selection of records used to monitor the quality of the service.

Good

Is the service safe?

Our findings

We observed people appeared relaxed and at ease in their homes and with staff. Measures were in place to help keep people safe, without placing unnecessary restrictions on them. Positive risk taking was promoted, including when people wished to try new activities or become more independent. Staff completed individual risk assessments and risk enablement plans for people. These covered a range of areas, such as finances, medication, bathing and choking. Staff told us they used a dynamic risk assessment process to continually evaluate risk to people, and respond accordingly.

Where people presented behaviours which could be challenging to others, staff used positive behaviour support to reduce people's anxiety. Support plans included detailed information to guide staff how to respond consistently and reassure people if they were distressed.

The provider had a system for recording and monitoring accidents and incidents. Staff and managers at support locations completed accident and incident reports and these were reviewed by the registered manager or deputy regional managers, then entered onto the provider's electronic record system. This enabled the registered manager to check appropriate responsive action had been taken and monitor any trends to prevent recurrence. We found an example where two incidents had not yet been transferred on the electronic system, leading to a delay in conducting a more detailed analysis of the circumstances of the incidents. The registered manager took action to address this straightaway. Other records we viewed showed that the system had been effective in enabling the provider to learn from accidents and incidents that occurred.

The provider had a safeguarding policy and staff received training in how to safeguard vulnerable people from abuse. Staff were aware of the process to follow should they identify any concerns. Safeguarding referrals had been completed in a timely way.

There were safe systems for the management and administration of medicines. Staff received medication training and their competence to support people with medicines was assessed. Where staff competency issues had been identified at one support location, comprehensive action had been taken to address this. Medication records were completed and audited to ensure that medicines were given in line with people's prescription. People's medicines were reviewed as part of their annual health check with the GP. The provider's medication policy was under review at the time of our inspection. Staff were aware of the 'STOMP' campaign. This is a national project to stop the over use of psychotropic medicines for people with a learning disability or autism.

Appropriate recruitment checks were conducted prior to staff starting work, to ensure they were suitable to work with vulnerable people. This included seeking references from previous employers and a Disclosure and Barring Service (DBS) check. There were sufficient staff to meet people's needs. Rotas and staff support were organised according to people's individual needs, in line with the amount of hours commissioned by the local authority for each person. People confirmed there were staff available to help them when they needed it.

Staff received infection control training and had access to personal protective equipment, such as disposable gloves.

Good

Is the service effective?

Our findings

We found staff were knowledgeable about how to support people effectively. Staff received a comprehensive induction and training. The induction was well designed, covered the requirements of the Care Certificate and was linked to the provider's values. It included detailed written accounts of the competency observations conducted on staff. As well as a range of core training, additional service specific training was provided where staff were supporting people with particular needs, such as epilepsy, dementia and autism. Some staff were due to refresh their core training and this was being managed through individual training plans. Staff received regular supervision.

Staff training, along with knowledge of best practice, had been used to benefit people who used the service. The provider had conducted screening assessments of everyone who used the service, to identify any indications that people may have a dementia related condition in addition to their learning disability. Some staff had received dementia training via the 'dementia bus'. This is interactive training, designed to allow participants the opportunity to experience how the sensory and emotional effects of dementia can feel to people. Staff gave us positive examples to demonstrate how they had used this training to make changes in practice.

The provider demonstrated how they used other best practice, such as the national STOMP campaign. They had worked with people's GP or psychiatrist to review use of psychotropic medicines across the service. Where one person's medicines had reduced as a result, staff told us how this had improved the person's well-being and sleep patterns. The provider had also worked with the local authority on a three month project at two support locations, using technology (discrete motion sensors) to provide insight into the amount of support people needed on a night time.

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). In the community, applications must be made to the Court of Protection. The registered manager retained good records of their communications with the local authority regarding applications for people they supported. We saw records of decisions made in people's best interests, involving other relevant professionals. Staff understood the importance of seeking people's consent before providing care and we observed staff involved people in decisions.

Staff supported people with their health and ensured they had access to healthcare professionals when required. People had a 'hospital passport' containing key information, should they need to go into hospital. There were protocols for staff where people had a specific condition such as asthma. Staff also demonstrated awareness of people's mental health. For example, staff had advocated for one person to have some elective surgery, as they were aware how the appearance of a physical condition had been affecting the person's confidence and emotional wellbeing.

People were supported to maintain a healthy, balanced diet. Detailed information about people's nutritional needs was recorded in support plans, including clear instructions where people required a

pureed diet or thickened fluids. In one support location we visited, staff had been particularly proactive in supporting people with their complex nutritional needs. Staff had developed a recipe file and introduced themed food nights, to encourage variation and interest in meals. However, in some support locations we found food and fluid intake monitoring records were inconsistently completed, for those people who required them. The registered manager agreed to address this.

Good

Is the service caring?

Our findings

People who were able to speak with us about their support told us staff were caring. Others used non-verbal signs to indicate to us that they liked the staff they were supported by. Throughout our inspection we observed warm, caring interactions between people and staff. A healthcare professional who visited one of the support locations regularly told us, "The staff are all lovely. They are so respectful to the people living here and treat them with dignity."

Staff demonstrated an understanding of people's preferences and needs, and spoke about people with empathy and respect. We were given examples where staff had shown particular compassion and effort to ensure people had a good quality of life and were able to develop and maintain relationships. For instance, staff had worked with a healthcare professional to reacquaint one person with an old friend they had lived with many years previously. One staff member worked long shifts every other Sunday to enable them to support a person to visit their relative. Other staff had worked flexibly to ensure people could attend activities they enjoyed or take people on holidays.

We found some staff had worked with people a long time and built strong relationships with them and their families. When one person using the service had passed away, a staff member had written a poem, which was read at the funeral at the request of the family. We saw thank you cards from family members, one of which stated, 'Thank you for the way you all share your lives with [Name] and for giving them such a good quality of life.'

Staff promoted people's independence. Support plans included detail about how people were involved in all aspects of daily living, such as cooking and household tasks. Support was tailored according to people's strengths and abilities, and we observed people being supported to prepare their own meals.

People confirmed they were involved in decisions about their care and their home. People choose how they wanted to spend their time and one person told us how they had picked their new settee and carpets. Staff supported people to prepare photographic presentations for their annual review meeting with their care manager from the local authority, to show what they had enjoyed and been involved in throughout the year.

Staff were able to describe how they maintained people's privacy and dignity. The importance of this was reiterated in support plans and staff training. Personal information was stored securely, to help maintain people's confidentiality.

Staff completed equality and diversity training and the provider was very proactive in raising awareness of equality, diversity and human rights issues. This approach extended to the support of people who used the service and staff. One staff member told us, "I've never worked anywhere as accepting as here." Information about people's diverse needs and protected characteristics, as defined by the Equality Act, were recorded in people's support plans and staff demonstrated an understanding of people's individual needs. Some people who used the service had expressed an interest in going to a York Pride event in the year prior to our inspection and staff had supported them to attend this. Staff were working with one person to explore issues

in relation to sexuality.

Good

Is the service responsive?

Our findings

The provider developed a support plan for each person, with comprehensive information about how to support the person in line with their needs and personal preferences. People, and those important to them, had been involved in the development of the support plans. In most cases the support plans were up to date and reflected people's current needs, but we found an example where the support plan had not been updated to reflect the person's current requirements in relation to their mobility. Staff were however, aware of the person's current needs and the provider agreed to update the plan.

People's communication needs were identified and recorded in their support plan. Staff provided support to meet people's communication needs. This included Makaton sign language for some people, photographs, picture symbols and easy read information. There were visual display boards in some support locations, with information in symbol format. This showed the provider was working in line with the requirements of the Accessible Information Standard, which is a legal requirement.

Staff delivered support that was responsive to people's needs. We identified some excellent examples where staff had been responsive in supporting people to achieve their wishes and aspirations. For example, one person had been supported to gain voluntary work at a local museum. In order to do this, the staff supporting them had been required to become a trained museum volunteer too. Staff with similar interests had been matched to the person and supported them to display artefacts at the museum each week. One person had secured paid employment as a cleaner and others did voluntary work. People took part in a wide range of hobbies and activities, according to their individual interests. This included exercise classes, sensory equipment sessions and a Makaton choir. One person had taken part in the national boccia championship in 2018 and reached the semi-finals. Boccia is a ball sport, similar to bowls. The provider organised events and social activities, which enabled people and staff from the different support location to socialise together.

In some support locations tenant meetings were held to discuss issues which affected people. In other homes, staff used other methods to involve people in decision making. Staff at one location were proud of how they had involved people in decisions about the recent decoration of the home and re-design of the gardens. Staff had displayed lots of wall paper samples and monitored people's response to these over a period of time, narrowing down the options until making a final decision. At another location, staff had worked with a relative to identify a wallpaper which was very similar to that in the person's bedroom as a child, to give them a sense of familiarity and comfort.

We found further work was required to ensure this level of highly personalised approach was consistent across all support locations. The registered manager advised us of the work they, and the management team, were doing to achieve to try and achieve this.

The service was not providing support to anyone at the end stage of their life at the time of our inspection. However, staff had made contact with local hospice healthcare professionals in anticipation of any future care needs. The registered manager described the compassionate end of life care provided to one person

since our last inspection.

The provider's complaints policy was available in an accessible format and records showed that concerns and complaints received had been investigated in a timely manner.

Good

Is the service well-led?

Our findings

There was a registered manager in post who had been registered with CQC since May 2017. 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. They were supported by two regional deputy managers. Each support location had a manager and assistant manager.

Staff spoke positively of the registered manager and management team, and told us they were approachable. They said the service was well-led and that they felt supported. Feedback from staff members included, "We have a really good management team at the moment. [Name of registered manager] is very forward thinking. He is putting systems in to make things better" and "We are empowered and supported."

There was a positive, person-centred culture. Staff we spoke with were motivated and enthusiastic. One told us, "I am really proud to work here." Staff gave us examples of how they had made suggestions to improve things for the benefit of people, such as changing rotas to better suit people's requirements. They said these suggestions had been listened to and acted on. There was a recognition program in place, where staff had opportunity to nominate colleagues or teams for special awards.

The registered manager was aware of their responsibilities and had submitted notifications to CQC in line with requirements. Our discussions with the registered manager demonstrated they kept up to date with current legislation and best practice, and had a strong focus on continual improvement of the service.

The provider had a quality assurance system to monitor the quality of the service provided. Since our last inspection, the registered manager had changed the management auditing system. They had developed a bi-monthly quality and compliance audit, which aligned with the key questions asked in CQC inspections. Any shortfalls were added to the service's continual improvement plan. The registered manager had further refined this audit since its initial development. We found examples which showed action was taken as a result of the checks in place. This included addressing some culture and practice issues at one support location.

The provider conducted 'Are we Caring' surveys four times a year to seek the views of people who used the service and staff. Not all people who used the service were able to participate in surveys or express their views verbally, but their experiences were still evaluated, as the provider conducted formal observation of care practice. These observations were recorded as part of the quality assurance process.

The provider worked in partnership with other organisations and built good links within the community. People accessed an extensive range of community facilities, such as local shops, leisure facilities and healthcare services. The service hosted events involving friends and family of people who used the service. Relatives had also been involved in fundraising activity for the Trust. This was for the benefit people who

used the service, such as the purchase of sensory equipment.