

The Wilf Ward Family Trust

Errol House

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Errol House is registered to provide accommodation and personal care for up to five people with a learning disability. At the time of our inspection there were three people 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 receive 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.

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

People were safely supported care and staff had a good understanding of people's individual risks, although care records sometimes lacked detail. Recruitment procedures were followed and staffing was organised well so each person received high levels of support. There were safe systems for managing people's medicines, although some aspects of recording needed to be clearer.

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. People gave their consent to care in line with current legislation. The service respected people's human rights. Staff understood people's individual communication needs and respected their wishes and preferences.

Staff were supported through training and supervision. There was good teamwork and a clear management structure to support the team. Communication between staff and managers was continuous and supportive of people's individual needs. People's dietary needs and choices were well met.

Errol House provided a friendly, welcoming homely environment; staff respected people's home and people were happy. People were supported by kind, patient and caring staff who understood their individual needs. People were treated with respect and their independence was actively promoted.

Activities were based around people's individual interests and wishes. People's care records contained information about their needs, and improvements to these were being considered. The complaints process was in place and the provider was considering ways in which compliments could also be recorded.

Changes had been made to the management in the home. Staff were confident in how the service was run

and felt the new registered manager was making positive changes. Systems and processes used to monitor the quality of the provision were in place.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published August 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will 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.

Errol House

Detailed findings

Background to this 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

One inspector carried out the inspection.

Service and service type

Errol House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 safeguarding teams. We used all this information to plan our inspection.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with 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 spoke with two people who used the service. We spoke with two members of staff, the assistant manager, the registered manager and the regional manager. We reviewed people's care records, medicines records, policies and procedures, records relating to the management of the service, including recruitment records, accident and incident records and training records.

After the inspection

The provider sent us some further information and documentation. We made telephone calls to people's relatives and some professionals who worked with people in the service, to gain their feedback.

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 means people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People were encouraged to be aware of their own safety and staff had a good understanding of their individual risk factors. Where specialist equipment was required, this was in place and regularly checked.
- Risk assessments were in place for key aspects of people's care. Safety checks were in place for premises and equipment although some documentation was not always available or lacked detail, although the registered manager had already identified this as an area to improve.
- Accidents and incidents were recorded and the registered manager had overview of these, with systems being developed to identify trends and themes more closely.

Staffing and recruitment

- Recruitment procedures were in place with close provider oversight to ensure staff were suitable to work in the service. New staff were recruited in line with the ethos and values of the organisation.
- Staffing levels were based upon people's individual needs in order for each person to have their required level of support. Staff rotas were adapted according to people's lifestyles. For example, more staff were available to support people in the home, when they were not attending college.
- The management team enhanced the support staff gave to people and worked as part of the team where possible.

Using medicines safely

- Systems and processes were in place to ensure medicines were managed safely. There were some minor documentation matters which needed to be more detailed, such as the recording of times of a homely remedy, and the provider gave assurance this would be addressed.
- Medicines audits were completed and the provider had oversight of safe practice through ensuring regular staff competency checks were carried out.
- There had been some improvements made to the storage of medicines, such as the creation of a new treatment room.

Learning lessons when things go wrong

- The registered manager understood the need to identify where improvements could be made in the event of accident or incidents. Lessons learned were discussed at regional managers' meetings and recorded on the organisation database as well as being shared within the staff team.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded because staff knew how to identify the signs of potential abuse and had regular training to ensure their knowledge was up to date.
- Safeguarding procedures were clear. Staff understood the reporting procedures should they have any

concerns about a person. Whistleblowing procedures were in place and known by staff who said they would confidently use these if they suspected poor practice in the home.

- The registered manager understood their responsibility to refer any concerns to the local authority safeguarding teams where necessary.

Preventing and controlling infection

- There was a good supply of personal protective equipment available for staff to use to help prevent the spread of infection.
- The home was clean and there were no unpleasant odours. The kitchen was in the process of being refurbished to improve infection control measures.

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 has remained the same. This meant 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 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. In care homes, and some hospitals this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA

- People were appropriately supported to have choice and control of their lives and staff understood the key principles of the MCA.
- People's mental capacity was recorded clearly and staff had full regard for people's rights. Staff fully supported people to make their own choices and formal best interest decision making processes were followed where necessary. Where people needed an advocate to help them in their decision making, this was in place. We spoke with one person's advocate, who told us the staff fully respected people's rights and supported their decision making in meaningful ways.

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

- People's needs and choices were assessed and delivered in line with good practice guidance. Assessments were person-centred and meaningful to individuals.
 - Health and social care professionals were involved in people's care and support and referrals were made where necessary. We spoke with one health professional who told us the staff referred to their service when necessary and acted upon any advice given. They said, "The staff are really on the ball with people's health."
- Staff support: induction, training, skills and experience
- Staff received good induction and training which supported them in their roles. Staff were expected to complete the care certificate as well as training in the values and ethos of the organisation. The provider was in the process of developing a staff training room within the home, to support staff with their learning.
 - Staff felt supported to carry out their work and said they were confident any additional training needs

would be met, should they suggest further ideas for their development. One member of staff who had not had previous relevant experience before working at Errol House said their training had given them confidence to support people.

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

- People were fully involved in the planning and preparation of their meals. Different methods were used to help people make choices, such as the use of pictures, recipe books or reference objects. Meal plans were in place as well as alternative choices.
- Staff understood each person's individual dietary needs. Where people were at risk of malnutrition, staff understood how to ensure additional calories and food content. People's weight was recorded, although the provider said they were sourcing new scales, as well as improving documentation.
- People were referred to the speech and language therapy team if they needed a swallowing assessment. Staff fully understood individual care plans regarding any particular consistencies needed to make food and drink safer to swallow.

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

- Errol House had a welcoming and homely atmosphere and was in the process of being refurbished at the time of the inspection. People were involved and informed about the changes taking place. The laundry and kitchen facilities were being adapted to make them more accessible and support people's independent living skills.
- Staff worked with each person to determine which would be the best room for their individual needs. One person was preparing to move to a room with adapted en-suite facilities. The person was very proud to show us their new bedroom work in progress. They had chosen their own décor and staff had supported them to try different wallpaper samples before making their choices.
- Communal areas were freely accessed by all people. Where people had mobility difficulties, areas were clear and spacious to enable safe movement. Staff encouraged people to use communal lounge areas and a sensory room. There were plans in place to improve the garden.

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 has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence; Ensuring people are well treated and supported; respecting equality and diversity

- The provider used the 'Wilf Ward Family Trust Way' which was a set of values and behaviours that all staff were expected to adhere to. Staff had a highly positive attitude to empowering people and respecting them as individuals. Staff we spoke with said they felt privileged to work alongside the people they supported.
- Each person had an individual, person centred support plan which detailed their preferred care and support needs. Staff knew each person very well and promoted opportunities for their independence. Staff said they felt very proud when people achieved goals they previously could not do. For example, one person had been encouraged to eat independently and had successfully achieved this.
- The provider told us dignity and rights underpinned all training for staff. Staff respected people's privacy; they asked permission to go into people's rooms and they knocked on doors before entering. Staff had a happy disposition. They used friendly interaction with people and they shared humour, helping to make a happy atmosphere in the home.

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

- People's views were continuously sought and they were involved in decisions about their care and support. Staff were very patient when supporting people with communication and they paid close attention to people's non-verbal cues. Staff listened attentively and used pictures, facial expressions and gestures to support their communication with people and to confirm their understanding of people's needs.
- People confidently made their needs known and staff were led by each person's expressed wishes. For example, one person clearly expressed they would like to visit the hairdresser the same day to make an appointment and staff facilitated this.
- One professional told us, "Staff are amazing at supporting people to make choices. [Person's name] has come on in leaps and bounds. They are really at home at Errol House."

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; 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

- People's care and support plans were reviewed regularly. The registered manager had identified the need to improve the style in which these were written and they were in the process of working with people and staff to develop these. Care records addressed people's equality and diversity needs and staff understood each person as a unique individual.
- People engaged in activities which were of personal interest, choice and value. Some people attended college and staff ensured people had their full range of choices available.
- Staff told us how one person was a keen football fan and showed how activities they engaged in reflected their interests, such as attending their favourite team's match. The person's interests were evident from the way in which their bedroom was decorated. Another person enjoyed tactile objects and staff showed us the resources available for them to interact with, including a sensory room.
- Staff knew who was important to each person and contact with their individual families were actively encouraged. One person showed us photographs from a recent family visit and staff chatted with them about their special family members.

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.

- People had access to easy read documentation and pictures according to their individual needs. Some people used technology, such as electronic tablets to assist with communication.
- Staff understood people's gestures and mirrored these to acknowledge people and show understanding of their needs.
- One person was learning to use an electronic talking button to help them make simple requests. Staff told us this was being developed further to enhance the person's communication ability.

Improving care quality in response to complaints or concerns

- Complaints were responded to and investigations carried out where concerns were raised. Staff said they would always respect people's rights and help them to raise concerns if necessary.

End of life care and support

- The provider was aware of how to support people's end of life care planning and have sensitive discussions with people and families. Staff had been involved in supporting one person and their family during end of life matters. Staff had demonstrated caring, emotional and practical support.

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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well led. Leaders and the culture they created promoted high quality, person-centred care.

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

- A new management team had been put in place since the last inspection as there had been a short period of time without a registered manager. One relative told us there had been an unsettled period of time when there had been changes of managers, but said this was improving.
- The registered manager was new in post and was supported by an assistant manager who was very experienced in the care of people at Errol House.
- Systems and processes for assessing and monitoring the quality and safety of the service were in place because the regional manager had been running the service. Responsibilities were being shared amongst the management team as their roles were becoming clearly defined and embedded.
- Action plans and audits showed where matters had been identified and addressed. The registered manager had identified areas to develop, such as care records and the organisation of documentation to support the running of the service.
- The provider was very involved in the running of the service. Support visits by the regional manager were regular and communication was continuous. Records of provider visits were not always systematically recorded, although there was a shared continuous improvement plan in place and actions identified.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 door policy throughout the organisation and the registered manager encouraged staff to approach them at any time.
- Staff told us the new registered manager was approachable and they felt freely able to discuss any matters. One member of staff said, "[The registered manager] is so supportive; they will help out if need be."
- The registered manager was aware of their responsibilities under the duty of candour.

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

- The registered manager was new in post and spent time getting to know people, staff and relatives. One relative told us communication was improving since the new registered manager had been in post and they were kept better informed.
- Staff meetings were held regularly and staff were able to contribute their views. There were newsletters and social media sites for staff to keep informed. The provider told us the organisation actively involved staff

in a consultative group and a variety of focus groups which looked at the development of policies, procedures and practice.

- There was evidence of partnership working with other professionals, such as the health teams, community learning disabilities team, the advocacy service and the SALT team.

Continuous learning and improving care

- The registered manager said they had been looking at the other services within the organisation to gain good practice ideas and shared ways of working.
- Feedback was welcomed and the provider was committed to driving improvement.