

# The Wilf Ward Family Trust Clarence Gardens

## Inspection Report

161 Lawfield Lane, Wakefield, West Yorkshire WF2  
8SU

Tel: 01924 363411

Website: [www.wilfward.org.uk](http://www.wilfward.org.uk)

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# Summary of findings

## Overall summary

Clarence Gardens is a respite service providing short breaks for up to four people between the ages of 18 and 65 years old. The service provides care and support for people with learning disabilities and complex health care needs. The accommodation is on one level with wheelchair access throughout the building. All bedrooms have en-suite facilities. There is a lounge, dining room, games room and kitchen.

People who stay at the service have learning disabilities and this meant while some people were able to tell us their views of the home, others were unable to communicate this verbally. We met with people who were currently staying at the service and people who had stayed at the service and came in to visit while we were there.

There was a registered manager who had been in post since 2011. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service and shares the legal responsibility for meeting the requirements of the law with the provider.

People told us they enjoyed coming for a break and felt safe when they were there. The service worked hard to make sure when people came to stay there were with other people who they would get on with. We found people's independence and freedom was encouraged and at the same time any risks were discussed and managed safely.

People were kept safe as staff knew the signs to look for which may indicate abuse was happening. This was particularly important for people who were not able to communicate verbally. Staff knew how to report any concerns and our discussions with them showed they would not tolerate poor practice. The service had had one safeguarding incident which occurred last year. This had been fully investigated and recorded and reported to the correct authorities.

Staff had received training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). There were no DoLS currently in place, however the registered manager knew the correct procedures to follow to ensure people's rights were protected.

People received their medicines as prescribed and there were safe systems in place to manage medicines safely. Staff had received medicines training.

People were involved in decisions about their care and support. There were detailed communication plans for people who could not verbalise their needs. Care and support was tailored to meet individual needs and staff knew people well. They provided people with opportunities to participate in events and activities they may not previously have been able to do. People told us they enjoyed their breaks at the service and relatives said their family members always seemed happy after they had stayed there.

The building was specifically designed to meet the needs of the people who used the service. People were involved in decisions about the environment and were currently choosing the new colour scheme.

Staff had good relationships with the people who stayed at the service and the atmosphere was happy and relaxed. We saw staff were kind and caring in their interactions with people. Staff treated people with dignity and respect and maintained their privacy. They had a good understanding of equality and diversity.

Effective systems were in place which ensured people's care and support transferred smoothly when they came to stay at the service. This meant people received consistent care which was well co-ordinated between the different agencies.

A wide range of activities were provided both in house and in the community. People were involved and consulted about all aspects of the service including what improvements they would like to see and suggestions for activities. Staff told us people were encouraged to make friendships and relationships during their stays.

There were good systems in place to respond to people complaints and we saw these had been followed. People felt they could raise complaints and were confident they would be dealt with.

Leadership in the home was good and promoted a positive and open culture. Relatives said the service was well run and they felt their views were listened to.

# Summary of findings

Staff understood the values and ethos of the service. They knew what was expected of them and understood their role in ensuring people received the care and support they required.

There were effective systems to monitor and review safeguarding concerns, accidents, incidents and complaints. Investigations were thorough and action plans were in place to address any shortfalls. Staff meetings and supervisions were held regularly which provided an opportunity for staff to discuss any issues as well as identifying any training needs.

Staffing levels were kept under review and adjusted according to the dependency levels of people who were staying at the service.

We saw the service actively sought the views of people and looked at creative ways in which they could involve people in service improvement plans.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Are services safe?**

People were kept safe during their short break at the service. The booking system used to plan people's stays looked at compatibility to make sure people were staying with liked minded individuals. This meant potential areas of conflict between people was avoided and kept people safe.

Staff discussed and agreed with people how risks would be managed which ensured their safety but also allowed them to enjoy their freedom and independence.

Staff were trained in safeguarding and knew about the different types of abuse and how to report it. Our discussions with staff showed they would not tolerate poor practice and would report any suspicions promptly. There were safeguarding procedures in place and we saw these had been followed in the one safeguarding incident that had occurred. This had been fully investigated and reported to the Local Authority and CQC.

Staff were trained in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). There were no DoLS in place and the registered manager knew the correct procedures to follow to ensure people's rights were protected.

People's medicines were stored safely and they received them as prescribed. All staff had received medicines training, which was updated regularly and included practical competency checks.

### **Are services effective?**

Staff involved people in decisions about all aspects of their daily lives including care and support needs as well as how they wanted to spend their time while staying at the service and what activities they wanted to do. People we spoke with and their relatives confirmed they had been involved in these decisions and we saw evidence of this in the care records we reviewed.

There were detailed communication plans for people which showed how people communicated their needs. We saw staff had developed good relationships with people and understood the different ways in which people communicated making sure they were included in any decision making.

The building was purpose built in 2012 to meet the needs of the people who use the service with facilities designed to maintain people's independence, privacy and dignity. For example, tracking devices allowed people to be easily transferred by hoist from their

# Summary of findings

bathroom to their bedrooms. Clothes rails in wardrobes could be pulled down so people can reach their own clothes and low height work surfaces in the kitchen enabled wheelchair users to prepare their own food and drinks. Specialist bathing and shower facilities meant that people with complex health care needs could enjoy a bath safely and comfortably. People were involved in decisions about the environment and were choosing colours and pictures for a planned refurbishment.

Staff received the training and support they needed to do their jobs. This was confirmed in the records we saw and discussions we had with staff. We saw staff received specialist training in areas such as autism and epilepsy, which meant they had the skills and knowledge to meet the specific needs of people who used the service.

## **Are services caring?**

Staff had developed good relationships with the people who stayed at the service and there was a happy, relaxed atmosphere. We saw staff involved people and supported them at their own pace so they were not rushed. People we spoke with and their relatives praised the kindness of the staff.

Staff we spoke with knew people well and told us how they arranged for people to join in activities and events they may not previously had an opportunity to do. People were encouraged to share their wishes about things they would like to do during their stay and photographs we saw showed how these had been met. People told us they enjoyed their breaks at the service and relatives said their family members always seemed happy after they had stayed there.

We saw staff treated people with dignity and respect and maintained their privacy and dignity. Some people wanted to be alone and we saw staff respected that, but also gave them opportunities and support to join in with activities. Staff had a good understanding of equality and diversity and we saw support was tailored to meet people's individual needs.

There were effective systems in place which ensured people's care and support transferred smoothly when they came to stay at the service. This meant people received consistent care which was well co-ordinated between the different agencies. Records showed checks were carried out before and after people's stays. This made sure the service knew if there were any changes in the person's care so they could put things in place before they came to stay. Checks made with people after their visits gave people the chance to give feedback on their stay and identify any improvements or changes needed for next time.

# Summary of findings

## **Are services responsive to people's needs?**

The service provided a flexible and responsive approach to meeting people's needs. Referrals were made to the service following a multi-disciplinary review and a further assessment was carried out by the registered manager to make sure the respite break was organised to meet people's preferences and needs. The booking system allowed people to choose when and who they spent their breaks with and relatives we spoke with appreciated the flexibility this gave them.

The care records we reviewed were personalised and reflected how people wanted their care providing and what they wanted to do when they came to stay at the service. We saw these were reviewed and updated at each stay.

There was a wide range of activities both in house and in the community which people could access. We saw people were involved and consulted about all aspects of the service including what improvements they would like to see and suggestions for activities. Staff told us people were encouraged to make friendships and relationships during their stays. One person told us this was important to them as they did not have many opportunities to meet people.

The service involved people who stayed at the service in looking at different options for respite breaks as part of a project with the Local Authority. We saw photographs and suggestion people had made were displayed in the home and included different places to stay. This showed the service worked creatively with people to look at how respite provision could be more varied.

There were good systems in place to respond to people complaints. We saw complaints that had been received had been investigated and responded to promptly. People we spoke with and their relatives said they felt able to raise any concerns or complaints with staff and were confident they would be acted upon.

## **Are services well-led?**

The service had a registered manager who had been in post since 2011. We saw leadership in the home was good and the manager worked alongside staff overseeing the care given and providing support and guidance where needed.

There was a positive and open culture, which was person centred and inclusive. Relatives we spoke with said the service was well run and they felt their views were listened to.

Staff understood the values and ethos of the service. They knew what was expected of them and understood their role in ensuring people received the care and support they required.

# Summary of findings

Staff thought the home was well managed and said they were encouraged them to make suggestions about how the service could be improved for people. They said they felt proud working at the service and would recommend it to other people. They felt confident in raising issues and felt they would be dealt with professionally and sensitively.

There were effective systems to monitor and review safeguarding concerns, accidents, incidents and complaints. Investigations were thorough and action plans were in place to address any shortfalls. Learning from these incidents was shared with staff to ensure continuous improvement and development of the service.

Staff meetings and supervisions were held regularly which gave them an opportunity to discuss any issues as well as identifying any training needs.

There were sufficient staff to meet people's needs when we visited. We saw staffing levels were kept under review and adjusted according to the dependency levels of people who were staying at the service.

We saw the service actively sought the views of people and looked at creative ways in which they could involve people in service improvement plans.

# Summary of findings

## What people who use the service and those that matter to them say

We spoke with four people who were staying or had stayed at Clarence Gardens and four relatives. People told us they enjoyed coming to stay at the service and below are comments some of them made:

“I like coming here. The staff are nice and we have a laugh. I can do things I can’t do at home like going out, making friends and making meals.”

“I can do what I like, get up when I want, have a shower when I want. It’s great here.”

“It’s good.”

“I liked going to the airport.”

We spoke with one person who could not communicate verbally but understood and responded to the questions we asked with signs and gestures. They indicated they

liked coming to stay at the service and when asked if staff were kind and caring confirmed they were. We spoke with this person’s relative who confirmed the person looked forward to their stays and really enjoyed them.

Relatives told us their family members looked forward to their stay at the service and made the following comments:

“My (relative) can’t speak but she shows she’s happy when she’s been here. Staff are very good, they know what she likes doing and she seems to like being here.”

“The service here is fantastic. My (relative) loves it here, they’re very accommodating and the staff are great.”

“They’re very flexible and (staff member) goes through photographs with (relative) so that he can choose when he comes to stay as he doesn’t like to stay with some people.”

“He seems to have a good time when he comes here”



# Clarence Gardens

## Detailed findings

### Background to this inspection

We visited this service on 23 April 2014. 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 regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process under Wave 1.

The inspection was led by an inspector. Before the inspection we reviewed all the information we held about the home and contacted the local authority.

We used a number of different methods to help us understand the experiences of people who used this respite service. This included talking with people who were

staying or had stayed at the service and their visitors. We also observed daily life in the service including the care and support being delivered. We spent time looking at records, which included people's care records, and records relating to the management of the service. We looked round the building and saw some people's bedrooms, bathrooms, the kitchen and communal areas.

On the day we visited we spoke with four people who were staying or had stayed at Clarence Gardens, four relatives, an agency nurse, a Quality and Credits Framework assessor, three staff and the manager.

At the last inspection in January 2014 the service was found to be meeting the regulations we looked at.

# Are services safe?

## Our findings

People we spoke with told us they enjoyed having a break at Clarence Gardens and felt safe when they stayed at the service. The registered manager explained how people's safety was taken into consideration as part of the booking process by considering people's compatibility as well as their overall needs. For example, one person was known to become distressed and agitated when the environment was loud and noisy, so the registered manager ensured people with similar preferences were booked in when this person came to stay. This meant potential areas of conflict were avoided and people's safety was ensured. Relatives we spoke with confirmed this process and said they felt their family members were kept safe during their stays.

We saw staff managed risks to people's safety by protecting them but at the same time ensured their freedom was supported and respected. The registered manager told us the service aimed to enable people to participate safely in events and activities they may not normally be able to access. She described the staff as having a "can do attitude" which meant people were encouraged to fulfil their wishes. We saw there were detailed risk assessments in place which people who used the service had been involved in.

Staff we spoke with said they had received safeguarding training and the training records we saw confirmed this. Staff had a good understanding of what constituted abuse. They were able to describe the non-verbal signs people may display which may indicate abuse was taking place. We saw this recorded well in one person's care plan which gave specific information about non-verbal signs which staff should be aware of if they wanted to indicate something was wrong. Staff knew the correct action to take if abuse was suspected and were confident the registered manager would respond appropriately to any concerns raised. One staff member said, "We know the guests who come here well and I'd speak out straightaway if I thought something wasn't right."

Staff knew about the whistleblowing procedures and who to contact if they felt concerns were not dealt with properly. The service had had one safeguarding incident which had been fully investigated and correctly recorded and reported

to the local authority and Care Quality Commission (CQC). We saw safeguarding and whistleblowing policies were available and staff we spoke with told us they knew how to access them.

The registered manager had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). There were no DoLS currently in place, however the registered manager knew the correct procedures to follow to ensure people's rights were protected. Where people did not have mental capacity to make complex decisions, the registered manager was able to explain the process they would follow in ensuring best interest meetings were held involving advocates and other health and social care professionals.

Staff we spoke with had an awareness of the MCA. The registered manager confirmed all staff had received training in the MCA and DoLS and this was confirmed in records we saw. Information about the MCA and DoLS was available to staff and staff we spoke with knew how to access it.

The service had safe systems in place to manage people's medicines. The registered manager told us all staff received medicines training as part of their induction, which included practical observation and practical competency tests. Discussions with staff and staff records we reviewed confirmed this training had been completed.

People brought their own medicines from home. We saw checks were in place to make sure sufficient quantities were brought for the length of stay and the medicines were prescribed correctly and in date. Medicine support plans were in place which listed the person's current medication, what it was for and any specific administration details. We checked the medicines of one person who was staying at the service and found they had been given as prescribed and were stored securely.

The registered manager said people's independence was encouraged and self administration of medicines was always considered as part of the initial assessment. There were systems in place to accommodate people who wished to self medicate.

The registered manager told us most people had their medicines while they were in the home but sometimes they

## Are services safe?

needed to take them while they were out. We saw there were systems in place which ensured medicines were kept safe and secure when they were taken out into the community.

# Are services effective?

(for example, treatment is effective)

## Our findings

The registered manager told us people were referred to the service through the 'short breaks panel'. The panel included the registered manager and other health and social care professionals which provided a multi-agency approach. On receiving the referral the registered manager told us they visited the person and their family to assess their needs and discuss booking dates.

We looked at the care records for two people and found detailed assessment information which encompassed all aspects of their care and support needs. These showed the involvement of the person and their family, as well as any health and social care professionals involved in the person's care. Any risks were clearly identified and risk management plans were in place. The care and support plans were very personalised. They clearly showed people's preferences in terms of how support was provided and their likes and dislikes. This included general information such as preferred times for getting up or having a bath or shower as well as more specific information. For example, one person liked having a bath but the records showed this person wanted to be positioned in a certain way so that they felt safe and could enjoy the experience.

Communication plans for people were very comprehensive giving specific details about how each person communicated their needs. For example, for one person was known to make a certain comment and the care plan showed what that meant and how staff should respond. For another person there were a series of photographs which illustrated what they were communicating by the position of their body and facial expressions in the picture. We saw staff communicated well with people who could not make their needs known verbally and made sure they were included in any decision making. Staff knew the different body language and signs people used and responded appropriately.

We saw staff involved people in decisions about all aspects of their daily lives and respected their choices. People we spoke with and their relatives told us they had been fully involved in decisions about the care and support they received while staying at the service. The records clearly stated how people wanted to spend their time during their stays. They showed what people liked to do and also what

they would not enjoy doing. For example, one person liked going out but did not like noisy environments and the plan gave examples of the places the person would not like to go as well as activities they would enjoy.

The environment was specifically designed to meet the needs of people who used the service. The home was purpose built in 2012 and won an architectural award by Wakefield Civic Society in 2012 for "best new build". Level access into and throughout the building ensured accessibility for wheelchair users. Facilities were designed to enhance people's independence and promote their dignity and privacy, such as rails that could be pulled down in the wardrobes so that people could reach their own clothes. Tracking devices in the large ensuite bedrooms meant people could easily be hoisted from their bedroom into the bathroom. People had their own keys to their rooms so they could lock them when they were out. Some of the work surfaces in the kitchen were at wheelchair height which enabled people to prepare their own food and drinks. Patio doors led outside to gardens with raised flowerbeds.

We saw that a range of communal rooms meant people were able to spend time together or be alone. For example, we saw one person in the computer room and they told us they liked to be quiet and on their own. Other people were chatting with staff in the dining room or watching TV in the lounge. The registered manager told us the rooms were being redecorated and they were consulting with people in choosing the new décor. We saw people's suggestions were displayed in the home which included preferred colours for different rooms and types of pictures they would like on the walls.

Staff we spoke with told us they received the training and support they required to carry out their roles. They said they received regular supervisions and appraisals and we saw evidence of this in the staff records we reviewed. Staff were knowledgeable about the needs of the people they supported and knew how these needs should be met.

They said access to training was good and confirmed they received regular updates. The training matrix showed the training staff had completed and highlighted when updates were required. Staff had received core training in subjects such as moving and handling, equality and diversity, food hygiene and infection control. We also saw training had been provided to meet the specific needs of the people who used the service. This included understanding autism,

# Are services effective?

(for example, treatment is effective)

epilepsy and Percutaneous Endoscopic Gastrostomy (PEG) feeding. A PEG tube is a feeding tube which passes through the abdominal wall into the stomach so that food, water and medication can be given without swallowing.

We met a Quality and Credits Framework (QCF) assessor who was visiting the home to assess two of the staff who

were working towards their level 3 qualification. The assessor told us they had been visiting the home over the last three months and spoke positively about the service. They said, "They're excellent to work with and the staff are well supported."

# Are services caring?

## Our findings

We saw staff were kind and caring and had developed positive relationships with the people who stayed at the service. There was a happy, relaxed atmosphere and although there was some banter and laughter with people we saw staff were respectful and professional in their interactions. Staff had their meals and drinks with people which made it a sociable and inclusive event. We saw staff took time to explain things so people knew what was happening and supported people to do things at their own pace so they were not rushed. This applied to decision making as well as support with care. This was confirmed by people we spoke with. One relative described how staff spent time with their family member looking through photographs of people who were coming to stay so they could arrange a booking with people their family member liked. The relative said this reduced their family member's anxiety and meant they could make an informed decision about when they came to stay.

People we spoke with and their relatives were very positive about the service and praised the kindness of the staff. They told us staff understood people's individual needs and catered for them. Relatives told us their family members liked coming to stay and always seemed happy after their short breaks. One relative said, "My (relative) can't speak but she shows she's happy when she's been here. Staff are very good, they know what she likes doing and she seems to like being here." Another relative said, "The service here is fantastic. My (relative) loves it here, they're very accommodating and the staff are great."

We spoke with one person who could not communicate verbally but understood and responded to the questions we asked with signs and gestures. They indicated they liked coming to stay at the service and when asked if staff were kind and caring confirmed they were. We spoke with this person's relative who confirmed the person looked forward to their stays and really enjoyed them.

Staff we spoke with knew people well. They were able to describe people's individual preferences and knew about their personal histories. They said they encouraged people to share their wishes and tailored the breaks and activities to meet their preferences. We saw a "Rainbow Wish Board" was displayed in the service where people pinned their wishes describing things they would like to do such as attending a rave or day trips out. We saw photographs

which showed that many of these dreams had been realised. We saw staff provided a safe and supportive environment for people to participate in activities they may not have previously experienced. For example, one staff member told us about one person who preferred not to socialise with other people but had attended a disco at the service and had really enjoyed dancing to the music. Another staff member told us, "It's all about what the guests want. This is their holiday and we are here to make it special for them." A person who stayed at the service regularly said, "I like coming here. The staff are nice and we have a laugh. I can do things I can't do at home like going out, making friends and making meals."

We saw staff knocked on doors and asked people's permission before entering any rooms. We observed staff were discreet when talking to people about personal care requirements and made sure this was carried out in private. We saw people were supported to be as independent as they wanted to be and this was clearly recorded in their support plans. We saw a range of telecare equipment was available to support people's independence and keep them safe. For example, bed sensors which alerted staff if the person had an epileptic seizure. Staff we spoke with were able to explain and gave examples of how they ensured people's privacy, dignity and independence was maintained. Staff had a good knowledge and understanding of equality and diversity and records showed all staff had received training in this area.

We found there were good systems in place which ensured people's care and support transferred seamlessly when they stayed at the service. The multi-agency approach to referrals ensured there was consistency in the care and support people received on their respite visit and that any equipment required was in place. Support records we saw were personalised detailing the care required and people's preferences. The manager told us people were contacted before each respite visit to check if there were any changes in the person's care needs and we saw this information recorded in the records we reviewed.

The manager told us following each visit the person was contacted for feedback on their stay and to discuss if any changes or improvements were needed. We saw there were arrangements in place for people to access medical care and support if required during their stay. We spoke with an agency nurse who provided one-to-one care to a person in their own home and stayed with the person when they

## Are services caring?

came for a short break at the service. The agency nurse told us the staff team worked well with them which meant the

person enjoyed their break and their care continued to be provided as it was at home. We spoke with this person and their relative and both were very happy with the way care and support was provided during the short break.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

The registered manager told us referrals were made to the service following a multi-disciplinary panel review which identified people who may benefit from the respite service available at Clarence Gardens. This meant people were carefully matched to the service to ensure their needs could be met.

We found the service had a flexible and responsive approach in meeting people's needs. The registered manager told us they met with people and their families before any bookings were arranged, which gave people an opportunity to discuss their care and support and what they wanted from their respite stay. We saw there were comprehensive needs assessments in the records we reviewed. A compatibility booking system gave people flexibility in the dates they stayed and meant they could arrange their visits to coincide with people they wanted to spend time with. People and relatives we spoke with confirmed this process and appreciated the flexibility this provided.

We saw people received personalised care which focussed on their needs and preferences and this was reflected in the two care records we reviewed. These provided comprehensive information which described the type of support the person needed and how they wanted that support to be provided by staff. For one person there were photographs which showed how they liked their pillows positioning so that they were comfortable in bed. For another person the care plan showed it was important to them that their daily routine followed the same pattern and the routine was very clearly described. The records were holistic and provided information about people's social, emotional and psychological needs as well as their physical care. We saw records were reviewed and updated at each visit to reflect any changes in needs or preferences. People we spoke with told us they enjoyed their time at the service and could decide how their days were spent. One person said, "I can do what I like, get up when I want, have a shower when I want. It's great here."

We were told by the registered manager that for some people their first stay at the service marked a transition between children and adult services which staff recognised was a significant change for the person. We spoke with the

relative of a person who was going through this process and they were appreciative of the sensitive way this had been handled which ensured their family member enjoyed their stays.

We saw staff involved people in decisions about the service and worked with them to see how improvements could be made. We saw notes from a recent guest council meeting where people who stayed at the service met with staff and discussed different activities they would like to be involved in as well as improvements they would like to see in the service. We saw there was a wide range of activities available to people both in house and in the community. These included trips out, bowling, cinema visits, pamper days and arts and crafts sessions. There was a games room with a pool table, computer and variety of games and pursuits. Some people attended the day centre which is located nearby. Staff told us the activity programme was flexible and often changed as people decided they wanted to do other things.

There were lots of leaflets about local attractions which staff told us people had brought back when they visited places so other people could see what was available. We saw people were involved in lots of different events. One person told us they had been out to Leeds/Bradford airport and had enjoyed watching the planes.

We saw how relationships with people who stayed at the service and their families were nurtured and maintained. For example, during the afternoon of our visit there was a special presentation as one relative had raised money after completing a sponsored run. People and their relatives were invited to a special lunch to celebrate and witness the handing over of the cheque and the registered manager discussed how people would be involved in deciding how the money would be spent. Staff described how they encouraged people to develop friendships and relationships during their stays. One person told us they had made friends with other people who stayed at the service which was important to them as they did not have these opportunities elsewhere.

The home had been involved in an Alternative Short Breaks project with Wakefield Council which looked at different holiday options for people. This involved consultations with people and their relatives and looked at different funding options. We saw photographs and suggestions people had made were displayed in the home. The registered manager told us three people had been



# Are services responsive to people's needs? (for example, to feedback?)

supported by staff to have a holiday break in Filey. This showed the home were working with other organisations and people who used the service to improve the options available to people who wanted respite care.

People we spoke with and their relatives said they felt able to raise any concerns or complaints with staff and were confident they would be acted upon. We saw the service had received three complaints since the last inspection. The records showed the action that had been taken in response to the concerns raised and how the outcome had

been fed back to the person who had raised the issue. This showed people's concerns were listened to, taken seriously and responded to promptly. There was an easy read complaints procedure which was accessible to people and included in the welcome packs kept in the bedrooms. The registered manager told us they were working with people who stayed at the service to produce a DVD about how to make a complaint. This was confirmed by one person we spoke with who told us they were pleased they were going to be involved in making the DVD.

# Are services well-led?

## Our findings

At the time of our inspection there was a registered manager who had been employed at the service since 2011. We saw leadership in the home was good. The registered manager worked alongside staff overseeing the care given and providing support and guidance where needed.

Our discussions with people who stayed at the service, relatives and staff and our observations during the visit showed there was a positive and open culture, which was person centred and inclusive. Relatives we spoke with felt the service was well run and felt their views were listened to.

Staff demonstrated a good understanding of the values and ethos of the service and described how these were put into practice. They knew what was expected of them and understood their role in ensuring people received the care and support they required.

Staff told us they thought the service was well managed. They said the manager encouraged them to make suggestions about how improvements could be made for people and they felt their views were taken into consideration. They told us they felt proud to be working at the service and said they would recommend it to other people.

Staff told us they felt confident in raising any issues and felt assured that they would be dealt with professionally and sensitively. They were aware of the service's whistleblowing procedures and how to access them.

Records we saw showed there were effective systems in place to monitor and review safeguarding concerns, accidents, incidents and complaints. We saw investigations were thorough and action plans were in place to address any shortfalls.

The registered manager described how learning from these incidents was shared with staff to ensure continuous improvement and development of the service. Minutes of staff meetings confirmed this and showed how learning

outcomes had been shared and discussed. The registered manager told us support networks and events were in place to ensure learning was shared across the organisation.

The registered manager told us staff meetings were held regularly and this was confirmed by staff. Staff told us they found the meetings useful and felt their opinions were valued. Staff we spoke with confirmed they had regular supervision with the manager. They said this gave them an opportunity to discuss their roles and any issues as well as identifying any training needs. We saw records which showed best practice sessions were used to consolidate staff learning and as a forum for staff discussion.

On the day we visited we found there were sufficient staff to meet people needs. The registered manager showed us the staff duty rotas and explained how staff were allocated on each shift. They said staffing levels were kept under review and adjusted according to the dependency levels of people who were staying at the service.

The registered manager told us they had a core staff team who worked at the home but could also draw on resources from other services within the organisation. Some people who stayed at the service had complex needs which required one to one support and we saw a joint working protocol was in place to facilitate this arrangement.

We saw the service actively sought the views of people through guest council meetings, satisfaction surveys after each stay and the Rainbow Wish Board. The registered manager told us they were continually striving to improve the service by looking at creative ways in which they could involve people. We saw one example, which showed how people had worked with staff to discuss what improvements they wanted to happen in the service. This was done through a service PATH (Planning Alternative Tomorrows with Hope) which fed into the service's business plan. The PATH showed in pictures and words the views of people and the improvements they wanted, what the service was doing to action these and a final section which showed when each one had been completed.