The Wilf Ward Family Trust

The Wilf Ward Family Trust Domiciliary Care Leeds and Wakefield

Inspection report

3 Astley Lane
Swillington
Leeds
West Yorkshire
LS26 8UE

Tel: 01132877606
Website: www.wilfward.org.uk

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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

This was an announced inspection carried out on the 12, 19 and 20 July 2016. At the last inspection in July 2014 we found the provider met the regulations we looked at.

The Wilf Ward Family Trust Domiciliary Care Leeds and Wakefield provides support and care to adults with a learning disability. Care is offered to people in their own homes by teams of staff who provide 24 hour support.

At the time of the inspection, the service had a manager registered with the Care Quality Commission (CQC) but they were working their notice. 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 and associated Regulations about how the service is run.

People received a safe service and there were procedures were in place to reduce the risk of harm to people. Staff were trained and knew how to report and deal with issues regarding people's safety. Staff had the relevant information about how to minimise identified risks to ensure people were supported in a safe way. Staff were recruited safely which ensured they were of a good character to work with people who used this service.

Overall, people received their medicines as prescribed and safe systems were in place to manage people's medicines. Health care needs were met well, with prompt referrals made when necessary.

The management team and staff had an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. They had made appropriate applications to the relevant authorities to ensure people's rights were protected.

Overall, staff training was updated regularly and staff had regular supervision that helped identify training needs and improve the quality of care.

People were supported to have enough to eat and drink. Staff were aware of people's dietary routines and their likes and dislikes.

Staff understood people's individual needs in relation to their care. People were treated with dignity and respect. Support plans were person centred and reflected individual's preferences.

The service had systems in place to manage complaints and people were informed of the complaints procedures.

Overall, arrangements were in place to assess and monitor the quality of the service, so that actions could

be put in place to drive improvements.

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.

Staff were able to tell us how they could recognise abuse and knew how to report it appropriately.

There were sufficient staff to ensure people's needs were met. Recruitment
procedures were thorough to ensure the staff employed were suitable.

Overall, people were supported to have their medicines safely.

Is the service effective?

Good

The service was effective.

Staff felt confident and equipped to fulfil their role because they received the right training and support.

Staff understood people's rights to make choices about their care and the requirements of the Mental Capacity Act 2005 and the Depravation of Liberty Safeguards.

People were supported to have enough to eat and drink. People's nutritional and healthcare needs were met.

Is the service caring?

Good

The service was caring.

Staff had developed good relationships with the people who used the service and there was a happy, relaxed atmosphere. People and their relatives told us they or their family member were well cared for.

People were involved in planning their care and support.

Staff understood how to treat people with dignity and respect and were confident people received good care.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and care and support was planned to meet people's needs well.

People enjoyed a range of activities within their home and the community.

Systems were in place to respond to any concerns and complaints raised.

Is the service well-led?

Good

The service was well- led.

The management team were open, supportive and approachable.

Staff understood their roles and responsibilities and said they felt well supported.

Systems were in place to monitor the quality of the service provided and ensure continuous improvement.

The Wilf Ward Family Trust Domiciliary Care Leeds and Wakefield

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 inspection took place on 12, 19 and 20 July 2016 and was announced on all of the days. The provider was given short notice because the location provides a supported living service; we needed to be sure that someone would be in the location office and arrangements could be made for us to visit people in their own homes. The inspection was carried out by one adult social care inspector.

Before the inspection, the provider had completed a Provider Information Return (PIR). This is a document that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed all the information we held about the home, including previous inspection reports and statutory notifications. We contacted the local authority and Healthwatch. We were not made aware of any concerns by the local authority. Healthwatch feedback stated they had had some concerns raised with them regarding staff turnover and consistency. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

At the time of the inspection there were 23 people who received support from the service. We visited three of the houses where people lived. We spoke with eight people who used the service, three relatives, eight staff, three cluster managers (managers who managed teams of staff in geographical areas), two deputy regional managers and the head of operations. We spent time looking at documents and records that related to

people's care and support and the management of the service. We looked at five people's support plans and five people's medication records.

Good

Is the service safe?

Our findings

People told us they felt safe. Comments from people included, "They take good care of us here" and "I am well looked after, they make sure everything is alright." Relatives told us their family members were safe. One relative said, "I rest, assured knowing [name of person] is safe, happy and well looked after." Another relative said, "[Name of person] is exceptionally safe and in good hands."

We saw positive interaction throughout our visit and people who used the service appeared happy and comfortable with the staff. All staff members we spoke with were able to explain how they would keep people safe and understood how to report any concerns where they felt people were at risk of harm. Staff were able to describe different types of abuse and were clear on how to report concerns outside of the service if they needed to. Staff said they had received training in the safeguarding of vulnerable adults and the records confirmed this.

Risk assessments were person centred, detailed and provided staff with guidance on how to prevent or reduce known risks in the least restrictive way. The risk assessments covered all areas of well-being including, daily living skills such as cooking, leisure activities and risks associated with people's health needs. In the PIR we were told, 'Risk assessments are in place for each customer. These are completed in collaboration with the customer, their families, staff and other key stakeholder in health and social care. These are reviewed on a regular basis or in response to any issues that may arise.'

Through our observations and discussions with people who used the service, relatives and staff members, we concluded there were enough staff to meet the needs of the people who used the service. People and their relatives said there were usually enough staff to meet their or their family member's needs. However, some relatives said they thought staff turnover was high and this led to a lack of consistent staff who knew their family member well. We discussed this with the head of operations who showed us they were aware of recruitment and retention issues in the service and had put plans in place; including a new approach to recruitment to try and rectify this.

The PIR stated, 'Safe staffing levels are observed in response to customers assessed needs and commissioned hours.' The deputy regional manager told us staffing levels were determined by the number of people and their activities, care and support needs. All the staff we spoke with said there were enough staff to meet people's needs, and they did not have concerns about staffing levels.

There were safe recruitment and selection processes in place, which included people who used the service on the interview panel. Appropriate checks were undertaken before staff began work, this included records of Disclosure and Barring Service (DBS) checks. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people. A relative told us they would like to be included in recruitment and we passed this on to the service for their consideration.

We looked at the systems in place for managing medicines and found there were overall appropriate

arrangements for the safe handling of medicines. People told us staff supported them to take their medication safely. A relative told us their family member was well supported with their medication and they had no concerns. All staff spoken with told us they felt they had the training and skills they needed to administer medication safely. Staff said they received competency checks and the records confirmed this. The service had a clear medicine administration policy which staff had access to.

We saw people had medication support plans which gave information on the support people needed with their medication. This included detailed information on what medication was used for, allergies and person centred information on how people liked to take their medication, for example, from a spoon or with a drink of their preference.

There were records for 'as and when needed' (PRN) medicines. PRN medicines are medicines that are prescribed to people and given when necessary; such as for pain relief. However, we found there were no protocols in place for some PRN medicines to give guidance in what circumstances PRN medication should be given. We discussed this with cluster managers who made immediate arrangements to put these in place.

Medicines were stored securely and there were adequate stocks kept for people. Medicines were recorded on medicines administration record (MAR) sheets. There were no omissions in signing the MAR and medicines were administered on time. We saw medication stocks and administration were audited each day to ensure any errors were identified in a timely way. Staff told us there were few errors because of this system.

Records of accidents and incidents showed that staff knew what to do if someone had an accident or sustained an injury. Records were detailed and gave information on how incidents were investigated and what action was taken to prevent re-occurrence.

People lived as tenants of their own properties. Maintenance issues were dealt with by the landlord or family members. However, staff supported people to maintain their home and keep it clean and tidy. Weekly checks of the premises were completed to ensure people's homes and any equipment used were safely maintained.

Good

Is the service effective?

Our findings

People's needs were met by staff who had the right skills, competencies and knowledge. People who used the service and relatives said staff were well trained and knew about their or their family member's needs. However, some relatives said they were concerned that unfamiliar staff may not know people as well as the consistent staff members. They said, "Some are fantastic, others not so." Another relative was very complimentary about the standard of staff and said they thought they were very well trained.

Staff received a comprehensive induction when they started to work at the service. This included, getting to know the people they would be supporting. Staff spoke highly of their induction and said this had prepared them well for their role. The PIR stated, 'The Care Certificate is completed by all new staff who undertake shadow shifts until they are deemed competent.' The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

Staff told us they received lots of training, and described the range of training offered to ensure they were able to meet the diverse needs of the people they supported. One staff member said, "They make sure we do all our updates, keep on top of things here." Staff demonstrated a good knowledge of the needs of people with a learning disability and we saw their actions and support helped people to manage any distressed behaviours that people had such as increased anxiety.

We looked at training records which showed staff had completed a range of training courses which included; moving and handling, first aid, safeguarding adults, health and safety, mental capacity act, and medication. The training record showed most staff were up to date with their required training and if updates were needed they had been identified and we saw evidence training courses were planned. However, we noted a number of staff required food hygiene and infection control and prevention training. We discussed this with the deputy regional manager who made arrangements for a course to be delivered to those staff who needed their update.

The regional deputy manager told us, and records showed, staff received specialist training in working with people living with autism and training on person centred care.

Staff told us they felt well supported and received regular supervision meetings to discuss their role and progress. The head of operations told us a new approach had been developed for annual appraisals and this meant that some staff were now overdue their appraisal. There were plans in place to ensure these took place.

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. (The application procedures for this in supported living

settings are called the Deprivation of Liberty Safeguards (DoLS).)

Staff and the management team had a good understanding with regards to the MCA and DoLS and they understood the need to ask people's consent. Staff were able to explain how they obtained consent to provide care and support on a daily basis. Staff understood that any restrictions in place needed to be in the best interests of the person and needed authorisation by the court of protection. Records we looked at showed a mapping exercise had been completed by the provider to identify anyone at risk from a deprivation of their liberty and relevant communication had taken place with local authority care managers to ensure authorisations were applied for.

We saw mental capacity assessments had been completed for those people that required them and in the support plans we looked at we saw people had a decision making profile which informed staff about the decisions people were are able to make and how they indicated their choices.

In the PIR, we were told, 'Customers are presumed to have mental capacity unless assessed otherwise, and risk assessments are person-centred to support customers to make choices about their life. Where customers are assessed as lacking mental capacity best interest meetings are held with the customer and key stakeholders to make significant decisions in their best interest which are least restrictive and proportionate.'

Records showed that arrangements were in place that made sure people's health needs were met. We saw evidence staff had worked with various agencies and made sure people accessed other services in cases of emergency, or when people's needs had changed.

People told us staff supported them with their healthcare needs. People who used the service or their relatives spoke highly of the health support they received and said staff were prompt in seeking medical assistance for them. The PIR stated, 'Health action plans, hospital passports and communication passports are in place so staff are fully aware of any health issues or communication needs in order to support customers effectively.' We saw these records were in place and used effectively.

People who used the service were complimentary about the food and menus in the service. One person spoke of the support they had received to assist them in losing weight. They said, "The staff really help me and I eat well." Another person said, "I have what I want when I want; we are having a barbecue tonight, it will be great." Staff told us they understood the need to ensure that people's nutritional needs were met. We saw that referrals had been made to healthcare professionals such as speech and language therapists and dieticians when concerns were raised about people's eating and drinking needs.

Staff told us there was always plenty of food and people could choose what they wanted to eat. They explained a menu was drawn up to assist with shopping but this could always be changed according to people's preferences. We saw people were supported to make their own snacks and drinks and could access food and drink at any time. Pictures of foods were available to assist people to make choices. Staff told us they used these pictures when menu planning with people who used the service.

We reviewed some of the menus and saw a balanced, varied menu was offered. One relative said they thought their family member had a "Great diet". Another relative said they thought there were too many chips on the menu and there was not always enough balance and attention to healthy eating.

Good

Is the service caring?

Our findings

People we spoke with made positive comments about the staff that supported them. Their comments included; "I like all the staff", "The staff are nice and kind" and "They are great and all my friends." People said their privacy was respected and they could choose their own lifestyle.

Relatives we spoke with said they found the staff caring, kind and thoughtful. Their comments included; "Excellent staff, more than excellent, so kind and caring and I feel they love [name of family member] like I do" and "There are some fantastic staff members; very dedicated."

During our visits to people in their homes, we were able to observe the way staff and people interacted and the support that was provided. We saw staff treated people with respect and in a kind and compassionate way. We saw people were comfortable in the presence of the staff and we observed friendly banter and communication between staff and people. It was clear staff and people who used the service got on well and had developed good relationships. Staff were encouraging and supportive in their communication with people and made sure communication was at the person's pace and understanding.

In the PIR we were told, 'Staff know the needs of customers and are staff matched where possible with regards to interests and personality. Rotas are completed with this in mind to ensure that customers are supported by staff who know them and understand their needs.'

We saw people were encouraged to open their front doors to visitors and staff respected they were working in people's own homes. Staff said people's rooms were their own personal space and they respected this. People had individual rooms and these were decorated to their tastes and interests. People who used the service enjoyed showing us their rooms which we saw reflected their personalities and hobbies.

People looked well cared for, clean and tidy which is achieved through good care standards. Staff told us people received good care and they felt proud to be able to do this. One staff member said, "It's all about the individual and what they want and need." Another staff member said they loved to see people develop their skills of independence. They said, "It doesn't matter how small it may seem, all steps are steps in the right direction for people." Staff told us about the importance of treating people with dignity and respect and making sure people were seen as individuals and had their needs met in a person centred way.

The PIR stated, 'Daily contact sheets are completed by staff to evidence the care provided and are written in person-centred manner. Where this has found not to be the case with individuals this is addressed through support and supervision, and training (we have developed a training programme around recording and communication).'

We saw people who used the service and their relatives had been involved in developing and reviewing support plans. One relative said, "I am involved every step of the way." Relatives told us they felt the service communicated well with them and kept them informed of the welfare of their family member.

Good

Is the service responsive?

Our findings

Records showed people had their needs assessed before they began using the service. This ensured the service was able to meet the needs of people they were planning to support.

We looked at the support plans for five people. The support plans were written in an individual way, which included a one page profile, likes and dislikes. Staff were provided with clear guidance on how to support people as they wished. The support plans were reviewed with people on a regular basis. People who used the service said they had individual choice and their choices were respected. People told us they received consistent care that was person centred and they were involved in making decisions about their care.

Staff showed an in-depth knowledge and understanding of people's care, support needs and routines and could describe care needs provided for each person. This included individual ways of communicating with people. Staff described how they met people's care needs and how they supported people to express choices and maintain their independence by encouraging them to do as much for themselves as they could with staff support.

Staff said they found the support plans useful and they gave them enough information and guidance on how to provide the support people wanted and needed. Staff spoke confidently about the individual needs of people who used the service.

In the PIR we were told, 'Customers are supported to make choices through clear support planning and risk assessments which are reviewed and updated to take into account any changes in needs. Any customer who has issues around communication have a communication passport in place to ensure that all communication is in line with their individual requirements, is person-centred to meet their needs. This ensures that customers are able to communicate any issues relating to their support and wellbeing, which enables staff to respond to any changes in needs in a timely manner.'

People who used the service were involved in a wide range of activities both in their home and the wider community. People told us staff supported them to follow their interests and take part in social activities. People who used the services spoke of activities they enjoyed and how they were supported by staff to pursue these. Some people told us of their future aspirations of gaining a job. Staff told us how they supported people in trying to fulfil this. People also spoke of the holidays they were planning and how staff had supported them to gain some independence in booking a holiday.

The PIR stated, 'Activity plans are also in place for customers where required which help to give some structure to meaningful engagement in activities. The plans are formulated with customer's preferences in mind and in collaboration with customers. However, should a customer express they do not want to do a particular activity then an alternative is offered in line with their wishes, ensuring that person-centred practice, choice and control is built into any structure in place.'

The service had systems in place to deal with concerns and complaints, which included providing people

with information about the complaints process. People we spoke with told us they had someone they could speak to if they were not happy with something. People told us they would speak any member of staff if they wanted to raise concerns. We saw that a complaints procedure was in place which was available in an easy read version.
We looked at records of complaints and concerns received and saw issues that had been raised had been responded to appropriately. It was clear from the records that people had their comments listened to and acted upon.

Staff confirmed they were kept well informed on issues that affected the service. They said they were given feedback on the outcome of any investigations such as complaints, accidents/incidents, safeguarding concerns and senior manager's visits to prevent re-occurrence and improve the service.

Good

Is the service well-led?

Our findings

At the time of the inspection, the service had a manager registered with the Care Quality Commission but they were not present at the inspection and were working their notice as they were leaving the service. The head of operations told us they had commenced recruitment for a new manager. Two deputy regional managers were in place to oversee and manage the service. They were supported by three cluster managers who managed the day to day service.

People we spoke with told us they thought the service was managed well. One person said, "Our manager is very good; sorts things out." Relatives we spoke with said they thought the cluster managers and senior managers demonstrated good leadership. They were described as approachable and easy to talk to.

Our observations and discussions confirmed the management team had a good knowledge of people who used the service, their families and their individual care and support needs. Staff spoke highly of the management team and spoke of how much they enjoyed their job. One staff member said, "I really love my job; the best I have ever had." Staff said they felt comfortable raising issues during supervision sessions but would not necessarily wait for supervision if they needed to raise something sooner. They told us they felt confident that any issues or concerns raised were dealt with competently.

Staff said the cluster managers worked alongside them to ensure good standards were maintained and they remained aware of issues that affected the service. Staff said the management team were approachable and always had time for them. They said they felt listened to and could contribute ideas or raise concerns if they had any. They said they were encouraged to put forward their opinions and felt they were valued team members. We saw staff meetings were held on a regular basis which gave opportunities for staff to contribute and make suggestions.

In the PIR we were told, 'Staff attend regular team meetings in order that managers can deliver a consistent message to the staff team about what is required of them.'

People who used the service and their relatives were asked for their views about the care and support the service offered. The provider sent out annual questionnaires for people who used the service and their relatives. These were collected and analysed to make sure people were satisfied with the service. We looked at the results from the latest surveys undertaken in January, May and June 2016 and these showed an overall high degree of satisfaction with the service. The deputy regional manager said any suggestions made through the use of surveys would always be followed up to try and ensure the service was continually improving and responding to what people wanted. However, there was no overall action plan in place to show actions taken in response to any negative comments. For example, a relative had raised concern about staff consistency. The head of operations told us how this had been addressed through a different approach to recruitment but agreed this had not been documented. The deputy regional manager said they would in the future make sure all actions were documented with the introduction of a 'you said, we did' system of response.

We saw there were systems in place to monitor accidents, and incidents, which were analysed to identify any patterns or trends, lessons learned and/or measures put in place to reduce the risk of re-occurrence.

There was a system of audit in place. Cluster managers completed weekly and monthly reports to ensure senior managers were aware of important issues within the service. This included information on staffing, safeguarding, health and safety, good news, medication, training and supervision, house meetings and accidents and incidents. Senior managers reviewed these reports to monitor the safety, effectiveness and quality of the service provided.

Cluster managers also completed peer audits in parts of the service where they did not have operational responsibility. These were planned to occur monthly but had not been carried out as planned recently. In response to this, the deputy regional manager had, in June 2016, put a schedule in place to ensure monthly completion. The records of audits we looked at did not always clearly show if actions identified had been completed to ensure improvements in the service. On the second day of our inspection at the location office we saw a system had been introduced to ensure this was formally documented in the future.

We were told senior managers visited people who used the service regularly to check standards and the quality of care being provided. Staff said they spoke with people who used the service and staff during these visits.