

The Wilf Ward Family Trust

# The Wilf Ward Family Trust - Supported Living (Boothferry & the Wolds)

## Inspection report

The Courtyard  
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Goole  
East Yorkshire  
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## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

# Summary of findings

## Overall summary

### About the service

The Wilf Ward Family Trust Domiciliary Care Boothferry and Leeds provides personal care and support to people with a learning disability and/or autism living in and around Goole. At the time of our inspection, the service supported 22 adults, across seven supported living houses.

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 that 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 is appropriate and inclusive for them.

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

People using the service were truly respected as individuals. The recognised people as individuals and understood the value of their expertise in making decisions about how care should be delivered.

The leadership and culture of the service supported the delivery of high-quality, person-centre care. Managers empowered staff to care for people in a way that exceeded expectations.

People were kept safe from risk of abuse and avoidable harm. They were supported by enough, competent and skilled staff. Medicines were safely managed and administered as prescribed.

People's received care based on a thorough understanding of their needs and experienced consistently good outcomes.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

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.

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

#### Rating at last inspection

The last rating for this service was good (published 5 May 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

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

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Details are in our caring findings below.

### Is the service responsive?

Outstanding ☆

The service was exceptionally 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.

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## **Detailed findings**

## Background to this inspection

### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

### Inspection team

The inspection was carried out by one inspector.

### Service and service type

This service provides care and support to people living in seven 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service was in the process of registering a manager 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

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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. We used all of this information to plan our inspection.

#### During the inspection

We spoke with four people who used the service about their experience of the care provided. We spoke with seven members of staff including the registered manager, regional managers and four care workers.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We looked at information collected by the provider which showed the outcomes people had achieved. We spoke with four relatives.

# 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 now the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from risk of neglect, abuse and ill-treatment.
- There were effective safeguarding systems in place to address any concerns. Staff had a thorough understanding of abuse and knew what to do to make sure people were kept safe.
- The registered manager understood their responsibilities to report any concerns to the local authority and CQC. Relatives were confident the registered manager would promptly address any issues.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People were protected from avoidable harm. Staff had the information they needed to care for people safely. Risk assessments were comprehensive and person-centred.
- People had access to the equipment and support they needed to move safely around their homes.
- There was an open culture of learning from incidents and accidents and other safety related events. The registered manager monitored and regularly reviewed incidents and took action to minimise risks.

Staffing and recruitment

- Safe were recruited safely and there were enough skilled staff to keep people safe. People and relatives told us there was a low turn over of staff within the service. One relative told us, "We've had a really stable experience with staff in place for a long time and who know [Name] very well, which makes a big difference."

Using medicines safely

- Medicines were managed consistently and safely. People received their medicines as prescribed.

Preventing and controlling infection

- Staff followed good infection control and prevention processes. They had access to and used personal protective equipment to limit the spread of infection.

# 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.

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

- Care and support was planned and delivered following a thorough assessments of people's needs and preferences. This was regularly reviewed and updated to ensure people continued to receive the right care and support.
- Staff applied their learning effectively and followed best practice which led to good outcomes for people.

Staff support: induction, training, skills and experience

- Staff had the right skills, competence and support to care for people.
- Staff completed a thorough induction before the started working for the service. They continued to undertake additional training to meet people's needs.
- Managers met regularly with staff to review their practice and development and to discuss any concerns.

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

- Staff supported people to eat and drink well.
- People were fully involved in planning and preparing their meals. One relative told us, "They (people) create a weekly menu for what they want to eat...they all make individual choices."

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

- People received an annual health check which is best practice for people with a learning disability and or autism.
- There were clear systems in place to maintain continuity of care and to refer people to other healthcare professionals where necessary. One relative told us, "If they (staff) felt [Name] was unwell and needed to see a doctor, they would get one. They are always, very much on the ball."

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had a thorough understanding of MCA and DoLS and were confident about using the Act. They were skilled in assessing people's capacity and best interest decisions were always made in accordance with legislation and people's wishes. They communicated with people in a way they understood and gave people time to process information.
- Restrictions were regularly reviewed and only imposed as an absolute last resort.

## 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 now improved to Outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- The provider had worked to develop a strong, visible person-centred culture. This ran throughout the service. People and relatives told us staff were exceptionally compassionate and kind. Comments included, "It is more than a job to them (staff)", "They (staff) go over and above" and "The staff are absolutely unbelievable." One relative told us their family member had described feeling 'home sick' whilst away from the service.
- The provider had empowered staff to care for people in a way that exceeded expectations. For example, staff voluntarily altered their working days to support one person to take part in a relative's wedding. Their relative told us, "Staff have made changes to their own rota to make sure that happens...it will be a very happy experience for [Name]."
- Staff fostered open and honest relationships with people and their families. A relative told us, "We can't praise [staff] highly enough...and how they adapt to people's care needs and keep us informed, we couldn't ask for better. They go over and above."
- Staff were particularly sensitive to times when people needed caring and compassionate support and demonstrated a true empathy for the people they cared for. Staff had received additional support and guidance in this area. For example, staff were exceptionally well skilled in supporting people who had experienced bereavement. Staff advocated for one person to attend a relative's funeral and ensured the person received the right level of support.
- Managers had consulted with people in further developing the service's equality and diversity strategy. People had recently approved a poster displaying the values of the service.

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

- People had been given a platform to express their views and shape how the service ran. People regularly attended a focus group, called 'Jigsaw'; they contributed to policies and procedures, and brought about a change in the terminology used by staff when referring to people who used the service.
- Where advocacy and support were not readily available, staff secured the right support for people to be more in control of decisions about their own lives.

Respecting and promoting people's privacy, dignity and independence

- Respect for privacy and dignity was at the heart of the service's culture and values. Staff respected people's right to lead a private life and stored care records and supportive aids securely and discreetly.
- People were involved in the recruitment of staff and in selecting their own, dedicated 'key workers'. One person told us, "[My key workers] are both different and both nice."

- Staff worked in partnership with people, their families, and other organisations to ensure the smooth transition of young adults into the service. They put strategy's in place to support people to achieve their goals towards living independently.

# 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 now improved to Outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences;

- Staff worked in partnership with people in creating their care and support plans. They listened to and valued the input of people and their families. Care and support plans were routinely reviewed by staff and changed as people's needs changed. One relative told us, "Families are regularly consulted. We have a strong working relationship with staff." Another relative had regularly supported staff in the recruitment of staff for their family member, "It impacted massively! One [staff member] in particular has worked very well."
- Staff were creative in providing truly person-centred care which achieved better than expected outcomes for people. Staff supported one person, at risk of poor oral health, to attend training on the subject. The manager told us the person had since allowed staff to care for their teeth and their relative reported a significant improvement.
- Staff were creative in finding ways to communicate with people in a way they understood, to give people greater control. For example, staff adapted one person's communication aid to include pictures, personal to them, to support them in decision making.
- At the time of our inspection the provider was working in partnership with the NHS to pilot new technology in the service. Each person had been given their own electronic tablet which provided instant access to their health records. Staff and other health professionals used the device to accurately document people's changing needs and track their progress.
- Staff were encouraged to reflect and learn from their experiences, to continually improve outcomes for people; staff identified the value of other health professionals and the importance of allowing enough time for people to get the most from activities.

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

- Staff had an excellent understanding of people's needs; they used this expertise to support people to achieve their goals and realise their wishes. They meticulously planned and liaised with families and health professionals to overcome barriers. They supported people to take holidays abroad, attend live recordings of television programmes and to learn new skills. Staff supported one person to gain a qualification in radio broadcasting. One relative told us, "[Staff] have had a massive beneficial effect on [Name] well-being, brilliant staff team!"
- Staff recognised diversity amongst people using the service and tailored their support to meet people's individual needs. For example, staff worked to create 'holiday' experiences for one person who was no longer able to stay away from home.

- The service had close ties with community resources and other support networks. Several people attended a local musical theatre company, which offered performance and training opportunities.
- People were supported to maintain relationships with people who were important to them. Many of the people living together had done so for a number of years and had formed friendships among themselves.

#### 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.

- Information was routinely provided to people in a way they could read or understand. The registered manager told us, "Information given to people is tailored to the audience."
- People had detailed, person-centred plans in place to aid communication.

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

- People knew how to make a complaint if they wanted to. The provider displayed information in a format people could read and/or understand about how to do this.
- Relatives told they felt comfortable approaching managers and staff at all levels of the organisation and confident they would be listened to. Comments included, "If ever we have anything to say, they (staff) take it on-board and they deal with it straight away" and "I can't complain at all. I always have access to the manager, the regional manager and I have even spoken to chief executive. People do respond, and they do listen."
- Managers rigorously investigated complaints and sought the advice of external professionals to ensure an independent and objective approach.

#### End of life care and support

- The provider had policies and procedures in place to support the delivery of end of life care. At the time of our inspection, no one at the service was in receipt of end of life care.
- Staff understood how to liaise with relevant professionals should someone require this 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 now 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had made significant developments in their vision and strategy to provide people with high-quality care and support. The ethos of the service was centred around people and this ran throughout the organisation. Relatives told us, "Its had a huge impact. [Name] has developed and has become as independent as they can be. We can only say it has been very positive experience for [Name] and for the family. We are so grateful and so lucky" and "We would and we have recommend the service."
- There was a strong governance framework in place, with clear lines of accountability and processes to drive quality.
- Staff teams worked effectively together to meet the needs of people. A relative told us, "I know [staff] have regular staff meetings and share good practise, which is all very reassuring on our part as parents."

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; Continuous learning and improving care

- Staff took every opportunity to improve care, including when things went wrong. The provider understood their responsibilities on the duty of candour. Relatives told us there was good communication.
- Quality assurance arrangements were robust and identified current and potential concerns and areas for improvement.

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

- The provider had developed their engagement with people, families and staff and valued their expertise in the continuous development of the service. A relative told us, "Its good to be involved."
- People who used the service had formed a focus group and shared their experiences of care and put forward ideas for improvement. Improvements included changing the terminology used by staff when referring to people who used the service.