

# The Wilf Ward Family Trust

## Stakesby Road

### Inspection report



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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?          | Good         |
| Is the service responsive?      | Outstanding  |
| Is the service well-led?        | Outstanding  |

# Summary of findings

## Overall summary

Stakesby Road is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Stakesby Road is situated in Whitby and accommodates up to three people who have profound and multiple learning disabilities. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

Inspection site visits took place on 26 March and 11 April 2018 and were announced. At the time of this inspection, the service was providing support to two people.

At the last comprehensive inspection in October 2015 we found the service was meeting requirements and awarded a rating of good. At this inspection we found the registered manager and staff team had developed the service further to achieve an outstanding rating.

There was a manager in post who had registered with the Care Quality Commission. They assisted throughout the inspection process. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Discussions with staff demonstrated they were extremely passionate about the people they supported, building effective communication and improving the quality of life people had. Staff spoke with empathy and enthusiasm as they explained future activities planned and improvements people had made with their health and well-being. Staff approached and responded to people as individuals, tailoring how to do this based on their in-depth knowledge of the person. This meant we observed meaningful relationships based on trust and mutual respect.

Staff described the importance of people being able to have meaningful, private communication with relatives. Photographs of activities and daily events were taken by staff and placed in a memory book. This gave relatives the opportunity to stimulate meaningful conversations with the person about their week without staff being present.

Potential barriers to communication were addressed through staff's in depth understanding of people's unique communication styles which were detailed in people's care records. People had access to a range of technology as well as communication boards, picture cards and photographs. It was clear staff understood the importance of maximising the opportunities for people to experience

sensory stimuli such as touch.

People were encouraged to form goals towards their independence such as becoming more active and were supported to work towards these through keeping them under review. Case studies were produced by staff to record progress and what the outcomes for people were.

Respect and regard for privacy and dignity were at the core of the service's culture and values. Staff had received training in how to treat people with respect and kindness. The ethos of the home was to make people feel special and that their lives and feelings mattered.

Relatives, staff and people were equal partners in designing the care people wanted in the way they wanted it. Staff gathered each person's life history and used this to develop positive relationships and design care which included the person's preferences. Support plans were written in an exceptionally person-centred way with detailed instructions on how to provide care which was appropriate to the person.

The service had a creative approach in supporting people to make their own decisions. The use of technology was embraced to enable people to make decisions around daily lives. Where people lacked the capacity to make particular decisions a person-centred approach to each decision made in the person's best interest had been considered.

Staff at the service had a proactive approach to promoting and improving people's health and nutrition. Excellent relationships with the other professionals had been developed. They visited the service on a regular basis to offer guidance, advice and also delivered person-centred training. Records showed that people's weight was closely monitored and any concerns were reported immediately to relevant professionals.

Relatives and professionals confirmed that the registered manager listened to and acted upon any views without hesitation. There was a strong sense that the communication between the registered manager and people, relatives and staff was open, enabling and supportive.

The registered manager was continuously trying to improve the service and the quality of care provided. They kept a reflective log on research, taught sessions and training they had attended so they could take control of their own learning and understand areas for improvement.

Comprehensive and exceptionally effective quality assurance systems were in place which were completed by the registered manager and senior managers from Wilf Ward Family Trust to monitor and improve the service. Actions required were clear, concise and completed in a timely manner.

The day-to-day values and culture of the service were highlighted at handovers, supervision and in monthly staff meetings. Staff meetings were an opportunity for staff to contribute their views. We saw a real person-centred culture where staff displayed empathy and worked with people and their relatives to understand how to best support them.

A complaints policy was in place and displayed at the service which was also available in easy read format. Relatives we spoke with told us they would be confident in raising any concerns and were certain the registered manager would take appropriate action.

Safe recruitment processes had been followed. The registered manager had developed the recruitment process to ensure people who used the service and relatives were included in staff selection. Interview

questions were developed by relatives, which focused on areas they considered most important when recruiting new staff. Potential new recruits were asked to spend time with people whilst under supervision to allow the registered manager to observe interactions to assess if potential staff followed the services values.

A safeguarding and whistle blowing policy was in place. Staff had received safeguarding training and had a clear understanding of their responsibilities to report any concerns. People were supported by a regular team of staff who were able to effectively communicate with people and were aware of people's body language and gestures that would indicate there was a concern.

Staff and management at the service embraced positive risk taking to ensure people had fulfilled lives. Thorough risk assessments were in place and regularly reviewed and updated when needed.

Systems were in place to ensure that medicines had been ordered, received, stored and administered appropriately. Staff had received appropriate training and had their competencies in this area assessed by management.

Staff had access to personal protective equipment (PPE). People's personal toiletries were kept in allocated cupboards and the environment was exceptionally clean and tidy throughout. Staff had received training in infection control and were aware of best practice guidance and how this applied to their role.

Staff had received extensive training in areas the provider considered mandatory. Training was provided through a range of provision to accommodate to encourage engagement.

Staff were receiving regular and constructive supervision and appraisal, which were recorded and focused on areas of improvement, how this could be achieved as well as acknowledging good practice and progress made. Staff were encouraged to progress within their role.

## 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 received training on safeguarding adults from abuse and understood their responsibility to report any incidents of abuse to the relevant people.

Positive risk taking was embraced and comprehensive risk management plans were in place for people and the service where required.

Medicines were stored securely, administered safely and staff competencies had been assessed.

Safe recruitment processes had been followed. People and relatives were actively involved in selection and recruitment.

### Is the service effective?

Good ●

The service was effective.

Staff had received extensive training which was provided through a range of provision to accommodate preferred learning styles.

Staff were receiving regular and constructive supervision and appraisal, which was recorded and focused on areas of improvement, how this could be achieved as well as acknowledging good practice and progress made.

Where people lacked the capacity to make particular decision's a person-centred approach made in the person's best interest had been applied.

Staff had a proactive approach to promoting and improving people's health and nutrition. People were closely monitored to maintain good health and comfort.

### Is the service caring?

Good ●

The service was caring.

Staff embraced the use of technology to encourage effective communication.

People were encouraged to form goals towards their independence and were supported to work towards these.

Respect and regard for privacy and dignity were at the core of the service's culture and values and we found information around these core values on display in the staff room at the service.

Staff we spoke with were able to recite the dignity charter which was in place that had been developed by people and staff.

### **Is the service responsive?**

The service was extremely responsive.

People were involved in the planning of their care. Support plans were written in an exceptionally person-centred way with detailed instructions on how to provide care which was appropriate to the person.

Potential barriers to communication were addressed through staff's in-depth understanding of people's unique communication styles which were detailed in people's care records.

Activities were offered as a result of consultation with people and their relatives about their interests. Staff understood the importance of maximising the opportunities for people to experience sensory stimuli.

End of life care and support had been provided in a person-centred, dignified manner with people's wishes at the centre of the support.

**Outstanding** 

### **Is the service well-led?**

The service was extremely well-led.

People and relatives confirmed that the registered manager listened to and acted upon any views without hesitation. Communication between the registered manager and people, relatives and staff was open, enabling and supportive.

The registered manager was continuously trying to improve the service and the quality of care provided. They took control of their own learning and understood areas for improvement. Extensive quality assurance systems were in place to monitor and

**Outstanding** 

improve the service.

The day to day values and culture of the service were highlighted at handovers, supervision and in monthly staff meetings.

Staff were supported with any areas they felt challenging and told us they valued having well established senior staff they could consult for advice.

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# Stakesby Road

## 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 checked 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.

Inspection site visits took place on 26 March and 11 April 2018 and were announced. The provider was given 48 hours' notice because the location is a small care home and people are often out during the day; we needed to be sure that someone would be in. Both days of inspection were carried out by one adult social care inspector.

As part of planning our inspection, we contacted Healthwatch and local authority safeguarding and quality performance teams to obtain their views about the service. Healthwatch is an independent consumer group, which gathers and represents the views of the public about health and social care services in England. We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to tell us about within required timescales.

The provider sent us their Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help plan for the inspection.

During the inspection, we reviewed a range of records. These included two people's care records containing care planning documentation, daily records and medicine records. We looked at two staff files relating to their recruitment, supervision, appraisal and training. We reviewed records relating to the management of the service and a wide variety of policies and procedures.

We were unable to speak with people who used the service due to their communication needs. However, we used Short Observational Framework for Inspection (SOFI) to observe staffs' interaction with people. We spoke with four members of staff including the registered manager. We also spoke with two relatives and four professionals to gain their views on the service provided.



## Is the service safe?

### Our findings

Relatives and professionals we spoke with told us they felt the service was safe. Comments included, "Stakesby Road is absolutely outstanding. I can sleep at night knowing [Person's name] is safe" and "I couldn't think of a safer place for [Person's name] to be. Stakesby Road oozes with love. It's not just a care home, it is a family home."

Safe recruitment processes had continued to be followed. Recruitment records included a copy of a completed application form and the interview notes. Where gaps in employment history were identified, this was questioned during the interview process. References were sought prior to employment and checks were carried out on each applicant's suitability. The provider required a minimum of two professional references. A criminal background check was provided by the Disclosure and Barring Service (DBS). The DBS is a national agency that holds information about criminal records. This helped to ensure people who lived at the home were protected from individuals who had been identified as unsuitable to work in care services.

People and relatives were actively involved in the recruitment and selection of potential new staff. Relatives had been asked to develop a set of questions they felt was most important to the people at the service that could be asked during the interview process. The registered manager told us, "When we interview staff we introduce them to the people that live at Stakesby Road. We watch the interactions they have with people, how people respond and the body language that is displayed. This is a way of involving people that live here with the interview process because their opinions really matter."

People were supported by a regular team of staff and records we looked at confirmed this. People required one to one support at the service whilst requiring additional staff during community outings and activities. Each activity or community outing had been risk assessed to determine the number of staff that would be required to support people safely. We found the number of staff identified by risk assessments had been adhered to at all times. The registered manager told us, "We have a flexible approach to staffing. If one person chooses an activity that requires three or four staff to support, we accommodate it." Rotas showed this approach to flexible staffing was accommodated on a weekly basis.

A safeguarding and whistle blowing policy was in place. Staff had received safeguarding training and had a clear understanding of their responsibilities to report any concerns. People were supported by a regular team of staff who were able to effectively communicate with people. One member of staff told us, "I know [Person's name] very well. I know the sounds and body language to look out for if something is not right. I think that is important when it comes to safeguarding and reporting concerns. We have an excellent team of staff and I am 100% sure all staff would report anything concerning."

Staff and management at the service embraced positive risk taking. One member of staff told us, "Just because people have a disability does not mean they cannot do things. If they want to do anything, we do our best to make it happen. Nothing is ever impossible." Risk assessments we looked at confirmed this. Appropriate risk assessments were in place for day to day care which covered areas such as personal care, medication, moving and handling, nutrition and travelling. We saw evidence that thorough risk assessments

were also completed in relation to activities and holidays to ensure people could participate in things they enjoyed, whilst risks were considered, minimised or eliminated where possible. For example, one person participated in hydrotherapy. They had a medical condition which meant this activity had to be carefully planned. The risk assessment in place details that three staff were required, one of which had a lifeguard qualification and all staff must have completed sufficient training. There was also details of mobility aids that would be needed and a detailed risk management plan if the person was to become unwell whilst in the hydrotherapy pool.

Environmental risks had also been considered and were well documented. Regular health and safety checks had been completed in areas such as fire and electrical safety and water temperatures. The service's fire alarm was tested weekly and regular fire drills and evacuations had been completed, thoroughly recorded and detailed action taken if concerns had been found. We found personal emergency evacuation plans were in place (PEEP). This provided emergency services with information as to what support a person would need to evacuate the service in the event of an emergency.

Systems were in place to ensure that medicines had been ordered, received, stored and administered appropriately. Medicines were securely stored in locked cabinets in people's bedrooms which were kept at a suitable temperature.

Individual medicine support plans were in place for each person, which demonstrated a person-centred approach. These records contained a description of the person's medicines, including a picture, dosage instructions, any special instructions, administration times and possible side effects.

There was clear guidance in place for the use of 'as required' medicines for each person. This assisted staff by providing instructions on when these medicines, such as pain relief tablets, might need to be administered and signs the person would display if they were in pain. Where people had taken an 'as required' medicine, a reason had been recorded. This meant the use of 'as required' medicine could be monitored and reviewed as necessary.

Medicines administration records (MARs) were in place. A MAR is a document showing the medicines a person had been prescribed and when they had been administered. The MARs we viewed showed staff recorded when people received their medicines, and there were no unexplained gaps. Staff who were responsible for administering medicines had completed relevant training and had their competencies thoroughly assessed on a regular basis.

Staff had access to personal protective equipment (PPE). We saw this was readily available in people's bedroom as well as bathrooms. Personal toiletries were kept in allocated cupboards and the environment was exceptionally clean and tidy throughout. Staff had received training with regards to infection control and were aware of best practice guidance and how this applied to their role.

## Is the service effective?

### Our findings

Throughout the inspection people indicated by their body language, smiles and laughter that they were comfortable and well supported by a dedicated team of staff. Relatives and professionals told us, without exception, that the service was extremely effective. One professional told us, "In my observations I have seen nothing but really excellent care." Another professional told us, "The manager has sent staff to attend training we provide, where they have participated with enthusiasm. Staff genuinely care for people and the home environment is warm and nurturing."

New staff were required to complete a thorough induction when they joined the service. Monthly supervisions were held to discuss the member of staffs' performance and any concerns that needed to be addressed. Once the six-month probation had ended a one-to-one meeting took place between the registered manager and the member of staff. The registered manager told us, "We are a small service with a small team of staff. I have the time and ability to be able to observe staff interactions on a daily basis. I can see how people respond to staff and if I have any concerns at all they are addressed."

Staff had received extensive training in areas the provider considered mandatory. Training was provided through a range of provision including online, continuous professional development through the care champions, off site or face-to-face in a classroom setting, meetings and informal learning. In addition, staff were required to complete specialist training in areas such as Percutaneous endoscopic gastrostomy (PEG) and epilepsy some of which was delivered by relevant professionals. Staff told us they valued the amount of training they were offered and the ability to progress and improve their knowledge. One member of staff told us, "The level of training we receive is exceptional. If we think we need any additional training or want to develop in a certain area we just have to ask and it is arranged."

Staff were receiving regular and constructive supervision and appraisal, which was recorded and focused on areas of improvement, how this could be achieved as well as acknowledging good practice and progress made. A number of staff had completed an additional qualification in Health & Social Care to improve their knowledge whilst others had accepted, and excelled within allocated 'champion roles.' A member of staff told us they were the medicine champion. They spoke with passion and enthusiasm with regards to what their role entailed and what improvements they had put in place.

People cared for at the service experienced some degree of postural change which required close monitoring and adaptation of equipment to maintain good health and comfort. The registered manager spoke about their passion for supporting people to maintain their health. They attended best practice meetings and seminars focused on the needs of people with profound and multiple learning disabilities to further their knowledge and to keep up to date with pioneering new techniques which were then cascaded to staff. The registered manager told us how they had recently requested a review of a person's current moulded chair due to postural changes. A new chair had been sourced and the registered manager told us how this had improved the person's comfort. As the chair had been raised it also allowed them to see what was going on around them and feel more involved in the life of the home.

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 MCA requires that as far as possible people make their own decisions and are helped to do so when needed. Where people lack mental capacity to make 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 care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. The service had a creative approach in supporting people to make their own decisions. The use of technology was embraced to enable people to make decisions around their daily lives. Tablet devices and switches had been purchased and put in place to enable this approach. For example, people were encouraged to engage with daily chores such as vacuuming and baking. Picture cards were used so people could indicate what task they wanted to do. They could then start the Hoover or cake mixer by using touching electronic switches which would start the appliance. People were also able to control lighting as well as sensory equipment.

Where people lacked the capacity to make particular decisions a person-centred approach to each decision made in the person's best interest was applied. For example, holidays had been arranged for people who lived at the service. Staff had spent time considering locations that would be appropriate whilst not losing sight of people's complex medical needs and equipment that would be required. Discussions had taken place with relatives and professionals to ensure a suitable location that the person would enjoy was sourced.

Staff had spent a considerable amount of time researching appropriate 'apps' for tablet devices that would increase people's ability to participate in sensory play, encourage communication and allow people to express their needs. An information leaflet contained apps that could be used for people with complex communication support needs.

Throughout the inspection we observed staff obtaining consent. They approached the person, got down to eye level and informed the person what they were going to do. They waited until the person responded, either with a smile or another gesture which indicated they were happy.

Relatives and professionals praised staffs' attention to detail and swift action they took if they had any concerns regarding a person's health. Comments included, "[Person's name] has gained weight since moving to Stakesby Road which is astounding considering their reluctance to eat and all down to the hard work and partnership working with the nutrition nurse" and "Staff are so very familiar with people. Any slight change or concern and it is reported. They are certainly 'on the ball'."

Staff at the service had a proactive approach to promoting and improving people's health and nutrition. Where people had a Percutaneous Endoscopic Gastrostomy (PEG) in place (a tube that is inserted into a person's stomach which provides means of feeding when oral feeding is not sufficient), a clear feeding regime was in place and followed. Information recorded in care plans provided clear guidance for staff to follow. For example, "I am able to eat and drink but my PEG must be used to sustain a healthy balance. I must be sat at a 30-degree angle when having nutrition through my PEG. Please still encourage me to eat and drink." The registered manager explained that the person would not always tolerate food and drink. The PEG ensured consistency.

Staff also had excellent relationships with the specialist nutrition nurse who visited the service on a regular basis to offer guidance, advice and delivered person-centred nutrition training. The specialist nurse spoke

highly of the service, staff and the level of support that was provided. Records showed that people's weight was closely monitored and any concerns were reported immediately to relevant professionals. For example, it was identified that a person had lost 0.4kg of weight within a week. Staff had immediately begun to record all food and fluid intake and report the concerns to the allocated dietician.

Where people moved between services, staff at the service were proactive in ensuring information about their care needs followed the person wherever they went. This often meant for example following up hospital transfer information to ensure it reached the correct ward. People were accompanied by staff to hospital visits or emergency admissions to ensure staff were on hand to provide person-centred information.

We observed the environment to be homely, warm and welcoming. Hallways and doors were sufficient to allow easy wheelchair access. Bedrooms were extremely personalised. They had been decorated according to peoples taste and interest and contained family photographs and memorabilia. Communal areas contained personal item such as paintings, poems and photographs which gave the service a homely, family feel. Relatives we spoke with told us, "It is just a lovely place to come" and "It is a home, not a care home a family home. So warm, welcoming and personalised. You couldn't wish for anything better."

## Is the service caring?

### Our findings

We received overwhelmingly positive feedback when we asked relatives and professionals if they felt the service was caring. Comments included, "I can honestly say that over the years staff who supported [person's name] were attentive, caring, and inclusive. I have observed a huge amount of dignified practice. Staff are always telling people what they are going to do before approaching them, use great eye contact by getting down to the person's level, and using an appropriate tone of voice and touch as required."

We saw a real person-centred culture where staff displayed empathy and worked with people and their relatives to understand how to best support them. Staff described the importance of people being able to have meaningful, private communication with relatives. Photographs of activities and daily events were taken by staff and placed in a memory book. This gave relatives the opportunity to stimulate meaningful conversations with the person about their week without staff being present. One relative told us, "I truly value all the effort and thought staff put in not only to help [Person's name] but they consider me too."

We observed very positive interactions between staff and people during the inspection. Staff approached and responded to people as individuals, tailoring how to do this based on their in-depth knowledge of the person. This meant we observed meaningful relationships based on trust and mutual respect. An example of this was how staff adapted their approach to the two people at the service. One person enjoyed an active chatty start to the day, whilst the other preferred a quieter approach to a morning routine. Staff understood and respect this and adapted their approach according to people's preferences throughout the inspection.

Discussions with staff demonstrated they were extremely passionate about the people they supported, building effective communication and improving the quality of life people had. Staff spoke with empathy and enthusiasm as they explained future activities planned, improvements people had made with their health and well-being and the positive impact care they provided had on people. One member of staff told us, "When [person's name] came to live here previous homes had not focused on their abilities. Straight away we saw the potential and they have blossomed." It was clear the member of staff cared deeply for people at the service as they expressed emotion during discussions. They went on to say, "[Person's name] is a different person now and we work so closely with their family who are extremely happy with how [Person's name] has developed and come out of their shell. They participate in everything now and have so much more confidence which has helped considerably improve [person's name] health."

We were provided with numerous examples of how people had made positive improvements to their health and wellbeing whilst being at the service. Examples included, a person's mobility increasing due to hydrotherapy sessions. It had been recognised by staff that their ability with regards to weight bearing had increase. Professional advice was immediately requested. An assessment had been completed and the person was now able to walk short distances with a frame, supported by staff.

Respect and regard for privacy and dignity were at the core of the service's culture and values and we found information around these core values on display in the staff room at the service. The registered manager told us that staff were recruited for kindness and compassion in line with their values. Staff told us they had

received training in how to treat people with respect and kindness and records we looked at confirmed this. They confirmed that the ethos of the service was to make people feel special and that their lives and feelings mattered. Staff told us that they were sure never to discriminate against people on the grounds of any of the protected characteristics under the Equality Act (2010) such as age, disability, gender, race or religion. They received regular updates and refreshers on this in staff meetings and training sessions.

Staff told us about the dignity charter and the dignity 'do's and don'ts' which were a useful reminder about how to treat each person. Staff were able to recite the dignity charter which was in place that had been developed by people and staff. Points on the dignity charter included, 'We will respect this is your home and our place of work, we will address you before staff, we will respect you and always knock and wait for an answer before entering your room, we will support you with new activities and let you judge whether you like them and we will support you to communicate to your family what you have been doing so they can chat to you about it.' We found clear evidence that the dignity charter in place was recognised and implemented.

## Is the service responsive?

### Our findings

Relatives and professionals told us the service was extremely responsive and they admired the work staff did to respond to people's needs and wishes to improve their quality of life. A professional we spoke with told us, "In my observations I have seen nothing but really excellent care and wonderful relationships. The smile on the persons face when care staff are working with them was infectious. They are relaxed, happy, content, and everything else. I wish all homes had carers as good as this. This is the place you would like relatives to live."

It was clear staff understood the importance of maximising the opportunities for people to experience sensory stimuli such as touch. The registered manager was passionate and enthusiastic about ensure they kept up to date with best practice and passing this knowledge onto staff as soon as possible. A recent conference attended focused on how to bring stimuli to people who were not in a position to reach out on their own. As a result, there was a focus on stimuli centred storytelling at the service, which used all the senses to really engage the person, including dressing up, smells, tastes, lights and making sounds they could create themselves. Staff had identified stories which were of interest to people and begun to make props and think about smells and taste. Relatives had also been involved and encouraged to participate in making props to 'bring the story to life' for people with profound and complex learning disabilities. Staff also experimented with different textures. They talked about the importance of introducing interaction with a range of stimuli each person could influence.

Potential barriers to communication were addressed through staff's in depth understanding of people's unique communication styles which were detailed in people's care records. People had access to a range of technology as well as communication boards, picture cards and photographs. Pre-recorded messages called 'talk time cards' were frequently used on push button communication picture boards to voice people's decisions. For example, a pre-recorded message from a person's relative was used during the inspection to inform the person they would be visiting the service that day. We observed staff encouraging people to press the talk time card buttons so they understood the plans for the day.

Activities were offered as a result of consultation with people and their relatives about their interests. One person was skilled at throwing a ball and staff researched a game called Boccia on their behalf which took place in a nearby town. This gave the person who used the service the opportunity to succeed and derive the pleasure of competing. Staff had spent time gaining people's views about age appropriate activities. Local clubs which were more focused on a younger age group were found and offered the opportunity for parties and dancing in the evenings. One member of staff said, "It was just amazing seeing people smile and enjoying the music. It was even better to see them socialising and engaging with others."

Another person loved using the keyboard and enjoyed being able to make music with it but had struggled due to limited movement. A touch screen tablet (iPad) was now used with an appropriate app so the person could brush their hands over the iPad and make music. This could then be recorded and shared with relatives when they visited the person.



Each person had been provided with an 'echo dot' which is a type of smart speaker. The device connects to a voice controlled intelligent personal assistant service 'Alexa.' Staff used this device to talk to Alexa on behalf of the person, asking for a selection of the music they loved. For example, one person enjoyed listening to Abba and would indicate when they would like to go to their room and listen to it through the echo dot. An Abba tribute night has also been organised by staff. People and relatives had participated by making costume and decorations for the event.

Art work was displayed around the service which had been produced by people who used the service. The registered manager told us, "People love to paint and make art. When it is nice weather, we go outside and use objects such as balls, cover them in paint and let people throw them to create art. They absolutely love it. We use the art to create all sorts. We have done card, canvas and even made them into meaningful gifts for relative's birthdays."

People were involved in planning of their care and support plans were written in an exceptionally person-centred way. Information about people's care needs was gathered from staff, relatives and health and social care professionals.

Staff used the information from people's assessments to ensure people received care that made them feel valued. For example, staff took an interest in each person's abilities and made an effort to make sure they were able to pursue their individual preferences.

People were encouraged to form goals towards their independence such as becoming more active and were supported to work towards these through keeping them under review. Case studies were produced by staff to record progress and what the outcomes of people were. For example, staff had researched and introduced activities that would encourage movement and social interaction. The outcome for the person who used the service was extremely positive. They had become a member of a club and engaged fully with hydrotherapy sessions which had increased their mobility and allowed the person to socialise with people of a similar age.

The staff team showed a focus and drive to enrich the lives of people who used the service. Their aim was to support each person with their chosen aims and ambitions and make the necessary arrangements for them to achieve these.

People at the service had profound and complex learning disabilities which were carefully considered upon admission to the service. The registered manager told us, "We are a small service and can only accommodate three people. At the moment we have a vacancy but we have to be sure the placement is provided to a person we can support effectively. We ensure any pre-admission assessments are thorough and we consider people who already live at the service because it is their home."

Staff explained how they visited people in their current environment over several days to ensure the service would be a suitable home for them. Relatives were also invited to visit the service to ensure they were confident it was a suitable placement.

The service was set in small grounds with well-maintained and accessible gardens. A local Brownie's group visited the service on a regular basis and assisted with gardening to help them gain their gardener's badge. Staff told us they felt people were part of the community, accepted and involved. Pictures were on display around the service which showed people laughing, smiling and enjoying the garden space with relatives and staff.

The registered manager described the service as a family home. They went on to explain how one long term resident had recently passed away and how they had contributed to the person's funeral to make it as person centred as possible. Staff told us they felt honoured to be involved in planning the funeral of a much-loved resident and ensuring they 'received the send-off they deserved.' One member of staff told us, "The service and everything was lovely. It was a difficult time but we have all been offered great support from Wilf Ward Family Trust."

The service had an open and honest approach and the relatives we spoke with confirmed this. Comments included, "I can approach any staff and I know I will get a straight answer. Nothing is ever hidden. I am free to visit whenever I want and I am always welcomed with a smile."

A complaints policy was in place and displayed at the service which was also available in an easy read format. Relatives we spoke with told us they would be confident in raising any concerns and were certain the registered manager would take appropriate action. The registered manager was able to explain the complaints process, action they would take and timescales to resolve the complaint.

## Is the service well-led?

### Our findings

Stakesby Road is managed by an experienced registered manager who had registered with CQC in December 2011. Relatives and professionals consistently said that the service was exceptionally well-led and the registered manager was a great leader who led by example.

People and relatives confirmed that the registered manager listened to and acted upon any views without hesitation. There was a strong sense that the communication between the registered manager and people, relatives and staff was open, enabling and supportive. One relative told us, "This place has no faults. People, and relatives are included in anything that is going on and everything is focused around people and their needs. Whenever there has been a change in my [relative's] health needs the manager has been straight onto it without prompting or hesitation. The manager has a pro-active approach rather than reactive and that is what I like."

Relatives' opinions were clearly valued by the service. The registered manager asked for feedback both formally and informally to ensure relatives were satisfied with the support being provided. A formal questionnaire had been submitted in early 2018. The comments were overwhelmingly positive and gave high praise to staff. Comments included, "Passionate, caring, forward thinking and receptive to new ideas" and "Try their utmost to support families, uphold people's rights and choices to help them lead an active fulfilled life."

We received consistent high praise for the registered manager and deputy manager from professionals. Comments included, "Staff work alongside other agencies in genuine partnership. Decisions about people's care is always made following substantial input from staff as they have closer knowledge of people's day-to-day lives. I cannot praise the staff and management enough."

The registered manager demonstrated clear visions and values and was passionate and committed to providing an excellent person-centred service for people and their relatives. These values were owned by staff who were equally committed and enthusiastic about fulfilling their roles and responsibilities in a way that delivered the best possible outcomes for people.

We found the registered manager was continuously trying to improve the service and the quality of care provided. They kept a reflective log on research, taught sessions and training they had attended so they could take control of their own learning and understand areas for improvement. This was then cascaded to other staff. The registered manager was also a registered nurse on the Nursing and Midwifery Council (NMC) as a learning disability (LD) registered nurse and had completed revalidation. They kept up to date with current issues through attending training, seminars and national events such as the Care Show.

More recently the registered manager had attended a seminar called 'Raising the Bar' which focused on excellence in supporting people with profound and multiple learning disabilities to gain insight on best practice for the care of people at the service. A 'core and essential service standards' had been developed to show evidence of promoting a culture of strong values in line with best practice guidance. The registered

manager was able to evidence how they were meeting these standards.

The registered manager was clear where they could source valuable information and guidance when needed. They received news and bulletins from reputable sources and regulatory bodies. Information was then shared amongst the team and displayed in staff areas of the service. They were fully aware of the Accessible Information Standard and ensured information was displayed and presented to people in a format they could understand.

The day-to-day values and culture of the service were highlighted at handovers, supervision and in monthly staff meetings. Staff meetings were an opportunity for staff to contribute their views and they told us the registered manager consulted with them respectfully and often made changes following their suggestions. The registered manager was about to start on work with staff to develop their understanding of how inclusion, involvement, choice and participation is paramount to a people's lives.

The registered manager was supported by a deputy manager who had been employed at the service for a number of years. It was clear from discussions that they shared the same values as the registered manager and staff team. Staff told us they were clearly visible in the service and worked early mornings, evening and nights to ensure a consistent quality of care was provided.

Staff were supported with any areas they felt challenging and told us they valued having well established senior staff they could consult for advice. We observed staff consulting with one another in a respectful and highly collaborative way where individual experience and knowledge was clearly valued. Focus had been emphasised on staffs' abilities and they were given opportunities to progress within their role. One member of staff told us, "The registered manager strongly encourages us all to continuously improve our knowledge."

It was clear that the registered manager valued staff at the service. Awards, such as 'thank you for being awesome' and 'support worker of the year' were displayed within the service which evidenced that the registered manager recognised staff contributions and commitment to people. During the inspection staff proudly highlighted these awards which were displayed in staff areas at the service.

We saw how the service excelled at working in partnership with other agencies who had input to people's health and social care. We looked at a number of extremely positive emails, statements and letters that had been sent into the service within the last three months. One professional had written, "Staff seem to genuinely care for their clients and the home environment is warm and nurturing. The contact I have with staff is always friendly. A professional and creative service."

The service had a comprehensive and exceptionally effective quality assurance system. A range of areas was assessed for quality at regular intervals, both by the registered manager and by visiting managers from other Wilf Ward services. Action plans were drawn up as a result with timescales for completion and records of success in reaching targets. A new quality assurance tool had recently been developed which the registered manager was in the process of completing during our inspection. They had identified a small number of shortfalls in the tool and had no hesitation in reporting these issues to senior management at Wilf Ward.