

# The Wilf Ward Family Trust

## Errol House

### Inspection report

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### Ratings

#### Overall rating for this service

**Good** 

Is the service safe?

**Good** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Good** 

### Overall summary

This was an unannounced inspection carried out on the 11 February 2015. At the last inspection in June 2013 we found the provider met the regulations we looked at.

Errol House is registered to provide accommodation for up to five people who have a learning disability, autistic spectrum disorder or a sensory impairment. It is in the historic village of Boston Spa, which has good local amenities, and is short distance from the market town of Wetherby. Harrogate, York and Leeds and the surrounding area can be easily accessed from the service.

At the time of this inspection the home had a registered manager. 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.

There were good systems and processes in place to protect people from the risk of harm and make sure care was delivered safely. We saw a person who used the service was comfortable and relaxed with staff. Parents of a person who used the service and those planning to use the service said they had no concerns about the safety of their family member.

# Summary of findings

We found people were cared for, or supported by, sufficient numbers of suitably qualified and experienced staff. Robust recruitment and selection procedures were in place. Staff received the training and support required to meet people's needs.

People received their prescribed medication when they needed it and appropriate arrangements were in place for the storage and disposal of medicines. Staff were trained in medication management.

People's needs were assessed and care and support was planned and delivered in line with their individual support plans which described their needs, preferences and wishes well. Staff had good relationships with the people using the service. Staff knew how to respect people's privacy and dignity.

Staff were trained in the principles of the Mental Capacity Act 2005. The provider had identified anyone thought to be at risk of having their liberty deprived and made suitable arrangements to assess this.

Staff said they received good support and training to enable them to carry out their role. They spoke positively

about the leadership of the management team; saying they were approachable. They said they had confidence in the registered manager if ever they reported any concerns.

Suitable arrangements were in place and people were supported and provided with a choice of suitable healthy food and drink ensuring their nutritional needs were met. A good range of activity was available to people who used the service, both in the home and the wider community.

Health, care and support needs were monitored, assessed and met by contact with health professionals as needed.

Overall, records showed that provider investigated and responded to people's complaints, according to the provider's complaints procedure.

There were effective systems in place to manage, monitor and improve the quality of the service provided. The provider and manager showed a commitment to seeking feedback on the service in order for it to continually improve.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Staff knew how to recognise and respond to abuse appropriately. They could describe the different types of abuse and had received training on safeguarding vulnerable adults.

Individual risks had been assessed and identified as part of the support and care planning process. There were risk management plans in place to reduce or minimise risk.

There were enough qualified, skilled and experienced staff to meet people's needs. We saw the recruitment process for staff was robust and involved people who used the service.

People's medicines were stored safely and they received them as prescribed.

Good



### Is the service effective?

The service was effective.

Steps had been taken to review the needs of people who used the service to make sure no-one had their liberty restricted unlawfully. Staff and the registered manager showed a good understanding of the Mental Capacity Act 2005.

We saw from the records staff had a programme of training and were trained to care and support people who used the service safely and to a good standard. Staff also had a programme of supervision and appraisal.

People's nutritional needs were met. Records we looked at showed there was a varied and balanced diet offered.

People had regular access to healthcare professionals, such as GPs and dentists. Prompt referrals were made when any additional health needs were identified.

Good



### Is the service caring?

The service was caring.

There was a person centred culture within the service. People were supported by staff who treated them with kindness and were respectful of their privacy and dignity. People had detailed, individualised support plans in place which described all aspects of their support needs well.

Wherever possible, people were involved in making decisions about their care and staff took account of their individual needs and preferences.

Good



### Is the service responsive?

The service was responsive.

People's needs were fully assessed and reviewed when any changes to needs were identified.

People had good access to activities in the community and their home. They were also supported to maintain friendships and family contact.

Good



# Summary of findings

There were systems in place to ensure complaints and concerns were responded to. People were given information on how to make a complaint.

## Is the service well-led?

The service was well led.

There were effective systems in place to assess and monitor the quality and safety of the service. People had the opportunity to comment on the service and the feedback gave the provider an opportunity to learn from this and make improvements to the service.

Relatives of people who used the service and staff spoke positively about the approach of staff and the manager. Staff were aware of their roles and responsibilities and knew what was expected of them.

Good



# Errol House

## 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 11 February 2015 and was unannounced.

At the time of the visit there was one person living at the home. Two other people were considering the service and the introduction and assessment process was underway, which included visits to the service. During our visit we spoke and spent time with the person who used the service and spoke with six members of staff which included the registered manager. We spent some time looking at documents and records that related to people's care and the management of the service. We looked in detail at one

person's support plans and at detailed assessment information gathered for two people planning to use the service. After the inspection we also spoke by telephone with three relatives.

The inspection team consisted of one adult social care inspector.

Before our inspection, we reviewed all the information we held about the home, including previous inspection reports. The provider had completed a provider information return. This is a document that provides relevant and up to date information about the home that is provided by the manager or owner of the home to the Care Quality Commission. We contacted the local authority and Healthwatch. We were not aware of any concerns by the local authority. Healthwatch feedback stated they had no comments or concerns. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

# Is the service safe?

## Our findings

We saw positive interaction throughout our visit and the person who used the service appeared happy and comfortable with the staff. Staff spoke with sensitivity for the person's individual needs. Parents of people who used the service or were planning to use the service said, "They're in good safe hands, I have no concerns" and "They are treated very well."

Staff showed they had a good understanding of protecting vulnerable adults. They said they had received training to enable this. Training records showed that training on safeguarding was up to date or booked in and regular updates were given as needed. Staff told us they were aware of how to detect signs of abuse and were aware of external agencies they could contact. They told us they knew how to contact the local safeguarding authority and the Care Quality Commission (CQC) if they had any concerns. They also told us they were aware of the whistle blowing policy and felt confident to raise any concerns with the registered manager knowing that they would be taken seriously. Staff said they treated people who used the service well and that any untoward practices would not be tolerated and reported promptly. They said they would have no hesitation in reporting any concerns and felt confident to do so if needed.

The home had policies and procedures for safeguarding vulnerable adults and staff said the safeguarding policies were available and accessible to them. They said the contact details for the local safeguarding team were available to them if needed. Our records showed that safeguarding issues have been managed properly by the care provider.

We looked at one support plan, in detail and saw risk assessments had been carried out to cover activities and health and safety issues. The plans had good guidance and management plans for making sure people were safe and showed how risks could be managed or reduced and yet support people's independence. It was clear from the management plans that other professionals were involved as needed to develop risk management plans. Staff spoke of their training in managing behaviours that could challenge the service. They said they were trained in de-escalation techniques and had completed complex behaviour training. They could describe de-escalation techniques and how they would put this training in to

practice. They spoke of the importance of using people's preferred methods of communication when supporting people who may have behaviours that challenged the service. One staff member said, "It's important to try and work out what someone may be trying to communicate."

Appropriate recruitment checks were undertaken before staff began work. These checks helped to make sure job applicants were suitable to work with vulnerable people. We looked at the recruitment process for three members of staff. We saw there was all the relevant information to confirm these recruitment processes were properly managed. Staff described a robust interview and selection process which included people who used the service. Records of Disclosure and Barring Service checks were available and held securely. We saw enhanced checks had been carried out to make sure prospective staff members were not barred from working with vulnerable people.

Our observations showed there were sufficient staff to meet the needs of the person who used the service. Staff worked well together to provide the support needed. Assistance was given promptly when requested or needed.

All the staff we spoke with said there were enough staff to meet people's needs, and they did not have concerns about current staffing levels or levels in the future as more people moved in to the home. Staff said they were confident that staffing levels would be available based on the needs of the people who used the service. The registered manager confirmed this and said staffing levels would be flexible according to the needs of people who used the service and their interests and activities.

Staff and the registered manager told us safety checks were carried out around the home and any safety issues were reported and dealt with promptly. The registered manager told us the provider had recently issued a safety alert regarding window restrictors and they were seeking advice on those currently in use at the service to ensure they were of the correct design. Staff could describe measures in place to ensure safety such as fire checks, fire drills, risk assessments and staff trained in food safety.

We spoke with staff about the training they had received to allow them to deal with emergencies. They said first aid training was provided. Training records confirmed this and that most staff were up to date. Records showed the registered manager had systems in place to monitor the numbers of accidents and incidents. We were told that the

## Is the service safe?

provider's head office, health and safety department analysed and monitored accidents and incidents to identify patterns and trends to minimise the risk of re-occurrence. This analysis was not available in the home. The registered manager said that if any patterns or trends were identified, they would be informed.

We looked at the arrangements in place for the administration, storage, ordering and disposal of medicines and found these to be safe. People's medicines were stored securely in a locked cupboard. The registered manager said they were currently looking into the provision of medication storage cupboards for each bedroom to enable a more personalised approach to medication administration.

A system was in place to record all medications in and out of the home and medicines were kept safely and handled appropriately. The home had procedures for the safe handling of medicines. Staff who administered medication had been trained. The person who used the service had support plans in place regarding their medication and specific instructions for its administration. We saw one medication was to be given as and when necessary. The instructions for this medication were not however, detailed to give enough guidance for its administration. The manager made immediate arrangements to update the medication administration record and support plan with more specific instruction to ensure that in the event of the need for this medication there were specific, guidelines in place.

# Is the service effective?

## Our findings

During our inspection we saw the person who used the service was able to express their preferences regarding their care and support. Staff showed a good understanding of the way the person communicated their choices and we saw staff respected these. Parents of people who used the service or were planning to use the service said the staff had developed good relationships with people to enable them to do this. Comments included; “Their approach with [Name of person] has been excellent” and “Staff have shown great skill and patience in getting to know [Name of person].”

People were cared for by staff who were supported to deliver care safely and to an appropriate standard. Staff told us they received good training. They said they got regular updates as needed. Parents of people who used the service or were planning to use the service said staff were “Skilled and well trained” and “Very knowledgeable.”

Training records showed that appropriate training was being delivered and there was a wide variety of training courses available to staff. These included emergency aid, moving and handling, safeguarding vulnerable adults and safe handling of medication. However, the training matrix was not fully up to date and showed some staff training updates were needed such as food hygiene. The registered manager showed us staff’s individual training records which were more up to date but agreed the training matrix needed to be fully updated to ensure there was a system in place to highlight when training was due or had been booked.

Staff we spoke with said they had received enough training to equip them with the right skills to do their job well. One member of staff said, “Training here is very good, we get what we need.” Another staff member said, “The training we get is always so relevant to the work we do.”

Staff said they felt well supported and regularly discussed their own performance and development with the registered manager or assistant manager. They said the management team were always available and spent time working alongside the staff team so understood what happened at the service. Staff also said the area manager was accessible and they would contact them if they wanted any advice or support.

We saw there were systems in place to make sure staff received regular one to one supervision sessions where they could discuss their role and any development needs they had. Staff said they found these sessions useful and could ask for training courses they felt they needed. Records we looked at showed there had recently been longer intervals than usual in staff’s supervision meetings. We were told this had occurred as staff had been deployed in other services run by the provider. We saw records which showed staff received an annual appraisal of their role.

From observations and review of daily notes records it was clear that the staff gave explanations on the kind of care they were giving and the reason for it. They were clear when giving explanations, for example when supporting with meals and drinks. Staff we spoke with showed a good understanding of protecting people’s rights to refuse care and support. They said they would always explain the risks from refusing care or support and try to discuss alternative options to give people more choice and control over their decisions.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards, (DoLS ) which provide legal protection for vulnerable people if there are restrictions on their freedom and liberty. The registered manager had reviewed the needs of the person who used the service and those planning to use the service to assess if there were any restrictions on their liberty and taken the appropriate action to ensure these were assessed by professionals trained to assess whether a DoLS was needed.

Staff we spoke with understood their responsibilities with respect to people’s choices. Staff were clear when people had the mental capacity to make their own decisions, this would be respected. They told us when people were not able to give verbal consent they would talk to the person’s parent to get information about their preferences. The staff we spoke with told us they had completed Mental Capacity Act (2005) training. The records we looked at confirmed this. Staff were able to give us an overview of its meaning and could talk about how they assisted and encouraged people to make choices and decisions to enhance their capacity such as using communication aids or systems. We saw there were support plans in place to show how people communicated their choices and decisions; including what worked best to enable this.



## Is the service effective?

Records showed that arrangements were in place that made sure people's health needs were met. This included the involvement of health professionals such as community nurses and occupational therapists in the assessment process and on-going development of support plans. It was clear there were good arrangements in place to ensure a co-ordinated approach to meeting people's health needs. Records were maintained of all health appointments attended. We saw there was a 'hospital passport' in place for the person who used the service. This gave information on essential needs and would accompany the person to any hospital admissions.

People were supported to be able to eat and drink sufficient amounts to meet their needs. Records we looked at showed a varied balanced diet was available. We

observed the evening meal and saw appropriate support was provided. Staff sat at the table with the person who used the service and supported them at their pace. The assistance given was sensitive and dignified. We saw that equipment was available to assist the person with their independence when eating and drinking.

The registered manager spoke of how they wanted to develop good systems to ensure involvement in menu planning in the service. They said they were going to develop picture menus and look at communication systems such as picture exchange systems (PECs) to enable this. They also spoke of the importance of involving speech and language therapists and dieticians when any problems with eating or drinking and nutrition were identified.

# Is the service caring?

## Our findings

Our observations showed the person who used the service appeared comfortable and at ease in the presence of staff. There was positive, friendly interaction and the person was treated kindly and with thought for their privacy and dignity. The atmosphere in the service was cheerful and relaxed. The person who used the service looked well cared for and it was clear that staff gave attention to detail such as making sure hair was styled in the person's preferred preference and they wore what was important to them. The home provided a person centred service and ensured the care people received was tailored to meet their individual preferences and needs.

Parents of the person who used the service or were planning to use the service spoke highly of the service and staff. Comments included; "We like the homely atmosphere, it's a real home from home, not a bit clinical", "Staff are all so nice, open, and easy to talk to, never feel under any pressure from them", "They always pull out all the stops for [Name of person]" and "They are all lovely; so helpful and so caring." Parents described the staff as kind, fully informed and said nothing seemed to phase them.

We looked in detail at the support plan for the person using the service and assessment work that was on-going for two people who were planning to use the service. We saw these gave detailed information about the people's likes, dislikes and background. The assessments and support plans we looked at were individualised; giving a clear picture of the person and their current needs and future aspirations and goals. This showed that it had been considered how each person could be supported as an individual.

Parents of the person who used the service or were planning to use the service said they felt fully involved in

the assessment and support planning process. One said, "They do everything just as we want it to be." Another said, "Communication has been excellent, the whole thing has been focussed on [Name of person] and what they want and need." Parents told us staff had worked hard to build up and develop good relationships with the person who used the service and the people planning to use the service. They said they had taken things slowly to ensure this.

Staff we spoke with said people received good care. They described it as person centred and focussed on people as individuals. It was clear that staff had a good knowledge and understood the needs of the person who used the service and the people planning to use the service. They could describe their likes and dislikes. They could speak confidently about people's preferred methods of communication and how people indicated they may be unhappy. Staff spoke of the importance of building up a rapport with people who used the service in order to gain trust and make people feel confident in them.

Staff spoke of the importance of ensuring privacy and dignity were respected. They gave examples of how they did this. There was a high emphasis on dignity and respect in the service. Staff were asked to consider the '10 Point Dignity Challenge' each day. We saw the challenge was on display in various parts of the service. The challenge asked staff to consider how they had treated people and what sort of service they had offered. This included listening to people, encouraging independence and offering a personalised service.

The registered manager was aware of how to assist people to use an advocacy service and spoke of how they had done so in the past.

# Is the service responsive?

## Our findings

Records showed that people had their needs assessed before they moved into the service. This ensured the service was able to meet the needs of people they were planning to admit to the service. The information was then used to complete a more detailed support plan which provided staff with the information to deliver appropriate care. Parents of the person who used the service and those planning to use the service said the assessment process had been very thorough. They said they had been fully involved at every step. One said, "It has been fantastic, we feel in control, nothing is too much trouble, there has been loads of meetings and it feels led by me and what we want for [Name of person]."

Records we looked at showed how people who used the service, their families and other professionals had been involved in the assessment and support plan development. Plans had been signed to show people were in agreement with them. Staff described their key worker role and how they made sure they liaised with everyone involved with people who used the service to get a full picture of people's needs. One staff member spoke of the importance of getting information to ensure they met people's needs and wishes; they said it was particularly important when people were moving from another service to help the transition go as smoothly as possible.

We looked in detail at the support plan for the person who used the service and the information that had been gathered so far for two people planning to use the service. The support plans were written in a person centred way, which included a one page profile, likes and dislikes, interests and hobbies and preferred methods of communication. Staff were provided with clear guidance on how to support people as they wished, for example, with personal care or moving and handling. Staff showed an in-depth knowledge and understanding of people's care, support needs and routines and could describe the care needs of each person. This included individual ways of communicating with people and the use of specialist equipment such as mobility aids and communication aids.

Activity was arranged to suit the needs and interests of the person who used the service. Staff said they were offering activity based on the person's known likes and dislikes.

Records showed activity was offered regularly and the person chose what they wanted to do. The service had a wheelchair accessible vehicle to enable people to go out and access facilities in the community. A parent told us how pleased they were that the service was positioned in the heart of the community with plenty of local facilities such as shops and cafes. During our visit we saw the person who used the service chose what they wanted to do for the evening and where they wanted to spend their time. We also saw they received a visit from people who used a neighbouring service and it was clear they enjoyed this company.

Staff spoke of future plans regarding activity and how they had ideas of things to try such as going to see a live music show and days out. They were enthusiastic but understood the need to go at the pace of the person who used the service.

Parents of people who used the service or were planning to use the service said they felt comfortable to visit at any time.

We saw the complaints policy was displayed in the home and available in the information pack about the service. Staff and the registered manager said people were given support if they needed to make a complaint. They said people's complaints were fully investigated and resolved where possible to their satisfaction. Staff knew how to respond to complaints and understood the complaints procedure. They said they would always try to resolve matters verbally with people who raised concerns. However, they were aware of people's rights to make formal complaints.

We looked at the home's complaints log. We saw complaints were recorded and documented in the majority of cases as responded to. Some looked as if they had not had a response as this section in the log was not completed. However, records of response letters were found on the individual files of people who used the service. The registered manager agreed to ensure the overview log was fully completed in the future.

We saw from staff meeting minutes that any feedback on concerns and complaints was discussed with staff in order to prevent re-occurrence of issues.

# Is the service well-led?

## Our findings

There was a registered manager in post who was supported by an assistant manager and a team of senior support staff and support staff. The purpose of the service had changed recently in that the service now provided a permanent residential service as opposed to a short breaks service. The registered manager and the provider had worked hard to enable staff to understand and prepare for this change in provision type.

Staff told us they had the opportunity to work in other residential services to prepare themselves for the change. They said they had been kept fully informed of the changes and felt involved in the development of the new service. Staff told us they were clear on their roles and responsibilities and demonstrated a good understanding of the ethos of the home. For example, one staff member said, "We all now have a bigger responsibility in making sure people's quality of life is good."

Staff spoke highly of the management team and spoke of how much they enjoyed their job. We received comments such as; "This is the best job ever", "I love my job", "The manager is always there for everyone" and "You couldn't get a better manager." Staff described the service as a happy place to work. When asked to describe the culture of the home staff said; "Supportive", "Professional" and "Open, honest and sincere."

Staff said they felt well supported in their role. They said the management team worked alongside them to ensure good standards were maintained and the registered manager was aware of issues that affected the service. Staff said the registered manager was 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 to the running of the home.

People who used the service and their relatives were asked for their views about the care and support the service offered. The care 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 survey undertaken in June 2014 and these showed a high degree of satisfaction with the service. The registered 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.

There was a system for auditing and these were completed monthly and quarterly depending on the area of the service being reviewed. The audits included medication, staff issues, documentation, health and safety and the premises. Any issues identified were developed in to an action plan with clearly identified dates for completion. The documentation we looked at did not always clearly state when actions were completed. The registered manager said these were discussed and reviewed in one to one meetings with the area manager to ensure completion and improvement. They agreed the records needed to fully reflect the action taken and said this would be done in the future.