

The Wilf Ward Family Trust

The Wilf Ward Family Trust - Supported Living (Outer York & Leeds)

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 ●

Summary of findings

Overall summary

About the service:

The Wilf Ward Family Trust – Supported Living (Outer York & Leeds) provides care and support to people living in nine 'supported living' settings, so that they can live in their own homes as independently as possible. At the time of our inspection the service was supporting 23 people with a learning disability, physical disability, sensory impairment and/or dementia.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports the Care Quality Commission to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. There was a strong focus on promoting people's choice, control and independence. Positive risk taking was encouraged to ensure people lead full lives. Relatives and professionals described the service as person-centred and staff promoted people's dignity, privacy and human rights. There was a positive, open and inclusive culture.

People received a very responsive and effective service from staff who were well trained, very caring and attentive. There were enough staff to meet people's needs and people received their medicines as prescribed. Staff assessed and mitigated risks to people's safety and wellbeing.

Staff received a comprehensive induction, on-going training, supervision and appraisal to continually develop their skills. People were supported to maintain a healthy balanced diet. Staff were proactive and worked very well with healthcare professionals to ensure people's holistic needs were met. This had resulted in particularly positive outcomes for some people.

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. Staff sought people's consent and were skilled at understanding and respecting people's choices. This included using a range of communication aids to enable people to express themselves.

Support plans contained good information about people's needs, preferences and goals. People were supported to participate in a range of leisure, education and employment activities. There was a system to ensure any complaints people raised were investigated and responded to.

There was a robust quality assurance system in place, with a very clear emphasis on continual improvement and delivering a high-quality service. People were involved in the provider's quality assurance process and

their feedback was used to develop the service.

The service benefitted from a strong, visible management team. Staff felt very supported and enjoyed their work. Relatives and visiting professionals were unanimous in their praise of the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection:

This service was registered with us on 20 November 2019 and this is the first inspection.

The supported living settings were previously registered under one of the provider's other registered locations 'The Wilf Ward Family Trust Domiciliary Care York'.

Why we inspected:

This was a planned inspection based on the date of the provider's registration.

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?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was 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.

The Wilf Ward Family Trust - Supported Living (Outer York & Leeds)

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

Two inspectors conducted the inspection.

Service and service type

This service provides care and support to people living in nine '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 had a manager registered 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 24 hours' notice of the inspection. This was because we needed to be sure there would be staff available at the office to assist with the inspection and make arrangements for us to visit people.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authorities who work with the service. We used all of this information to plan our inspection.

During the inspection

We visited the office and one of the supported living settings. We spoke with one person who used the service and a member of staff at the supported living setting. We made observations of the care provided and looked at documentation within the home.

At the office we spoke with the registered manager and one person who used the service. We looked at records related to people's care and the management of the service. We viewed four people's support plans, daily notes and medication records, three staff recruitment and induction files, training and supervision information, and a range of records used to monitor the quality and safety of the service.

After the inspection

We continued to seek clarification from management staff to validate evidence found. Over the telephone, we spoke with a further four members of staff and three more people who used the service. We also spoke with seven relatives about their experience of the care provided. We received feedback via email or telephone from four professionals who visit the services.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

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

- The provider assessed and reviewed risks to people's safety and wellbeing.
- Staff promoted positive risk taking to ensure people lead full lives and had maximum control and independence.
- Staff recorded any accidents, incidents and near misses. The registered manager reviewed these incidents to identify any action required to prevent a potential recurrence and any broader learning for the provider. Lessons learned were shared with the management team and staff, and systems changed as a result, where appropriate.
- Relatives were confident their loved ones received safe care.

Staffing and recruitment

- People received care from appropriately vetted and skilled staff. There were enough staff to meet people's needs.
- The provider had a robust system to monitor that the amount of support provided to each person was in line with the hours commissioned by the local authority. Support was organised in way that enabled people to have person-centred care and choice in their daily lives.
- Appropriate recruitment checks were conducted to ensure applicants were suitable to work with vulnerable people.

Preventing and controlling infection

- The provider had robust infection prevention and control policies and procedures in place. These had been regularly reviewed throughout the COVID-19 pandemic, in line with relevant national guidance.
- The provider had assessed risks to people, staff and visitors and taken appropriate steps to minimise the risks from COVID-19. Staff were creative at minimising distress to people during the pandemic, including when one person had been required to self-isolate.
- People and visitors confirmed staff always wore personal protective equipment and followed safe visiting arrangements.

Using medicines safely

- People received their medicines as prescribed.
- Staff received medication training and knew how to administer medicines safely and record this properly. People were encouraged to manage their own medicines where they were able to.
- Medication audits were regularly conducted to promptly identify any concerns or anomalies.
- There were some inconsistencies in one person's medication support plan. The registered manager

addressed this straightaway.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to safeguard people from the risk of abuse.
- Staff were trained and knowledgeable about how to report any concerns.
- The registered manager retained clear records in relation to safeguarding incidents and how these had been managed.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff received a comprehensive induction and on-going training and development opportunities.
- Staff were satisfied with the training and support they received.
- Staff received regular supervision and appraisal, including a focus on working towards objectives and the organisation's values.
- People, relatives and visiting professionals spoke very positively of the skills of staff. Relatives told us, "They're a superb team, they really are" and, "I trust their judgement." A visiting professional told us, "I have every confidence in the competence and compassion of the whole staff team."

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.

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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The provider assessed people's capacity to consent to their care and any other significant decisions.
- Applications had been made to authorise restrictions to people's liberty, where required.
- Staff sought people's consent before delivering support, respected people's decisions and demonstrated good understanding of people's rights.

Supporting people to live healthier lives, access healthcare services and support; Staff providing consistent, effective, timely care with and across organisations

- Staff were very attentive to people's health needs and worked proactively with health professionals to ensure people received any healthcare they needed.
- Health professionals confirmed staff always kept them updated, followed their advice and communicated with them really well. One told us, "The fact that they worked with [our team] so well gave us an opportunity to complete our role in a timely manner."
- We identified examples where the persistence, compassion and support of staff had resulted in people

agreeing to access treatment, with positive outcomes. This included one person who had regained their vision following an operation.

- People attended routine checks, including dentist appointments and annual health checks.
- There was generally good information about each person's health needs in their support plan. Although there was a lack of detail about people's oral care needs. The registered manager agreed to ensure this was added.

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

- People's needs were assessed and regularly reviewed.
- The registered manager had a good understanding of best practice and standards in relation to the support of people with a learning disability and autistic people. This was embedded in practice.

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

- Staff supported people to maintain a healthy balanced diet, whilst recognising people's individual choices and preferences.
- People's nutritional needs and preferences were recorded in their support plans, so staff had access to the information they needed. This included information about any special diets and support required.
- Fluid intake monitoring records could be clearer and more effective for some people who required their intake to be monitored and encouraged. The registered manager agreed to address this.
- People confirmed they were involved in preparing their own meals. Some people shopped, prepared and cooked all their meals independently, where others had assistance from staff. Support was appropriately tailored to people's needs.

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People were treated with kindness and respect. They received support from a consistent team of staff, who knew them well.
- People, relatives and health professionals were unanimous in their praise of the caring and dedicated manner of staff. People who used the service described staff as, "Nice," "Good" and "Kind."
- One relative told us, "With the kindness and help [my relative] has received from staff their confidence has massively increased and their communication has improved." Another said, "They (staff) look after him so well. I just can't fault them. And they love him."
- Comments from health professionals included, "Staff are positive and caring" and, "They are so welcoming and caring and compassionate."
- Staff completed equality and diversity training. Information about people's needs in relation to any protected characteristics, such as ethnicity and disability, was included in people's support plans.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity.
- Staff were able to describe how they promoted people's dignity when providing support with personal care and hygiene tasks. People confirmed they could have privacy when they wanted it.
- Staff promoted people's independence. They used an approach called active support, to ensure people were encouraged to participate in all aspects of their life and develop their skills. People gave us examples of the independence they had gained, such as using public transport to get to college on their own. They spoke with pride about daily living skills they had learned.
- A relative told us, "They are very much about trying different things and promoting independence."

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

- Staff were very skilled at supporting people to express their views and respecting people's wishes. This included assisting people to use a range of communication tools and accessing the support of independent advocates.
- One visiting professional provided an example of how proactive staff had been in supporting one person communicate their needs and wishes via a communication aid. They told us, "Staff have provided excellent support to [Name] and have been using the aid to extend their communication. The difference it has made to [Name] has been amazing. In the last year they have become less anxious, less stressed and can express themselves more."
- People were fully involved in decisions about their care, such as in their annual review meetings and day

to day decisions about the support they wanted. People were also involved in the development of the organisation. For instance, there was a 'Jigsaw' group, where people could be involved in quality assurance (interviewing other people for feedback about their experience of care) and reviews of policies in accessible format.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good care delivery.

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

- Staff developed detailed support plans with each person, with good information about their individual needs, preferences and goals. These were routinely reviewed with the involvement of the person and relevant stakeholders where appropriate.
- We noted a small number of minor inconsistencies between some support plans and risk assessments. We discussed with the registered manager about the timeliness of updating changes to both documents, to ensure they were always consistent. The registered manager agreed to monitor and address this.
- Staff were highly responsive to the needs of people they supported and tailored their support accordingly. They supported people to work towards personal goals and were flexible when any unplanned events occurred.
- People and relatives were very satisfied with the responsiveness of the service and a visiting professional told us, "It all seems really person-centred and service user led." Relatives told us, "They know [Name] well and what they need" and, "They (staff) are attentive."

Meeting people's communication needs

From August 2016 onwards all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider assessed and recorded information about people's individual communication needs, in line with the AIS. This was available to share with other services if needed.
- Staff understood and responded to people's different communication needs. This included the use of specific communication aids.
- A range of information was available in easy read or pictorial format.

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

- Within the restrictions of the COVID-19 pandemic, people accessed a range of social, educational and work opportunities. When national restrictions had meant people could not take part in their usual activities, staff ensured people followed interests and activities at home. One person told us, "We've had loads of fun over lockdown."
- People were supported to keep in regular contact with friends and relatives.

End of life care and support

- The provider had an end of life care policy and systems in place to ensure people received any support they needed at the end stage of their lives.
- Staff worked alongside healthcare professionals to ensure people were comfortable and pain free.
- A relative and two health professionals praised one staff team in particular for their work to ensure someone was able to continue living in their own home, when they were diagnosed with a life limiting condition. Staff were dedicated and passionate about ensuring the person maintained a good quality of life and the familiarity of their current home and staff team, for as long as possible.
- The provider gave people and families opportunity to record any advanced wishes, where people wished to discuss this.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy, which was available to people and relatives.
- There was a system to ensure any complaints were appropriately addressed and responded to.
- Most people knew how to complain if they needed to, and all told us they would feel confident to raise any concerns.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The service had a robust management structure. There was a registered manager overall, plus a service manager and assistant manager for each cluster of two or three small services. There was good communication between the managers, including regular meetings and telephone calls. This ensured the registered manager and senior management team were fully aware of issues affecting the services.
- The registered manager was aware of regulatory requirements and the management team and staff were clear about their roles.
- The provider had a robust quality assurance system. This included regular comprehensive audits of service delivery conducted by each service manager, which were then verified by additional audits from the registered manager. Any action points were developed into a continuous improvement plan for each service, which was regularly reviewed.
- There was a very strong focus on continuous improvement within the organisation. The registered manager demonstrated commitment to learning from any issues that arose and sharing learning with others in the organisation to drive improvement.
- Management records and files were well organised and maintained.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager promoted a very positive, person-centred culture. This resulted in a high-quality service and good outcomes for people.
- People's views were at the heart of decision making and the provider routinely sought people's feedback about their care as part of quality assurance and auditing processes.
- Staff attended team meetings and received regular supervisions and appraisal. Staff were well supported and told us the management team were, "Always approachable," "Very supportive" and, "Very professional. They always ask how you are and are genuinely concerned about you." Staff also told us there was a "Very open culture."
- Staff spoke with pride about their work and demonstrated commitment to the people they supported. One told us, "I am just really pleased to be working here, everyone is so supportive and I love my job."
- Relatives told us they had regular, open communication with staff. This included phone calls, newsletters and satisfaction surveys. Relatives felt involved and were highly satisfied with the service. Comments included, "I couldn't be happier with how they care for [my relative]" and, "I have been delighted with

[Name]'s care."

Working in partnership with others

- There were very good relationships with healthcare professionals, which helped ensure people's holistic needs were met.
- We received consistently positive feedback from external professionals. They told us, "My dealing with the services are really positive" and, "They are brilliant."
- The provider shared good practice with external partners and other providers on occasion.

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

- The registered manager was aware of requirements in relation to the duty of candour.