The You Trust

16 White Wings 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

Summary of findings

Overall summary

16 White Wings House provides personal care and supported living services to people who live in one wing of White Wings House and other locations within the community. The service is managed from an office in the house. People may have a learning disability, physical disability or mental health problem. There were thirteen people receiving personal care at the time of our inspection.

The inspection was announced and was carried out on 25 May and 15 July 2016 by one inspector. The provider was given 24 hours' notice because the location provides a supported living and domiciliary care service; we needed to be sure that someone would be available in the office.

There was a registered manager in place at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run.

People told us they felt the service was safe. Staff and the registered manager had received safeguarding training and were able to demonstrate an understanding of the provider's safeguarding policy and explain the action they would take if they identified any concerns.

The risks relating to people's health and welfare were assessed and these were recorded along with actions identified to reduce those risks in the least restrictive way. They were personalised and provided sufficient information to allow staff to protect people whilst promoting their independence.

People were supported by staff who had received an induction into the service and appropriate training, professional development and supervision to enable them to meet people's individual needs. There were enough staff deployed to meet people's needs and to enable them to engage with people in a relaxed and unhurried manner.

There were suitable systems in place to ensure the safe storage and administration of medicines. Medicines were administered by staff who had received appropriate training and assessments. People were supported to access healthcare professionals such as GPs, occupational therapists, and community nurses when necessary.

Staff were aware of legislation designed to protect people's rights and ensure decisions were the least restrictive and made in their best interests.

Staff developed caring and positive relationships with people and were sensitive to their individual choices and treated them with dignity and respect. People were encouraged and supported to maintain relationships that were important to them.

People were supported to eat and drink enough to meet their needs and to develop and maintain daily living skills such as cooking.

People were involved in discussions about their care and support planning, which reflected their assessed needs. Staff were responsive to people's communication styles and gave people information and choices in ways that they could understand.

There were opportunities for people to become involved in developing the service and they were encouraged to provide feedback on the service provided both informally and through an annual questionnaire. They were also supported to raise complaints should they wish to.

People told us they felt the service was well-led and were positive about the registered manager, who understood the responsibilities of their role. Staff were aware of the provider's vision and values, how they related to their work and spoke positively about the culture and management of the home.

There were systems in place to monitor quality and safety of the service. Accidents and incidents were monitored, analysed and acted upon if necessary to reduce the risk of reoccurrence.

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.

The registered manager and staff had assessed individual risks to people and had taken action to minimise the likelihood of harm in the least restrictive way.

People received their medicines at the right time and in the right way to meet their needs.

People felt the service was safe and staff were aware of their responsibilities to safeguard people.

There were enough staff deployed to meet people's needs and recruiting practices ensured that all appropriate checks had been completed.

Is the service effective?

Good

The service was effective.

Staff sought verbal consent from people before providing care and were aware of legislation designed to protect people's rights.

People were supported to have enough to eat and drink. They had access to health professionals and other specialists if they needed them.

Staff received an appropriate induction and on-going training to enable them to meet the needs of people.

Is the service caring?

Good

The service was caring.

Staff developed caring and positive relationships with people and treated them with dignity and respect.

Staff understood the importance of respecting people's choices and their privacy.

People were encouraged to maintain friendships and important

relationships.

Is the service responsive?

Good

The service was responsive.

Staff were responsive to people's needs.

Care and support plans were personalised and focused on individual needs and preferences.

The registered manager sought feedback from people using the service and had a process in place to deal with any complaints or concerns.

Is the service well-led?

Good

The service was well-led.

The provider's values were clear and understood by staff. The registered manager adopted an open and inclusive style of leadership.

People using the service and staff had the opportunity to become involved in developing the service.

There were systems in place to monitor the quality and safety of the service provided.

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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.

The inspection was announced and was carried out on 25 May and 15 July 2016 by one inspector. The provider was given 24 hours' notice because the location provides a supported living and domiciliary care service; we needed to be sure that someone would be available in the office.

As part of the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We reviewed the information in the PIR, along with other information that we held about the service including previous inspection reports and notifications. A notification is information about important events which the provider is required to tell us about by law.

We spoke with six people using the service. Another person completed our survey questionnaire. We spoke with three members of the support staff, two team leaders and the registered manager.
Twelve members of staff and a community professional also returned survey questionnaires.

We looked at care and support plans and associated records for four people, staff duty records, two staff recruitment files, records of complaints, accidents and incidents, policies and procedures and quality assurance records.

The service was last inspected in September 2014 when no issues or concerns were identified.

Good

Is the service safe?

Our findings

People confirmed they felt safe using the service. One person told us "Staff help keep me safe" supporting them with tasks such as showering and bathing. Another person was able to tell us how they could report concerns if anything was not right and said "Staff will sort it". They had once felt harassed when out in the community and staff had helped them to report the issue so that it was dealt with appropriately.

The registered manager and staff were aware of the policy and procedures for protecting people from abuse or avoidable harm. Staff knew what to do if they suspected one of the people they supported was being abused or was at risk of harm. They felt people were safe from abuse or harm from the staff. They also told us the provider had a lone worker policy which helped to keep staff safe in their work. Staff understood the possible signs that could indicate abuse and were confident that any issues they reported would be responded to appropriately by the organisation. There was also a whistleblowing policy protecting staff if they needed to report concerns to other agencies in the event of the organisation not taking appropriate action.

A community professional who responded to our questionnaire felt that people were supported in ways that kept them safe. They confirmed staff followed good hygiene and infection control practices. One person also confirmed that their support workers did all they could to prevent and control infection, for example by using hand gels, gloves and aprons.

People were protected from individual risks in a way that supported them and respected their independence. The registered manager and staff had assessed the risks associated with providing care to each individual; these were recorded along with actions identified to reduce those risks. The assessments were personalised and written in enough detail to protect people from harm, whilst promoting their independence. For example, a person's support plan provided guidance on how they should be assisted with personal care tasks such as bathing and showering, taking into account their mobility and risk of falls and also their independence. A member of staff told us the person "Feels she can do it herself, but there is a risk of falling". Staff respected the person's wishes and provided support at a distance. The person had signed to say they agreed with the risk assessment and support plan and told us staff helped her in a way she was comfortable with. Another person told us the support and care they received helped them to be as independent as they could be.

Staff were able to explain the risks relating to people and the action they would take to help reduce the risks from occurring. Where an incident or accident had occurred, there was a clear record, which enabled the registered manager to identify any actions necessary to help reduce the risk of further incidents. The registered manager told us all staff had a risk assessment in relation to their role detailing potential risks to themselves and people using the service and we saw examples of these on staff records.

There was a business continuity/service contingency plan that had been reviewed in January 2016. The plan included out of hours contact numbers and procedures for staff to follow in the event of an emergency. The registered manager told us the plan and procedures were regularly discussed with staff.

Staffing levels were sufficient and reflected people's assessed needs, as identified in their support plans and risk assessments. Staff told us the service made sure that people received care from familiar, consistent care and support workers. They confirmed they had the time and were able to complete all of the care and support required by the person's care plan. One member of staff told us people's needs could fluctuate and staff worked flexibly and as a team to provide support. There had recently been a recruitment drive and new staff were taking up posts. Another member of staff told us there was enough staff to meet people's needs.

The provider had a safe and effective recruitment process in place to help ensure that staff they recruited were suitable to work with the people they supported. All of the appropriate checks, such as references and Disclosure and Barring Service (DBS) checks had been completed for two recently recruited staff whose records we saw. A DBS check will identify if prospective staff had a criminal record or were barred from working with children or vulnerable people. The provider had a process in place to review the DBS checks periodically to identify whether staff circumstances had changed.

People received their medicines safely. Staff had received appropriate training and their competency to administer medicines had been assessed by the registered manager to ensure their practice was safe. Regular audits were carried out to ensure that medicines were managed safely and medicines administration records (MAR) were completed correctly. The MAR chart provides a record of which medicines are prescribed to a person and when they were given. People kept their medicines in their rooms and some people self-administered these. Staff checked with them and reminded them if necessary to take the medicines and kept a record of this. Staff also collected some people's medicines for them, if agreed with the person, and procedures were in place and followed for this.

Good

Is the service effective?

Our findings

People told us they felt the service was effective and that staff understood their needs and had the skills to meet them. One person said staff "Do a good job". They told us how the service had supported them to manage their finances more effectively, which meant they now had savings and a better quality of life. Another person told us they received care and support from familiar, consistent support workers. They said their support workers had the skills and knowledge to give them the care and support they needed. Another person told us staff were "Organised and friendly" and gave them the support they required.

The service provided 24 hour support and the staff team worked flexibly, planning working hours to meet people's needs. The registered manager told us the service worked with people co-productively to recruit staff. The aim of this was to recruit the best possible person for the post by matching common interests and skills, which made these partnerships more likely to achieve the goals the individual aspired to.

People were supported by staff who had received an effective induction into their role, which enabled them to meet the needs of the people they were supporting. Each member of staff had undertaken an induction programme, including a period of shadowing a more experienced member of staff, which helped to prepare them fully for their role before they worked unsupervised. Since April 2015, staff who were new to care received an induction and training that followed the principles of the Care Certificate. The Care Certificate has been introduced nationally to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care.

The provider had a system to record the training that staff had completed and to identify when training needed to be repeated. This included essential training, such as medicines training, safeguarding adults, infection prevention and control, and first aid. Staff had access to other training focused on the specific needs of people using the service, such as mental health awareness and positive behaviour support. Staff told us they had the training they needed to enable them to meet people's needs, choices and preferences. One member of staff commented that the training helped to ensure "A joint approach – all singing off the same hymn sheet".

A community professional who responded to our questionnaire confirmed that staff were competent to provide the care and support people required. They said the service made sure its staff knew about the needs, choices and preferences of the people they worked with.

Staff told us they received regular supervision and appraisal which enhanced their skills and learning. The registered manager and senior staff provided a mixture of team and individual supervisions as needs required and we saw records of these. Supervisions provide an opportunity for management to meet with staff, feedback on their performance, identify any concerns, offer support, assurances and identify learning opportunities to help them develop. Staff said they felt supported by the management team and senior staff. There was an open door policy and they could raise any concerns straight away.

People's ability to make decisions was assessed in line with the Mental Capacity Act, 2005 (MCA). The 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 decisions made on their behalf must be in their best interests and as least restrictive as possible. The provider had policies, procedures and recording systems for when people were not able to make decisions about their care or support. Staff had received training in the MCA and understood their responsibilities. A member of staff told us "We can offer advice but people have the capacity to make their own decisions". People told us that staff asked for their consent when they were supporting them. We saw people had signed to give their consent to the planned care and support.

The registered manager confirmed there were no people currently using the service who had their liberty, rights and choices restricted in any way by their support care plans. The registered manager liaised with social services with regard to any concerns about people's mental capacity and an independent advocacy service was available. A community professional told us the service's managers and staff understood their responsibilities under the MCA.

People were involved with staff in planning four weekly menus and chose what meals they liked, while staff encouraged healthy options where possible. People were supported with purchasing, preparing and cooking meals in accordance with their support plans. Staff were trained in food hygiene awareness and nutrition. Staff ran a cooking club in the evenings as well as offering individual support in people's flats. This promoted social interaction as well as cooking skills.

People were supported to maintain good health and had access to appropriate healthcare services. Their records showed they received support and advice from services including GPs, occupational therapists, community nursing and dental teams. Staff told us "If someone is feeling unwell, we can advise them to see their GP" and "Support people to phone the GP and make an appointment".

Good

Is the service caring?

Our findings

Staff developed caring and positive relationships with people. People's comments included "Staff are friendly and caring" and "The service is great, the staff are good and I get the support I need". One person said "They're a gem star". They said staff understood their needs and "If I went to the office feeling unwell, staff would support me". Another person told us "I think they do really well here. I love it here and wouldn't want to leave". We observed people coming to the office to ask questions or make requests and staff responding positively. There was a good rapport between staff and people using the service.

People were supported and cared for with dignity and respect. Staff spoke to them with kindness and warmth, laughing and joking with them. Staff told us they were always introduced to people before working unsupervised with them. A person confirmed they were always introduced to their support workers before they provided care or support. Staff understood the importance of respecting people's choice and privacy. They spoke with us about how they supported people and we observed that people were offered choices. For example, offering to provide support at times that suited the individual. One person told us they asked for and had female staff to support them and planned their support with the staff.

Each person had an allocated number of care and support hours depending on their assessed needs and contract agreements. People could choose when and how they wanted to use their hours, for example support with domestic tasks, cooking, shopping, managing finances, or attending activities in the community. We spoke with one person who staff had supported, through providing transport, to maintain a relationship that was important to them.

A community professional told us people were treated with respect and dignity by staff. The staff they met were kind and caring towards the people they supported.

People were involved in discussions about developing their support plans, which were centred on the person as an individual. People's support plans contained detailed information about their life history to assist staff in understanding their background and what might be important to them. Individual plans of support also included information about other people who were important to them and what level of involvement they wanted those persons to have. Support plans highlighted each person's abilities so that they could be supported to be as independent as possible. Staff used the information contained in people's care and support plans to ensure they were aware of people's needs and their likes and dislikes. People told us they were happy with the care and support they received and that staff supported them in ways that encouraged them to be as independent as possible. Staff discussed and reviewed people's support plans with them. If a person raised a question about their care, staff would suggest "Shall we have a look over your support plan again".

Support plans contained a section on the person's wishes relating to end of life care, if they chose to discuss these.

Maintaining the confidentiality of people's personal information formed a key part of induction training for

staff. Confidential information, such as care records, was kept securely within the office and only accessed by staff authorised to view it. Any information, which was kept on the computer was also secure and password protected.

Good

Is the service responsive?

Our findings

People told us they were involved in decision-making about their care and support needs. They knew how to make a complaint and said the support workers responded well to any concerns they raised. They told us if they wanted them to, the managers and staff would involve the people they chose in important decisions.

A community professional said the service acted on any instructions and advice they gave them. They told us the service co-operated with other services and shared relevant information when needed, for example when people's needs changed. They said the managers and staff were accessible, approachable and dealt effectively with any concerns they raised.

A person centred approach to responding to people's needs was evident in the service. Before people started using the service they participated in an assessment of their needs, abilities and aspirations to ensure the service was suitable for them. The registered manager told us the assessment included open discussions about each person's future plans to move on from the service. People were able to visit the service before moving in so that they and the staff could get to know each other and explore further what type of support would best meet the person's needs. Following this initial assessment a care and support plan was developed that was tailored to the individual, reflected their personal preferences, goals, how they expressed themselves and communicated with others.

Staff monitored people's changing needs through a system of regular review and this was clearly recorded, including progress and evaluation notes. Each person had a key worker, a named member of staff who participated in reviewing the person's care and support with them. Staff told us about their responsibilities as key workers, which included ensuring care and support plans were current and continued to reflect people's preferences as their needs changed. Staff demonstrated knowledge and understanding of people's care and support needs and the strategies in place for meeting them. They were consistent in what they told us about how individuals communicated their needs and wishes and the agreed methods for staff supporting them. This demonstrated that care and support plans were accurate and up to date.

The service was flexible to people's changing needs and requirements. Staff role profiles and job adverts were co-produced and potential new staff were interviewed with people who used the service. Rotas were based around people's needs, planned activities and skill mix requirements. The staff team was made up of experienced workers and this provided continuity and consistency of support for people.

A member of staff said the service was "very person centred, as everyone is different. What works for one doesn't work for another". They told us people were able to choose how they used their support hours, which were allocated based on their assessed needs. One person who was mostly independent liked to go out for a cup of tea with their support worker. Another person we spoke with had previously received support with managing domestic tasks that they could now do without support.

People were encouraged to provide feedback and were supported to raise concerns if they were dissatisfied with the service. House meetings were held regularly at which people were encouraged to have their say

about things they felt could be improved or changed, such as house decoration and renewals, garden maintenance, cleanliness of the building and safety awareness. These meetings were also used to give people feedback on any previous ideas and updates on what had been done. A person told us about house meetings and said "I can speak my mind if I am not happy about something". Annual questionnaires were sent out to all people using the service and those significant to them, which provided further opportunity for people to give their views about the service. The outcomes from questionnaires including any further actions were fed back to people either on a one to one basis or at the house meetings.

The provider had a policy and procedures in place to deal with complaints, which provided people with information about the action they could take if they were not satisfied with the service being provided. The service had received one complaint in the last year, to which the service had responded and taken appropriate action. Staff were aware of the provider's complaint procedure and would support people to use it. They told us their managers were accessible and approachable and dealt effectively with any concerns they raised.

Good

Is the service well-led?

Our findings

People were given the opportunity to provide feedback about the culture and development of the service and all said they were happy with the service provided. They told us they knew who to contact in the service if they needed to. One person said the registered manager "Does his job properly. He's lovely".

The registered manager was promoting an open and inclusive culture within the service. The provider valued people's contributions to how the service was run and this was reflected in 'co-production meetings' and 'working together groups'. For example, people were enabled to take part in quality assurance audits of other services within the organisation. One person told us they were involved with interviewing potential new staff. A community professional told us the service asked them what they thought about their service, and acted on what they said.

The registered manager told us they and their team managers had an open door policy and managers and staff worked together as one team. Regular team meetings were held which gave opportunities for managers and staff to come together as a team, reflect on practice and look at future planning. This time was used to learn from any incidents, accidents, complaints or safeguarding concerns that may have been raised. Meetings were also used to give updates and feedback information about the organization as a whole. Staff told us their managers asked what they thought about the service and took their views into account. They were given important information as soon as they needed it. A member of staff said they felt staff "Can all speak their mind; have it out with each other and move on. I feel we have a really good team".

Team managers carried out a series of audits on a weekly and monthly basis and this was in turn monitored by the registered manager. These checks included medicines, house maintenance and health and safety. Audits were also carried out by managers from other services run by the provider, who came with a different outlook and range of skills that might benefit the service. Where required action plans were put in place and signed off by the registered manager when completed.

The management team conducted observations of staff completing practical personal care and lone working on a yearly basis, with the permission of people using the service. Any issues arising from this were discussed with the member of staff in supervision meetings. The registered manager promoted a 'no blame' culture within the team, to enable staff and managers to learn from mistakes and improve working practice. Staff told us they would feel confident about reporting any concerns or poor practice to their managers. One member of staff said "On call and management backup is always very effective and efficient". They told us "I feel confident that I can approach any manager and will be offered support and advice".

The registered manager notified of us of incidents and important events, in accordance with their statutory obligations, and demonstrated the skills of good leadership. Staff were aware of the values and aims of the service and demonstrated this by promoting people's rights, independence and quality of life. A community professional told us the service was well managed and tried hard to continuously improve the quality of care and support they provided to people.

The registered manager said he felt the service had been successful in supporting people to have their own flats and independence. A number of people had expressed a wish to move on to alternative accommodation. The service would be working with these people over the next 12 months to explore their options in both private and local authority sector housing, working alongside social services and other professionals to make sure people were supported.