

The Wilf Ward Family Trust

The Wilf Ward Family Trust Domiciliary Care East Riding

Inspection report

Petunia Nursery House
Plaxton Bridge Road
Beverley
HU17 0RT

Tel: 01482880099

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16 September 2019
17 September 2019
20 September 2019

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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

Wilf Ward Family Trust East Riding is a domiciliary care service providing personal care to 19 people. They provide 24-hour care and support to people living with a learning disability across six independent living accommodation, in the East Riding of Yorkshire.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People received safe care and support, tailored to each person's needs and preferences. People and their relatives were involved in developing and updating their planned care.

The provider had systems in place to safeguard people from abuse and staff demonstrated an awareness of safety and how to minimise risks. Recruitment checks were in place to ensure staff were suitable to work at the service. Risks to people were assessed and updated regularly.

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

Staff had received training and support to enable them to carry out their role. Staff received appropriate training for their role and knew people's likes and dislikes well.

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

Staff supported people in a kind, caring and patient manner. People were encouraged to be independent and were supported in line with their diverse needs.

People were able to spend time in a way they chose to. Staff understood the importance of supporting people to be socially included and prevented from social isolation. People were supported with their communication needs and staff demonstrated effective skills in communication.

Service managers were approachable and were supporting the newly recruited manager within her role.

Staff felt supported by the management team and received supervision and training to develop their role. Quality assurance systems supported the service to continuously improve to meet people's needs.

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

Rating at last inspection

The last rating for this service was good (published 27 May 2016).

Why we inspected

This was a planned inspection based on the registration date of new location.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

The Wilf Ward Family Trust Domiciliary Care East Riding

Detailed findings

Background to this inspection

The inspection

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

Inspection team

One inspector visited the service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and specialist housing.

The service had recently recruited a manager to become the registered manager of the service and was in the process of completing the application with CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or manager would be in the office to support the inspection. Inspection activity started on 16 September and ended on 20 September. We visited the office location on 16 September 2019. We visited two of the six houses to meet people and talk to staff on the 17 and 20 September 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and spoke with other professionals who work with the service. We used the

information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with two people who used the service and one relative about their experience of the care provided. We spoke with seven members of staff including, the manager, the regional manager, service managers, and care workers. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included two people's care and medication records. We looked at two staff files in relation to recruitment and staff supervision records. Multiple records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider were reviewed during and after the inspection.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People felt safe using the service. One person told us, "I am very safe at this house and with the staff."
- People were protected from the risks of harm, abuse or discrimination because staff knew what actions to take if they identified concerns.
- The service had a safeguarding policy in place and the management team followed internal and external processes to keep people safe.
- The provider had systems in place to monitor incidents and understood how to use them as learning opportunities to try and prevent future occurrences.

Assessing risk, safety monitoring and management

- Risks to people were managed appropriately and reviewed on a regular basis.
- Records related to managing risks were present and completed within care plans. Where people had specific health conditions information was available to staff to guide them in manage the risks associated with them.
- Staff understood specific risks to people and provided support in a pro-active way to reduce these risks.

Staffing and recruitment

- Staff were recruited safely; appropriate checks were carried out to protect people.
- Staffing levels were consistently maintained. Contingency plans were in place to cover staff absence at short notice.

Using medicines safely

- Medicines were managed safely.
- People received an assessment of their needs and were supported to take their medicine safely as prescribed.
- There were safe systems in place for the ordering, checking, storing and disposing of medicines. Records showed minor errors, which were addressed and amended straight away by the service manager.

Preventing and controlling infection

- The provider had systems in place to prevent and control the spread of infections.
- Staff received infection control training and were provided with personal protective equipment such as disposable gloves to help prevent the spread of infection.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Care plans and risk assessments provided staff with information to meet people's holistic care needs.
- People's needs had been reviewed periodically to make sure care and support were delivered consistently, in line with their diverse needs.
- Best practice guidance was used to ensure people's diverse needs were assessed and recorded.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and knowledge to care for them effectively.
- Staff felt supported by the service managers and received regular supervision meetings to develop their practice.
- Records showed the provider had an ongoing training plan and staff were required to attend to help keep them informed of current best practice.

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

- Care plans contained people's food preferences and specific instructions around their diets and cultural requirements relating to these.
- People were encouraged to maintain a healthy diet. Staff provided information to people on healthy eating to promote their wellbeing.

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

- People were supported to access health care professionals as and when needed. Referrals were made to a range of health and social care professionals when required to support people's changing health care needs.
- Records of professional visits were recorded, outcomes of these visits were reflected in people's care plans.
- People had annual health reviews and health plans were in place and updated following advice from health professionals or when required.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible,

people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- Applications for DoLS were appropriately completed and renewed when required,
- Where people lacked capacity, mental capacity assessments had been completed. These showed how decisions about people's capacity had been reached and provided guidance for staff about how to support the person in their best interests.
- Staff understood about giving people choices in relation to people's care at each visit. People were involved in best interest decisions, which were fully recorded and agreed with the relevant professionals.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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; respecting equality and diversity

- Staff in all roles were highly motivated to provide a person-centred culture within the service.
- People were cared for and supported by staff that were kind, patient and respectful.
- Interactions between staff and people were natural and showed positive relationships had been developed.
- Staff demonstrated a good knowledge of people's personalities, diverse needs, and what was important to them.
- People were valued as individuals. Staff showed genuine concern for people and were keen to ensure people's rights were upheld and that they were not discriminated against in any way.

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

- People were involved in planning areas of care delivery. Contact with people's relatives was maintained to them informed of their relative's wellbeing
- Where possible people were supported to take part in their care reviews. People were supported in their reviews by their family members, or advocates
- Staff positively welcomed the use of advocates. Advocates represent the interests of people who may find it difficult to be heard or speak out for themselves.
- People were empowered to make their own decisions. These included decisions about when to get up or go to bed and what they would like to do on a day to day basis.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to retain their independence and staff confirmed they only assisted people where this was required. One staff member said, "We always try to ensure people keep their independence as much as possible. We encouraged them to do what they can for themselves."
- Care records were kept securely to maintain confidentiality.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

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

- Care and support was provided in line with people's care preferences.
- Staff supported people to engage socially. People were encouraged to socialise, pursue their interests and hobbies and try new things, for example swimming and visiting places of interest,
- Staff understood people's behaviour needs. Care plans were in place that included guidance for staff to follow to provide people with the support they needed with any behaviours that challenged the service.
- Staff ensured people had access to as many opportunities as possible to aid their physical and mental health and wellbeing.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Peoples' communication needs were assessed and recognised. Information was available in accessible formats to meet peoples' needs.
- The staff worked closely with people with communication difficulties and used a variety of methods to aid and improve communication.

Improving care quality in response to complaints or concerns

- The service had not received any complaints. People and their relatives were confident that any concerns they raised would be responded to in line with company policy.
- A complaints procedure was in place, This was available in an accessible format to meet people's diverse needs.

End of life care and support

- The service was not currently supporting anyone with end of life care.
- Staff supported people with bereavement where needed.
- People's wishes and preferences in relation to end of life care had been considered and recorded where people chose to share this information.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 provider had recruited for the post of registered manager and they were in the process of completing the application to gain the registered manager status.
- The provider supported the newly appointed manager and were clear about their roles and vision for the service. This was embedded by committed, loyal staff who had worked at the service for numerous years.
- Staff told us there was a strong feeling of teamwork. They told us good working relationships supported by effective communication created a happy and relaxed atmosphere for people and supported their needs to be met.
- Policies and procedures for staff to reference to ensure care and support was provided in line with national guidance and regulation were kept up to date.
- The provider was aware of duty of candour and acted accordingly.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider, management team and all staff demonstrated a positive culture and promoted a high standard of person-centred care and support for people.
- The management team completed regular quality assurance checks. This enabled them to collate information to show how the service was performing.
- Systems and process were in place to oversee the service and governance systems drove improvements in the quality of the service.
- Effective communication between the registered managers and staff team supported people to receive their preferred care and support.
- Staff said they felt supported by the registered managers and received regular supervisions and staff meetings to promote their development.

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

- The service had good links with the local community and key organisations, reflecting the needs and

preferences of people in its care. Such links supported the service to develop.

- Regular meetings were held at the service to ensure staff, people and their relatives were involved in developing and improving the service.
- Systems were in place to ensure the service was consistently monitored and quality assurance was maintained.