

The You Trust

16 White Wings House

Inspection report

Ashling Park Road
Denmead
Waterlooville
Hampshire
PO7 6EH

Tel: 02392255860
Website: www.lifeyouwant.org.uk

Date of inspection visit:
17 February 2019

Date of publication:
12 March 2019

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:

16 White Wings House provides care and support to people living in a 'supported living' setting, so they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate the premises used for supported living; this inspection looked at people's personal care and support. At the time of our inspection 15 people were living in their own flats within 16 White Wings House. The service supports people with different needs and backgrounds, including people with learning disabilities, physical disabilities, mental health needs, autism spectrum disorders and people who may display behaviours that challenge others.

People's experience of using this service:

People spoke highly of the service they received from 16 White Wings House. The service had strong person-centred values and placed people's wellbeing at the heart of their work. People received personalised support which met their needs and preferences.

People were fully involved in the planning and delivery of their care and this was done in a way which encouraged independence. People's care plans contained personalised information which detailed how they wanted their care to be delivered.

Staff knew people well and worked hard to enable them to share their views, make choices and live active lives as independently as possible. The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways; people's support was focused on them having as many opportunities and choices as possible. Registering the Right Support is best practice guidance designed for services supporting people with learning disabilities and autism.

Risks to people's health, safety and wellbeing were assessed and acted upon. We found a number of risk assessments for people had not been completed. However, staff knew people's needs well and were taking action to protect people. Action was taken immediately following our inspection to complete the necessary risk assessments.

People were protected from potential abuse by staff who had received training and were confident in raising concerns. There was a thorough recruitment process in place that checked potential staff were safe to work with people who may be vulnerable.

People were supported by kind and caring staff who worked hard to promote their independence and sense of wellbeing. Staff were provided with the training, supervision and support they needed to care for people well.

There was strong leadership at the service. People and staff spoke highly of the management team and there was a positive culture at the service with people and staff feeling their voices were listened to.

There were effective quality assurance systems in place to assess, monitor and improve the quality and safety of the service provided.

More information is in the full report.

Rating at last inspection: This service was last inspected on 25 May and 15 July 2016 and was rated good overall and in every key question. The report was published 30 August 2016.

Why we inspected: This inspection was scheduled based on the registration date of the service.

Follow up: We will continue to monitor the intelligence we receive about the service. If any concerning information is received 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.

16 White Wings House

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of one adult social care inspector.

Service and service type: This service is a supported living service. It provides personal care to people living in rented accommodation on one site.

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 two days' notice of the inspection site visit because we inspected on a weekend and we wanted to ensure there would be someone in the office.

We visited the service on 17 February 2019 to meet the day to day managers, speak with staff, spend time with people using the service and to review care records, policies and procedures. The following week we spoke with the registered manager over the telephone and received information from them by email.

What we did:

The registered manager sent us a provider information return (PIR). This is a document completed by the registered manager which contains information on how the service is developing and any planned improvements.

As part of the inspection we spent time with five people who received support from the service. We spoke

with the registered manager, two day to day managers and four members of care staff. We looked at five people's care records and looked at three staff files including training and recruitment. We reviewed the service's accidents and incidents' file, audits and complaints policies.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment

- The service was managed in a way that protected people from abuse. People made comments including; "Yes I feel safe. They're great."
- Staff and the registered manager were aware of their responsibilities to protect people and to report concerns over people's safety and wellbeing. We saw evidence of the staff and management having done this in the past to ensure people were safe.
- The registered manager had recently organised for a safeguarding champion in the service to attend specialised safeguarding training. Their role was to support the wider staff team around best practice and improving knowledge.
- Recruitment practices were safe and included pre-employment checks from the Disclosure and Barring Service before starting work.
- There were enough staff to ensure people had access to the care that met their needs and protected them from risks. For instance, people received dedicated one to one staffing when this was required.

Assessing risk, safety monitoring and management

- People were protected from risks associated with their care needs. Risks had been identified and action had been taken to minimise these. During our inspection we identified staff did not have clear written guidance on how to minimise a number of risks to people, including how to respond to a person's seizures and one person's diabetes. However, we found staff were knowledgeable about people's needs and knew how to keep them safe. Following our inspection the registered manager sent us evidence plans had been put in place to ensure staff had the information they needed.
- Staff were knowledgeable about identifying risks to people and knew to raise this with the management and healthcare professionals.
- Where necessary, specialist advice from healthcare professionals was sought.
- People were fully involved in their risk management. Plans to minimise risks had been drawn up with their input and agreement.

Using medicines safely

- Where possible people were encouraged to participate in their medicine management.
- Medicines were managed safely and people received their medicines as prescribed.
- Staff conducted audits and reviews of people's medicines and medication administration records (MAR) and responded to any issues identified.
- Only staff who had been trained in the safe management of medicines administered medicines to people. Staff undertook regular competency checks, tests and spot checks.
- The registered manager and staff were clear about certain medicines being used as a last resort and told us

about following STOMP guidance(Stop the Over-Medication of People with a Learning Disability).

Preventing and controlling infection

- People and relatives did not have any concerns with regards to staff following good infection control practices.

Learning lessons when things go wrong

- Where incidents had occurred, action had been taken immediately to minimise the risks of any reoccurrence. For example, where an incident had taken place involving one person's behaviours, staff had involved external professionals and had created a specific plan to follow to ensure risks were minimised. This was done with the person's involvement and agreement.

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

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

- 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.
- People's care needs had been assessed and support plans had been created to guide staff on how best to meet people's needs.
- People spoke highly of the care they received and made comments including; "They look after us very well. We're very happy."
- People's needs were regularly reviewed and where changes had occurred their care plans were updated. For example, one person's risk assessments had been updated following the introduction of a new piece of mobility equipment.
- People had been involved in the planning of their care and their wishes were respected. One person said; "Yes I'm involved in everything."
- Best practice was sought and communicated to staff in order to ensure people's care was high quality.
- The service was focused on achieving best outcomes for people and improving their independence. For example, people were encouraged to learn how to use public transport in order to be more involved in the local community and others were supported to be more independent with their cooking or personal care. We saw people had experienced good outcomes at the service and had gained independence.

Staff support: induction, training, skills and experience

- Staff undertook a thorough induction to the organisation. Staff new to care work completed the Care Certificate, which is a nationally recognised course in Induction for care workers. There was a comprehensive training programme to ensure staff had the necessary skills to meet people's individual needs.
- Staff knew people and their needs well and were skilled in caring for people. People told us they had confidence the staff were skilled in supporting them. One person said; "They're really great. They know what they're doing." Another person said; "The staff are lovely here and they do their job properly."
- Staff had the opportunity to discuss their training and development needs at regular supervision and appraisals. Staff felt supported and made comments including; "The training is really good. I get supervision, yes. It's so helpful. I really enjoy working here."
- The day to day managers described how one person's changing needs had led to the registered manager organising some new training for the staff to increase their knowledge and confidence. They said; "When one

person had a catheter fitted everyone had catheter refresher training and an external person came in to do a workshop."

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

- Where people needed help with cooking and eating this was provided. For example, Staff supported one person with cooking in bulk so they were then able to independently defrost and reheat their food. These sessions were also an opportunity for the person to learn different skills in the kitchen which they enjoyed.
- Where people had specific needs and preferences relating to food this was provided.

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. 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.

- We found the service was acting within the principles of the MCA and appropriate recording of whether people had capacity to make decisions and power of attorney details was evidenced.
- Staff and the management had good knowledge of the MCA framework and encouraged people to make choices wherever possible. One member of staff said; "They're in charge of everything. People make all their own decision where they can."

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People told us how well cared for they were with comments including; "We are looked after properly", "It's great here" and "I love it here."
- People were supported by staff who knew people's needs, personalities, likes and dislikes well. The day to day managers told us how they matched staff to the people they supported. For example they said; "One young man has four support staff who are males and they're always the ones who take him out because they give him young male interaction and he loves it. They communicate like friends."
- Staff spoke about people in ways which demonstrated they cared for them on an individual level and enjoyed their company and personalities. Comments from staff we heard included; "He's the loveliest man", "She is an amazing lady" and "He really makes me laugh."
- Staff and the registered manager were passionate about people's happiness and wellbeing. We were provided with examples which demonstrated how the service and staff had gone 'above and beyond' for people. For example, one person loved Scotland and bagpipes. Last year on their birthday staff arranged for a local Scottish band to come and play for the celebrations. This person was also supported to visit Scotland every year. One person thoroughly enjoyed music and concerts and staff supported them to access these as often as possible. This person enjoyed dressing up in a special suit when attending concerts and the member of staff who supported them to go to their most recent concert had purchased and worn a similar suit. These events brought joy to people.
- During our inspection we heard lots of laughter and positive interactions. We heard members of staff joking and chatting to people who were enjoying these interactions.

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

- People were fully involved in their care.
- Where people had difficulties with verbal communication they were provided with alternative methods of communication in order to gain their views and involve them in decision making. For example, picture boards were created for some people. During our inspection we observed staff communicating clearly with a person using their own personal sign language.
- Care plans included information about people's personal, cultural and religious beliefs. The service respected people's diversity and was open to people of all faiths and belief systems. There was no indication

people protected under the characteristics of the Equality Act would be discriminated against. The Equality Act is legislation that protects people from discrimination, for example on the grounds of disability, sexual orientation, race or gender. For example, one person was encouraged and supported to be an active member in their chosen Church. This person was supported to improve their confidence in using public transport in order to attend independently.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was respected. One person told us that they found it difficult to read their official mail sometimes. They said they would regularly go into the office and the day to day managers would sit with them and help them read and understand their letters. They said this was always done in private and made them feel respected.
- People were treated with dignity and respect. One person said; "Oh yes they respect me."
- People's independence was encouraged and promoted. Care plans highlighted what people could do for themselves and how staff should assist with this. Where people undertook tasks staff praised them for their achievements. For example, during our inspection we saw one person telling staff they had completed a personal care task on their own for the first time. The member of staff congratulated them, praised them and gave them a 'high five'. The person was very proud of their achievement and smiled widely.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received care and support in a way that was flexible and responsive to their needs.
- People's care plans contained detailed routines for staff to follow in order to ensure people had the personalised support they needed.
- Care plans provided staff with descriptions of people's abilities and how they should provide support in line with people's preferences. Care plans were regularly reviewed with people and their relatives to ensure they remained current and provided accurate information about how to meet people's needs.
- People's communication needs were identified and guidance for staff was provided to ensure they could understand people and be understood. The service was able to provide information in different formats, such as easy read, and were aware of their responsibility to meet the Accessible Information Standard. 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.
- People were supported to take part in a wide range of activities to provide them with stimulation, entertainment, socialisation and ensure they were part of the community. One person told us how they were planning to go to the pub the next day and they were really looking forward to this. Another person told us they were travelling into London. During our inspection we saw people being supported to take part in colouring and choosing a film to watch. One member of staff also visited the service with their dog during our inspection. We saw people highly enjoyed this visit.

Improving care quality in response to complaints or concerns

- People felt comfortable raising complaints and were confident these would be listened to and acted on. Comments included; "Yes I can say if I'm not happy. I'm always going in there to talk to them."
- People were encouraged and enabled to share their views where possible in order to improve on their care. Regular meetings took place where people were asked for their opinions.
- A new process had been implemented with regards to the quality assurance process whereby people who used services were involved in conducting audits. The process involved people working alongside management when undertaking auditing visits. This ensured people were involved in the oversight of the service being provided and enabled them to express what mattered to them.
- Systems were in place to address any concerns raised. We looked at copies of responses to complaints and saw the service had acted to address any concerns. Learning took place as a result to avoid any repetition.

End of life care and support

- People's care wishes at the end of their lives were recorded in their care files.
- Staff received training on how to support people at the end of their lives.

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

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

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People told us the service was well managed and spoke highly of the registered manager.
- The service informed relatives of any concerns, such as if an accident had happened, and fulfilled their duty of candour.
- The service had a clear, positive and open culture that was shared both amongst the management team and care staff. Staff told us how passionate they were about providing a high quality and personalised service to people, and people were very much at the heart of the service.
- Each staff member told us how positive they felt working for an organisation that shared their personal values about delivering high quality personalised care. One member of staff said; "People are really well cared for here and we make sure they're as happy as can be."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- 16 White Wings House had a registered manager and two day to day managers. The registered manager oversaw the running of several services but regularly visited 16 White Wings House where they undertook audits, management tasks, spoke with people and staff.
- Staff spoke highly of the registered manager and the wider management team. Comments included; "I think the management is very supportive. They're very good managers. (Name of registered manager) is here regularly. He is approachable and I'm happy to go to him with anything."
- Quality assurance processes, such as audits, were in place and ensured the registered manager had the information they needed to monitor the safety and quality of the care provided.
- The registered manager was aware of their responsibilities to provided CQC with important information.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff said the service's management were caring and supportive and that everyone worked well as a team. Comments included; "All the staff are nice and supportive" and "The team here are supportive of each other, taking into consideration our own different needs."

- The registered manager was committed to involving people in service. They regularly sought views from people, their relatives, staff and external healthcare professionals.
- Regular staff meetings took place in order to ensure information was shared and expected standards were clear.
- Staff told us they felt listened to, were supported by the management, and had an input into the service.

Continuous learning and improving care

- The registered manager was continually working towards improvements and had recently become involved in joint working with the local authority to improve safeguarding provision. They were also on the Portsmouth City Council LD Partnership Board where they discussed topics affecting people with learning disabilities. This enabled them to take part in continuous learning and improvements focused on people's support.