

The Wilberforce Trust

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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

This service provides supportive living and provides personal care to people living in their own houses. It provides a service to disabled adults with sight and hearing impairments, along with other disabilities. This service provides care and support to 33 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.

At our last inspection we rated the service as good overall with a breach of Regulation 17. The provider did not have robust systems in place for monitoring the quality of the service. At this inspection we found the evidence continued to support the rating of good. The provider had improved systems to monitor, assess and improve the quality of the service.

The service had recently appointed a new manager, who had been there ten weeks and was currently going through the application process with the Care Quality Commission to become the registered manager of the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Systems and processes were in place to mitigate risks relating to the health, safety and welfare of the people who used the service. Staff understood their responsibilities and completed regular monitoring and checks related to maintaining the health and safety of the environment for the people using the service. Staff had completed safeguarding training and were able to tell us the action they would take if they suspected abuse was taking place. Policies and procedures informed staff of how to raise concerns.

People who were able were fully involved in reviewing their care needs and support. Staff received regular training, appraisals and competency checks to keep their knowledge and understanding of people's needs up to date. Staff felt supported and received regular supervision meetings. Staff demonstrated good understanding of people's needs and were confident within their individual roles. People told us staff were caring and how their wellbeing had improved from the support they have received.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. Detailed care plans contained person-centred information and was updated and reviewed on a regular basis. We saw good interactions from staff. Person centred communication methods were used to support people with their everyday needs.

People were supported to plan and maintain a healthy diet.

A new electronic system was being implemented to make care plan information more accessible for people. Daily monitoring of people's health needs was recorded in detail. Support and advice was sought from health professionals promptly when this external input into people's care was needed.

The provider had a manager in place who had been working at the service for ten weeks. The provider and management team had a clear vision of improving the lives of people with sensory impairments and learning disabilities. Staff enjoyed working in the service and said, "We are like family, I really enjoy coming to work. It is not like a job."

Further information is in the detailed findings below.

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 remains Good	Good ●
Is the service effective? The service remains Good	Good ●
Is the service caring? The service remains Good	Good ●
Is the service responsive? The service remains Good	Good ●
Is the service well-led? The service remains Good	Good ●

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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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We gave the provider five days' notice of the inspection visit because the location provides supportive living services to nine homes for adults who are often out during the day. We needed to be sure that they would be in.

Inspection site visit activity started on 14 June 2018 and ended on 21 June 2018. We observed interactions with people and spoke with five support workers and four people using the service. Following the visit, we spoke with two relatives of people using the service. We looked at four support plans and daily monitoring records, three support worker files, which included training, supervision and competency checks and a selection of documentation used to monitor the quality of the service. During the inspection we visited the main office and three of the supported living houses. We spoke with the chief executive, manager, compliance manager, senior rota and training officer, and the human resource manager.

The inspection team consisted of two adult social care inspectors for the first visit and one adult social care inspector on the second day.

Before the inspection we reviewed information, we held about the provider, including the provider's information return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make

We looked at statutory notifications that the provider had sent to the Care Quality Commission [CQC]. A notification is information about important events which the service is required to send us by law. We also contacted Healthwatch and the local authorities that commission services from the provider to gain their views about the service. We used this information to help inform our inspection planning.

Is the service safe?

Our findings

People told us they felt safe with the staff who supported them. One person said, "I feel really safe here, coming here is the best thing that has happened to me it has changed my life." Another person said, "I feel safe here, the staff know what they are doing."

The provider had systems in place to ensure people were safe and protected from harm and abuse. Policies and procedures were clear and informed staff of how to raise concerns. Staff received safeguarding training and could clearly explain to us the procedure to follow if they suspected abuse. A member of staff said, "I would report any concerns straight away." Safeguarding referrals made to the local authority were completed in a timely manner and internal investigations had been completed where appropriate.

Potential risks to people were documented and reviewed on a regular basis. Care records contained individualised risk assessments to enable people to receive safe care and support. Risk assessments gave people and staff guidance on how to minimise risk in a variety of ways. For example, moving and handling assessments detailed, equipment to be used, different techniques, checks to be completed and the person capabilities. Staff understood the support needed to promote people's independence and freedom.

People's records contained Personal Emergency Evacuation Plans (PEEPs) which contained information on the level of support they would need in order to be evacuated safely. Health and safety checks were completed on a weekly basis by staff. Staff told us, "We check fire alarms, fire doors, emergency exit and emergency lighting." We saw various other environmental checks were completed. For example, hoists, hoist slings, windows and window restrictors were all checked weekly and actions were put in place where issues had been raised. Monthly health and safety audits and checks were completed by the house leader and the facilities manager completed audits every three months. The environment, equipment and utilities were checked to ensure everything remained safe to use.

Cleaning schedules were in place and there were no issues with infection control.

Staff recruitment was completed safely. Pre-employment checks had been completed before staff commenced employment. The provider had a senior rota and training officer in place to manage the individual rotas and training in each of the houses. We visited Three of the houses and found sufficient numbers of staff on duty to support people safely. Agency staff were used on occasion to cover shortfalls. Staff told us, "Agency staff are used, and they are very good. We ensure that they are aware of the policies and procedure and they always read people's files." We observed the house leader giving an agency worker a thorough induction before the start of the shift.

Medication was managed and administered safely. People were supported and assessed to receive their medication safely. Staff received up to date training for safe handling of medication and information from The National Institute for Health Care Excellence (NICE) was available to staff to follow best practice guidelines.

Is the service effective?

Our findings

People were cared for by well trained staff. One person told us, "The staff are great, and trained well to understand my needs." Staff told us, "We do lots of training and can request specific training if we need it." A relative told us, "They are trained in looking after people with complex needs and can provide the support needed."

Detailed care plans were in place developed from pre-admission assessments with people and their relatives. Continuous person-centred care was driven by staff who used a variety of methods to document the holistic needs of people. Regular reviews of care plans and risk assessments showed people's care support needs were monitored and up to date. All areas of people's wellbeing were addressed, including mental health, sexuality, religion and beliefs. Relevant information for specific illnesses and medications were evident in people's care plans to support staff to follow best practice.

The management team were in the process of introducing an electronic care plan system at the time of our inspection. The transition for people's care plans were ongoing and staff were enthused about the new system. The compliance manager informed us that paper care plans would continue to be kept within the houses and updated on the new system. Updates completed were printed off to be placed in paper files. Discussions with the house leader informed us that storing people's care plans on an electronic system would support the management team to monitor people's care in the central office. Records showed that the management team were clearly monitoring care plans and ensuring updates and reviews were completed in a timely manner.

Staff new to the service received a two-week induction consisting of training and shadowing more experienced staff. Staff who were new to care completed the Care Certificate. The Care Certificate sets out a standard set of skills as an introduction to the caring profession. A mixture of e-learning and face to face training equipped staff to support people within the service. Staff completed assessments in areas such as, equality and diversity, medication, safeguarding and moving and handling to ensure they had the appropriate skills to provide safe care and support to people appropriately and safely. A colour coded training matrix was used to identify training that had been completed and that was due to be completed. The rota and training co-ordinator was responsible for ensuring that training was up to date and organised, whilst also ensuring correctly skilled staff were available to support the people and their needs.

Records showed that staff received regular supervision meetings and competency checks within their role. Staff told us they felt supported and someone was always available to talk if they had any concerns or issues. Staff we spoke to told us, "We receive regular training and supervision, there is always someone available to speak to, the home leaders are very approachable."

The Mental Capacity Act MCA provides a legal framework for making 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 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. The application procedures for this in community settings are called the Deprivation of Liberty Safeguards (DoLS) and are authorised by the Court of Protection. Following best interest meetings with people and health professionals the compliance manager had made applications for the people who such restrictions to be assessed and put in place. Care plans were signed by people to give consent to the care and support they required. Best interest decisions had been completed and recorded for people who were not able to give consent themselves.

People were fully involved in their care and support. Staff worked with relatives and professionals to understand what was important to the people they supported. Meaningful activities were arranged for people. We saw people going trampolining, gardening and painting.

People were supported at mealtimes in line with their individual care plans. We saw detailed assessments of people's needs in relation to risks associated with eating and drinking and we saw staff giving the correct support to people during meals. Staff promoted independence by ensuring adapted cutlery and plates were in place for people.

The home leaders worked closely with health professionals to support people to access services to maintain their health and wellbeing. Records showed that people were referred for assessment and treatment from health services if required. For example, advice and support had been sought from various health professionals such as, GPs, podiatrists, sexual health teams and speech and language therapists. Accessible documentation was available and reviewed regularly to ensure information about people was up to date and correct in the event of them being referred to other healthcare services.

Is the service caring?

Our findings

From our observations it was clear to us that staff knew people and their needs well. Meaningful interactions were seen throughout the inspection and people responded positively to staff. People told us, "The staff are brilliant, they understand me and my needs." One person told us that their life had changed because of the support staff gave and said, "I can't praise them enough."

People told us staff were respectful of their wishes. One person told us, "I only have female staff to assist me and all staff know this." Staff told us they ensured people's dignity and privacy were maintained when providing personal care by ensuring people were given the opportunity to use facilities alone, if it was safe to do so. One staff member told us, "Doors and curtains are always closed when supporting people with personal care."

Positive relationships had been developed between people and staff. One person told us, "I have learnt so much from the staff here. I can now garden and have my own space for this. In previous places I just stayed in my room. I love been outside now." Staff had a clear understanding of people's needs and what was important to them. We saw people being supported to a trampoline park, shopping and learning to knit which people told us had had a positive impact upon their daily life. One person said, "From the skills I have learnt from the staff I now have a job, which I love."

Care records were completed with people and their families. One person told us, "My care plan is a work in progress, I am fully involved in all areas and I direct the staff." We saw personalised care plans, which detailed people's likes, dislikes and needs of support. Where people were unable to input into their plan of care, family members were involved and supported staff to gain an understanding of the person. One relative said, "The staff really listen to us and the needs of our [relative]."

Staff were fully aware of individuals communication skills and signing actions that identified their needs. For example, we saw staff interacting with one person using non-verbal communication in line with their care plan. Staff were observed to understand the person's needs and address them quickly and effectively.

The provider had policies and procedures in place for confidentiality and staff we spoke with had a good understanding of this. Staff said all documentation is kept locked away and they ensure they do not talk about people in front of others.

We visited three of the nine houses where the provider delivered support to people. We found the environment clean and suitable for people's needs and support. People's own rooms were personalised with their own furnishings and personal possessions. Houses were spacious and adaptations had been put in place to allow people to move safely around the house. This included ramps for wheelchair access and rails for people with sensory impairments.

Is the service responsive?

Our findings

Holistic care plans were in place to provide staff with information about people and how best to support them. People told us that they were always involved in designing their plan of care and supported to make their own decisions, one person said. "Staff tell me it's my choice and I make my own decisions." And another said, "I am fully involved in everything with my care plan."

Home leaders informed us that pre-admission assessments were completed to identify the care and support people needed. Care plans completed were reflective of the pre-admission information gathered. Daily records showed all areas of people's needs were monitored and recorded. We saw information relating to people's health records of diet, weight, and general wellbeing were recorded in detail. The house manager had a good oversight of these records and where concerns or changes had become apparent, guidance and support from health professionals had been sought. Handover sheets evidence changes in needs and daily routines and care plans were updated to reflect the current needs of people.

The Accessible Information Standard (AIS) was introduced by the government in 2015 to make sure people with a learning disability or sensory loss are given information in a way they can understand. This standard was met in part. Pictures and bold writing in care plans showed the provider was meeting this standard in some areas. Not all people's care plans were in this format. This did not impact on people's care and support as staff were fully aware of individual needs. Discussions with the compliance manager identified that not all care plans had fully transferred on to the new electronic system.

People we spoke to said they felt they could approach staff to discuss changes or improvements at any time. We saw evidence of regular tenant's forum meetings which gave tenants the opportunity to meet with managers and discuss the facilities within the houses and suggest new ideas for the service. Responsive action had been taken by managers in relation to issues raised. For example, one tenant had requested the carpet be cleaned in one of the houses and this was actioned and completed.

People were supported to access work and learning. Records showed staff supported people to express their interests and they documented what was important to people, their dreams, ambitions and goals. We saw evidence of goals having been achieved, one person using the service had expressed where they would like to work and they were now working there two days a week. One service user had been supported to get a disability car to travel to work and information was also available for alternative methods of transport for people.

Staff were aware of people's different relationships with others who were important to them. Documentation showed information of significant relationships, dates of visits, outings and contact with family members and friends.

A complaints policy was available which informed people of how to complain and what to expect in during complaint investigations. Some of the people we spoke to were unaware of the system in place but were confident if they had a complaint it would be dealt with appropriately. One person said, "I have nothing to

complain about, but if I did I know the staff would sort it out." Records showed that complaints were managed in line with the providers policy with actions and outcomes detailed.

We did not see evidence of end of life arrangements in place for people within the service. Discussion held with house leaders identified this was an area to be improved upon.

Is the service well-led?

Our findings

At the last inspection the provider was in breach of Regulation 17, Good governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the registered provider's quality assurance processes were not sufficiently robust to assess, monitor and improve the quality of the services provided, or assess monitor and mitigate the risks relating to people's health, safety and welfare.

At this inspection we found that the provider was no longer in breach of this regulation. New audit systems were in place to monitor and improve the quality of the service. We saw evidence of staff completing daily, weekly and monthly audits for each of the houses. House leaders completed health and safety, medicines and finance spot checks and audits monthly. These checks informed the compliance manager who completed six monthly audits for all the houses within the group. The provider then developed action plans for staff to undertake to drive necessary improvements in the service.

People and their relatives told us the house leaders were very good and understanding. One person said, "I love it here my life has changed because of the house leader understanding my needs." Staff told us that the management were supportive and were approachable if they had any concerns or issues. There was a clear leadership structure within the service and all staff were aware of the appropriate person to contact with any issues in their roles or queries. Staff told us, "I know who to contact if I have any concerns with my rota as there is a designated member of staff for each area."

The manager was committed to getting to know the staff and people within the different houses, to enable them to monitor and make improvements. The provider supported the manager fully and had a clear vision for the future of the service. The provider told us. "We have a standard model of care, but everyone is unique and are treated as individuals." We received positive feedback from the staff and relatives that had met the new manager and there was a sense of excitement about the qualities the new manager was bringing to the service.

Discussion with the manager showed they felt supported by the provider. The manager was aware of provider network meetings in the local area and stated they would be attending these. The manager was aware of the requirements of becoming a registered manager and had submitted statutory notifications in a timely manner.

People were supported by staff to complete surveys to enable them to give their own views on the care they received. Feedback sought from people was responded to by the provider in a proactive way. Records of feedback identified people were not always involved with the running of the home. The provider acted by encouraging people using the service to attend the forum meetings. Monthly reminders of the meetings were sent out to people at all houses within the service.

The provider delivered various services to the outside community. Training, coffee mornings and support groups were held for people in the local community. People who used the service also attended these events which gave them the opportunity to meet new people. The service also offered sensory tests to the

wider community and offered advice and support if needed.