

The Wilf Ward Family Trust

Fell Close

Inspection report

4 Fell Close
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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?	Requires Improvement ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Fell Close is registered to provide care and accommodation for up to 4 people with learning disabilities, autism and/or physical disabilities. At the time of our inspection 4 people were living at this service.

The service had 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 received planned and co-ordinated person-centred support that was appropriate and inclusive for them.

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

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with, or who might have, mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service did not use restrictive intervention practices. Care plans were in place to guide staff, in a person-centred way, in line with positive behaviour support principles should interventions be needed in the future. Where interventions were used the registered manager knew to record where lessons could be learnt to reduce the likelihood an incident would occur again.

Staff had awareness of people's likes, dislikes and interests and supported people to maintain relations with friends and family members.

People were not always supported to have maximum choice and control of their lives in terms of accessing activities in line with their interests and hobbies. Staff supported them in the least restrictive way possible; policies and systems supported this practice. People were provided with information in a way they could understand, and staff encouraged involvement in their care when they had the time available. Staff knew the importance of gaining people's consent before delivering care and support for people.

Staff knew people well and cared about the people they supported. The service demonstrated positive outcomes for people to reflect the principles and values of Registering the Right Support. People were supported to make their own decisions, staff told us it was difficult due to staff dynamics to enable people to

choose when they would like to go out or participate in activities to maintain their independence. Staff and relatives felt that people's quality of life could be improved upon in this area. Staff sought the right support from health professionals when needed to support people's emotional, physical and mental well-being.

We made a recommendation that the provider work with the local authority to improve choice of activities and events people could attend.

Care plans contained detailed and relevant information about how to meet people's needs. Staff communicated well between themselves to ensure handovers included relevant information.

Systems were in place to safeguard people from abuse or harm, which included safe recruitment processes. Detailed risk assessments were in place and overall medicines were managed safely. Accidents and incidents were recorded. The registered manager told us they would ensure these were analysed and preventative measures taken to prevent future repeat incidents.

Staff received an induction and annual refresher training to ensure they maintained their skills and knowledge. The registered manager was sourcing additional training specific to one person's health condition and to support staff with managing behaviours.

Staff supported people to eat and drink when needed. People had input into menu planning and the registered manager advised that people were given healthy option choices.

Staff spoke positively about the registered manager. The service had been in the process of a management restructure and a new area manager was now in place to support the service.

Audits and quality checks were in place to ensure the service maintained good standards of care and continually looked to develop the service to ensure positive outcomes for people.

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

Rating at last inspection and update

The last rating for this service was Good (published 8 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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. We will work with the local authority to monitor progress.

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?

Requires Improvement ●

The service was not always 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.

Fell Close

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

This inspection was carried out by one inspector.

Service and service type

Fell Close is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means 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

This inspection was unannounced on the first day and announced on the second day.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from professionals who work with the service. We used the information the provider sent us in the provider information return. 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. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service about their experience of the care provided. We also spoke with three staff, the registered manager for the service, and the area manager who was supporting with the

inspection.

We reviewed a range of documents. This included two people's care plans and risk assessments. Medicine records and management information. We looked at three staff files including training and supervision, and a variety of records relating to the management of the service, including policies and procedures.

After the inspection

Following the inspection we received feedback from two relative's and two health professionals.

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. This meant people were safe and protected from avoidable harm.

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

- People were supported to take positive risks and be as independent as they could be. Risk assessments provided guidance for staff to minimise potential risks to people's health and wellbeing. These were reviewed regularly.
- Accidents and incidents were recorded. The numbers were low and the registered manager was aware to analyse to identify trends to mitigate future risks.
- Where behavioural incidents occurred, staff had sought advice from other health professionals outside the service. This was to understand where changes could be made to improve and support each individual depending on their communication needs and emotional wellbeing. Records evidenced this work and care plans were updated with any advice provided.
- During discussions with staff the registered manager had shared lessons learnt to improve service delivery and outcomes for people.

Using medicines safely

- Staff managed medicines safely. We identified some areas that required further improvement and the registered manager took measures to address these during the inspection.
- The registered manager and staff were aware of the health campaign to stop the over-use of psychotropic medication to manage people's behaviour. Regular reviews of medicines were completed, and decisions made to reduce them when needed.

Staffing and recruitment

- Recruitment processes were robust.
- Staffing levels were appropriate to meet people's care needs. People did enjoy access to activities they had. However, these were restricted due to staffing levels. The provider was working with the Local Authority to address these concerns.
- The manager had contingency plans in place to cover shifts should there be absences at short notice or the need for additional staff when people's needs changed.

Systems and processes to safeguard people from the risk of abuse

- Staff understood the systems in place to keep people safe and free from abuse.
- People and their relatives told us they felt safe. One relative told us, "Yes, I feel [name] is safe, staff are very good."
- Staff received online training in how to manage any behaviours. However, the registered manager was looking to source face to face training to use an approach called positive behaviour support (PBS).

Preventing and controlling infection

- The service was clean, and staff were aware of how to promote good infection and prevention control measures.

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

- People's needs were assessed and regularly reviewed with input from health professionals when needed. One health professional told us; "I have no concerns. The staff follow any advice and communicate information to me when needed."
- Staff were aware of best practice guidance. This meant care, treatment and support met current best practice guidelines to achieve the best outcomes for people.

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

- The provider and staff were aware of how to encourage a balanced and nutritious diet. People's choices in relation to food and drink had been considered. The registered manager told us they were continuously looking to improve the menus in line with people's choices and to encourage healthier options. They were focusing on this area to ensure regular weights and monitoring was in place.
- Care plans evidenced that people were referred for speech and language therapist assessments when needed, such as when they had difficulty swallowing.

Staff support: induction, training, skills and experience

- Staff carried out their role in a competent and professional manner. The registered manager had systems in place to ensure staff received regular refresher training and competency assessments.
- Staff felt supervisions were supportive. The registered manager was sensitive to both work and personal commitments.
- Staff completed an induction into their role, which included mandatory training and identified areas where additional training may be needed.

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

- People had access to health care professionals and staff supported them to attend appointments when needed.
- The service promoted consistent support for people when they transferred to other settings such as hospitals.

Adapting service, design, decoration to meet people's needs

- The environment met the needs of the people living at the service and encouraged their independence. People had access to all areas of communal space, such as the kitchen, garden and lounge area. We observed people choosing food from the fridge and staff asking what they would like to drink.

- People told us they were happy with the decoration of their rooms which were personalised with decoration of their choice, family photographs and other personal items.

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).

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.

- The provider had submitted applications under MCA and DoLS to the supervisory body for authorisation. The registered manager monitored and reviewed authorised applications.
- Staff involved people in making decisions about their care. Mental capacity assessments and best interest decisions were documented and input from relatives and professionals documented.
- Where relatives had power of attorney in place for health and welfare or finances, these records were not always in people's care files. The registered manager was reviewing to ensure copies of documentation were in place.

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

- People were treated well by staff who were kind and patient with them. One relative told us, "Staff do a good job." Staff interacted with people and allowed time to communicate their needs.
- Staff understood people's diverse needs and how best to support them.
- People's religious needs were considered during assessments and detailed in care plans.

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

- Staff supported people to express their views and suggestions such as changes to menu options were actioned. Surveys were sent to people and their relatives to gain their views about the service.
- The registered manager supported people to access advocacy services when needed.
- The registered manager held regular discussions with people and their relatives to involve them in decisions about their care and support.

Respecting and promoting people's privacy, dignity and independence

- Staff were very respectful of people's privacy and dignity. The registered manager knocked on people's doors before entering and asked them for their permission for us to enter.
- We observed caring interactions between staff and people. Staff supported people to be as independent as they could be when carrying out personal cares.
- Compliments had been received from health professionals and relatives commending the staff and registered managers kind and caring approach towards people.

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 deteriorated to requires improvement. This meant peoples' needs in relation to social stimulation were not always met.

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 currently relevant to them

- People did enjoy access to activities they had. However, these were restricted due to staffing levels. The provider was working with the Local Authority to address these concerns.

We recommend the provider continues to work with the local authority to ensure people have choice and access to suitable activities and events in line with their interests and hobbies.

- Staff supported people to maintain contact with their relatives and friends when they were able to.
- Staff encouraged people to have positive experiences. One person's needs that were complex around their behaviours had been highlighted to the registered manager. Staff advised they would benefit from additional specialist training around the persons condition, to understand and improve their response to their behaviours. The registered manager was sourcing this training for staff to improve this person's experience.
- Care records were in place to reflect people's preferences and care needs, these were reviewed and any changes in needs documented.
- Staff supported people to express their views and understood their body language or facial expressions they used to show whether they liked or disliked something.

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.

- The service explored, recorded and shared with other agencies the communication needs of people with a disability. Communication preferences were considered and alternative formats available if needed, such as large print formats.

Improving care quality in response to complaints or concerns

- Complaints had been responded to and resolved in line with the providers complaints policy and procedures. We observed people were comfortable discussing concerns with staff.
- The registered manager had an open-door policy so that staff, people and their relatives or representatives could talk with them should they need to. This was a proactive way of dealing with any

issues immediately which may have contributed to the low level of complaints received at the service.

End of life care and support

- End of life wishes had not always been explored. The provider had been completing some work within the community to improve this area alongside a manager from another service run by the same provider. Bereavement counselling had been considered and accessed for residents who had lost their friends within the service.
- Staff had received end of life care training, which included how to support people and their relatives emotional and physical well-being during this process.

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 did not always support the delivery of high-quality, person-centred care.

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

- The provider was in the process of a restructure and recruiting a deputy to support the registered manager in their role.
- The registered manager worked to ensure care and support was planned in a person-centred way for people. They had identified where improvements were required such as, activities and access to the community. They had identified that some people would benefit from additional support in this area. Support had been provided to people and their relatives to access regular reviews of their care with the funding authority.
- Staff felt supported by the management team. Comments included; "Managers, both have been very helpful, sit down and talk you through any questions you may have" and "The manager is very helpful."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their duties in relation to the duty of candour. They had an open and honest approach when things went wrong and liaised with appropriate health professionals, relatives and other agencies to improve standards of care.
- Any incidents or concerns had been shared with the appropriate local authority and/or CQC.

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

- Management had clearly defined staff roles and responsibilities during their induction process, which they understood. The service was under a restructure of senior management at the time of this inspection and a new area manager had come into post to support the registered manager in their role.
- The provider obtained feedback from people and their relatives or representatives, through satisfaction surveys and informal one to one discussion. These were reviewed, and where possible improvements made.
- The provider had completed audits that highlighted areas requiring further development. Improvements were evidenced such as, medicines administration practices had been improved and as a result medicines errors had reduced.

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

- The registered manager worked in partnership with health professionals and agencies to continuously

improve the service. Improvements had been made as a result of partnership working in areas such as medicines management.

- Links had been made in the local community. People attended local events and accessed amenities in the surrounding areas.
- The registered manager worked to involve people in all areas of their care and support. Relatives told us they spoke with staff and management when they visited the service and completed annual surveys. Staff supported people to be involved in decisions about their care and express their views.