

The Wilf Ward Family Trust

Grayling

Inspection report

Back Lane South
Middleton
Pickering
North Yorkshire
YO18 8NU

Tel: 01751477209
Website: www.wilfward.org.uk

Date of inspection visit:
15 February 2017

Date of publication:
20 April 2017

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 inspection took place on 15 February 2017 and was announced. The provider was given 48 hours' notice because the location was a small care home for younger adults who are often out during the day; we needed to be sure that someone would be in.

At the last inspection in December 2014, the service was rated Good. At this inspection we found the service remained Good.

Grayling is large detached bungalow situated in the village of Pickering and is registered to provide accommodation for up to four adults who have a learning disability and/or a physical disability. It is located within walking distance to local amenities and local bus routes. There were four people using the service at the time of inspection.

Staff understood the procedure they needed to follow if they suspected abuse might be taking place. Risks to people were identified and plans were put in place to help manage the risk of avoidable harm occurring. Medicines were managed safely with an effective system in place. Staff competencies, around administering medicines, were regularly checked through observations and knowledge assessments. The registered provider's recruitment processes minimised the risk of unsuitable staff being employed.

There was sufficient staff on duty to meet people's needs. On the day of inspection there was the manager and three carers providing support to four people. Staff were available to support people one to one, which included support to access the local community. Extra staff were rostered when additional activities took place and records we looked at confirmed this.

Staff received the training they needed to support people effectively and were supported with regular supervisions and appraisals. People were supported by a regular team of staff who were knowledgeable about people's likes, dislikes and preferences.

People's rights under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) were protected. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People were supported to maintain a healthy diet and to access external professionals to monitor and promote their health. People were able to choose meals of their choice which was adapted to meet their nutritional needs.

Care plans detailed people's needs, wishes and preferences and were person-centred. Care plans were reviewed on a regular basis to ensure they contained up to date information that was meeting people's care needs. People were actively involved in care planning and decision making. Staff knew the people they were supporting well, including which communication methods the person preferred to use. People who used the

service had access to a wide range of activities and leisure opportunities.

Relatives and staff spoke positively about the manager. Staff told us they enjoyed working at the service and felt supported by management. Quality assurance processes were in place and regularly carried out by the manager and registered provider, to monitor and improve the quality of the service. The service worked with various health and social care agencies and sought professional advice to ensure individual needs were being met. Feedback was sought regularly from people who used the service, relatives and professionals and acted upon. The registered provider had a clear process for handling complaint which the manager had followed.

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?

Good ●

The service remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Grayling

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 15 February 2017 and was announced. The provider was given 48 hours' notice because the location was a small care home for younger adults who are often out during the day; we needed to be sure that someone would be in.

The inspection was carried out by one adult social care inspector. Before the inspection we reviewed all the information we held about the service which included notifications submitted to CQC by the registered provider. We requested feedback from the responsible commissioning office from the local authority commissioning team about the service and two professionals. We did not receive any feedback.

The registered provider had completed a provider information return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help plan for the inspection.

During the inspection we reviewed a range of records. This included two people's care records including care planning documentation and medicines records. We also looked at one staff file relating to recruitment and three staff files relating to supervision, appraisal and training record. We viewed records relating to the management of the service and a wide variety of policies and procedures.

During the inspection we spoke with four members of staff and one relative. Following the inspection we contacted a further two relatives to gain their views. We were unable to speak with people who used the service to gain their views due to communication needs.

We did not use the Short Observational Framework for Inspection (SOFI) during this inspection. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We felt that it

was not appropriate in such a small service where such observations would be intrusive. Instead we used general observations of people's care and support throughout our visit.

Is the service safe?

Our findings

Relatives we spoke with told us they felt people were safe. One relative said, "I think [person's name] is very safe. [Person's name] is very content, happy and settled here. All the staff are on the ball." Another relative told us, "[Person's name] is definitely safe. It's a lovely home and I just wish everyone who needed support could live somewhere as nice as this."

All staff spoken with had a good knowledge and understanding of safeguarding and the different types of abuse. Staff had completed training in safeguarding and certificates were available on staff files to evidence this. Policies and procedures were in place for staff to follow. Where incidents were reported records confirmed they were investigated and, where necessary, referred to the appropriate agencies. Staff told us they would not hesitate to report any concerns they had.

Risks to people were managed to protect people who used the service from the risk of harm. Risk assessments were in place, for areas including personal care, community outings, medication, finances, bed rails and mobility. These had been completed in a person-centred way for each individual. Risk assessments were in place for the day to day running of the service and regular checks were made by staff in areas such as water temperatures, emergency lighting and fire alarms. Required testing certificates were also in place relating to the environment and equipment used at the service.

Systems were in place for the safe management of medicines. Medicines were stored securely and staff had completed relevant training and had their competencies checked regularly. Medication administration records (MARs) that we looked at during the inspection had been completed accurately and contained no missing signatures. Medicines that were prescribed 'as and when required (PRN)' had been administered accordingly and fully recorded. Any surplus medicines had been returned to the pharmacy in a timely manner. Medicine storage room temperatures had been recorded daily to ensure medicines were being stored at the correct temperatures.

During the inspection we could see that there was enough staff on duty to support people. There was a total of three care assistants and the manager on duty supporting four people. Staff were available to respond, in a timely manner, to people's needs and requests. One staff member told us, "I think there is enough staff. We always have time to spend with people and no one ever seems rushed. Staff are dedicated to the people living here." Records we looked at confirmed sufficient staffing levels.

We looked at the recruitment records for one member of staff. The manager told us there was a stable team of staff and only one person had been recruited in the last 12 months. We could see that the registered provider had a safe recruitment process in place and this had been followed. All necessary checks were made before employment commenced. This included a disclosure and barring service check (DBS) and two checked references. The disclosure and barring service carry out a criminal record check on individuals who intend to work with vulnerable adults. This helps the employer make safer recruitment decisions.

Is the service effective?

Our findings

Relatives told us they thought that staff were suitably trained. One relative said, "The staff are great. They keep on top of everything. There is no problem with the staff capabilities here, I certainly have no concerns." Staff we spoke with told us they had enough training to enable them to support people and meet their needs. One staff member said, "I have been here years and have done a lot of training. I know we have refresher training coming up for food hygiene and autism. Any training we need we get."

Staff we spoke with told us they were supported in their roles. One staff member told us, "The manager is really approachable and I feel I can chat with them about anything." Another staff member described the manager as "extremely encouraging and supportive". We looked at records which demonstrated staff received regular supervisions. Supervisions provided staff with the opportunity to discuss any concerns or training needs. We could see that when training needs had been identified, prompt action had been taken to address this.

Staff received the training they needed to support people effectively. Mandatory training was provided in a wide range of areas, including health and safety, safeguarding, moving and handling, food safety and fire safety. Mandatory training is training the registered provider thinks is necessary to support people safely. In addition, because people using the service had a wide range of support needs, staff received any additional training needed to support them. For example, staff received training in epilepsy awareness and autism. Training was regularly refreshed to ensure it reflected current best practice. We saw from records that training was either up-to-date or planned. Staff spoke positively about the training they received.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Where people lacked capacity to make decisions, MCA and best interest decisions were visible in care records. The manager had a clear understanding of the MCA and DoLS and all DoLS authorisations were up to date and reviewed in a timely manner.

People were actively promoted by staff to making their own decisions and choice was given. For example, one person was shown two different items of clothing and was able to select which they would like to wear. Another person was shown picture of meal options available and selected by pointing at which meal they would prefer. During the inspection we saw that people were able to eat at flexible meal times and were encouraged to participate in selecting and preparing meals.

We could see that staff made appropriate referrals to professionals, such as dieticians, promptly when needed. Visits from professionals were recorded in care records and detailed outcomes of these visits. Daily record diaries recorded any upcoming appointment to keep staff updated.

The service was clean and tidy throughout and had a homely feel. Bedrooms had been decorated according to people's preferences and needs. There was a large communal lounge which was enjoyed by people who

used the service as well as a large open plan kitchen/dining area. There was a large outdoor space which had been adapted to meet people's needs, such as ramps fitted to allow wheelchair access.

Is the service caring?

Our findings

Relatives told us that staff were caring and that they treated people with dignity and respect. One relative told us, "The staff are great and they treat [person's name] very well. We have had no problems whilst [person's name] has been here. Its regular staff, same faces all the time and I can tell they care dearly about [person's name]." Another relative described staff as "angels with incredible patience".

Staff told us that relatives would often visit the service and that this was encourage by staff. One staff member said, "Relatives are welcome to come and go as they please. We have some relatives that visit on specific days and some people that go for home visits. We support these relationships."

Throughout the inspection we saw numerous examples of kind and caring support being delivered. On the morning of the inspection we were shown around the building. One person was still in bed as they had chosen to have a lie in. The staff member knocked on the door before opening and announced who they were as they entered. Another person was being supported to bath. Staff ensured that all doors and curtain were closed before they transferred them from the bathroom, back into the bedroom.

It was clear staff knew people's care needs well. Staff were able to give detailed history of people who used the service, including likes, dislikes, family support and the best way to approach a person, including communication methods. It was clear, from the interactions between staff and people who used the service that positive relationships had been built and people responded well to staff.

Staff understood the importance of people being able to make their own choices and decisions and staff supported people to be as independent as possible. Although people had limited verbal communication other methods were used, such as pictures. One person had expressed a wish to go on holiday and staff had provided pictures of different locations for the person to choose from. The person's advocate had also been involved in the decision and this was recorded.

At the time of our inspection one person was using an advocate. Advocates help to ensure that people's views and preferences are heard. Advocacy services were promoted by staff and the manager said an advocate visited the service regularly. Records we looked at confirmed that the advocate had been contacted when relevant.

Is the service responsive?

Our findings

Relatives we spoke with told us the service was responsive and that they had been involved in people's care planning. One relative told us, "They ring me if there are any problems or concerns and speak to me when I visit. They are good like that. They do keep me up to date."

Care plans we looked at were person-centred. Person-centred planning is a way of helping someone to plan their life and support, focusing on what's important to the person. People's support needs were assessed when they started using the service. Care plans contained information on people's personal interests, likes and dislikes. These were written in a person centred way, which helped staff to get to know what was important to the person.

Where a need was identified a care plan was developed based on how people wished to be supported. For example, a care plan for personal care detailed how the person liked to bathe on a morning stating 'I like my bath warm and full of bubbles. Staff are to put music on whilst I am in the bath as this helps me to relax'. Another person had a care plan in place which described to staff how they needed to be supported with their mobility. Care plans were regularly reviewed to ensure they reflected people's current needs and preferences. Records confirmed that people and their relatives were involved in care plan reviews.

We saw that relatives, when appropriate, had been involved in the planning of people's care and this was documented in care records. Staff told us they kept relatives informed via telephone whenever anything happened and relatives we spoke with confirmed this.

People were supported to access activities in the community which included visits to day centres and local sports facilities. On the day of inspection we saw that people were coming and going throughout the day with support from staff, enjoying walks into the local town. Other activities included swimming, shopping trips and visits to local pubs for meals. Some people who used the service visited relative. People were supported to ensure they had everything they would need for the visits.

The registered provider had a complaints policy in place which was not displayed in the service. We spoke with the manager about this who told us this was available and they would ensure an easy read version was displayed in the service immediately. Relatives we spoke with confirmed they knew how to make a complaint. One person we spoke with told us, "I don't have any complaints but I would just speak to staff. I know they would sort it for me." There had been no complaints in the last 12 months. The manager was able to accurately describe the action they would take if a complaint was made.

Is the service well-led?

Our findings

The service did not have a registered manager in place. The previous registered manager had left the service in October 2016. The new manager was in the process of registering with CQC and although newly appointed as the manager of Grayling, they had worked at the service for 13 years as a senior care assistant. An application to register as manager had been submitted to CQC and an interview had been arranged following this inspection. 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.

Relatives we spoke with spoke positively about the manager and told us they were "A lovely person with a heart of gold" and "It's a lovely home so they must be doing something right."

All staff spoke highly of the manager and the support they provided. One staff member told us, "[Manager] is great. Very approachable and understanding. They have been here years anyway and know the service inside out." Another staff member told us, "I have been very well supported in my role. I have no complaints at all." We spoke with the manager about the support they received from the registered provider. They told us, "If I have any questions or queries I just pick up the phone. They have been really supportive and visit the service all the time to check I am ok."

The manager carried out a number of quality assurance checks, in areas including care planning, health and safety and staff files, to monitor and improve the standards of the service. Action plans were produced when required. The senior management team also completed their own quality audits every three months in areas such as staff recruitment, care planning and finances. Where issues had been identified, action had been taken by the manager to address this within a timely manner.

Regular staff meetings had taken place and minutes of the meetings showed that staff were given the opportunity to share their views. Management used these meetings to keep staff updated with any changes within the service and to provide feedback on recent inspections or compliance visits. 'Residents/relatives meetings' had also taken place but these had been irregular. The manager told us this was because feedback from relatives had indicated they did not wish for meetings to take place. Relatives we spoke with confirmed this.

We looked at the culture of the service. Throughout the inspection staff were open and cooperative, answering questions and providing the information and documents that we asked for. The manager was keen to act on any feedback provided at the end of the inspection. This meant the culture was open, transparent and accountable

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. The manager had informed CQC of significant events in a timely way by submitting the required notifications.

