

The Wilf Ward Family Trust

# The Wilf Ward Family Trust Domiciliary Care Ryedale and Whitby

## Inspection report

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## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

Wilf Ward Family Trust Domiciliary Care Ryedale and Whitby is a domiciliary care agency. This service provides care and support to people living in 'supported living' settings, so that they can live in their own home 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.

Inspection site visit activity started on 28 June and ended on 5 July 2018. At the time of our inspection, there were 22 people using the service.

At our last inspection we rated the service good. At this inspection we found the registered manager and staff team had developed the service in a number of areas to achieve an outstanding rating.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service was extremely person centred and staff were proactive in ensuring people were supported to live fulfilled and meaningful lives.

There was a range of excellent social opportunities for people which truly incorporate people, relatives and the community. As a result, people had a sense of belonging and recognised positive improvements this approach had made to their lives.

Staff had an innovative approach to supporting people to access healthcare they needed. Potential barriers were discussed and overcome using unique methods that were suitable for the individual. Staff were passionate about ensuring all professionals understood people's needs, abilities and the visions and values of The Wilf Ward Family Trust.

People had blossomed as individuals and as a result of staff's positive approach to any situation, people had been able to develop their skills, seek employment in the local community and build friendships within the local area.

Potential barrier to communication were addressed. People, staff and the community had been encouraged to participate in a Makaton choir to allow people to learn and use Makaton whilst building positive relationships. Staff and management had researched, visited and completed assessments with charities to help people gain access to communication and mobility aids to considerably improve their quality of life.

Staff understood the importance of maximising the opportunities for people and had an above and beyond

approach to supporting people to live truly fulfilling lives.

Staff understood the importance of ensuring that not only did they understand people's individual needs in relation to protected characteristic, values and beliefs but that people were given the opportunity to also learn about this which was presented in a way they could understand.

Staff were passionate about the people they supported. They shared their knowledge with other professionals to ensure people were consulted, empowered, listened to and valued as individuals.

The service was exceptionally well-led by a registered manager who led by example and had embedded an open and honest culture. Staff were committed to working at the service as the management team valued and invested in them.

Quality assurance systems were robust and used regularly by the management team to continuously improve the service. The registered manager had a thorough system in place to ensure lessons learnt were thoroughly embedded. The registered manager promoted accountability for all staff.

Continuous improvement was driven by engagement with people using the service and staff. The registered manager was keen to learn from best practice used in the other providers locations to ensure people received the best possible support and outcomes.

Staff were highly motivated and offered care and support that was exceptionally compassionate and kind. Respect for privacy and dignity was at the heart of the service's culture and values.

The registered manager demonstrated clear visions and values and was passionate and committed to providing an excellent person-centred service for people and their relatives. These values were owned by staff who were equally enthusiastic about fulfilling their roles and responsibilities in a way that delivered the best possible outcomes for people.

Safe recruitment processes had been followed. People who used the service were actively involved in the selections and interviewing of potential new staff. Staff were able to describe the different types of abuse and action they would take if they suspected abuse was taking place. Risks to people had been appropriately managed and recorded. There was enough staff on duty to support people safely. Consistency of staff enabled people to build positive relationships.

A thorough induction process was in place which incorporated the providers visions and values. Staff had been provided with training to ensure they had the skills and knowledge to support people safely. Staff received regular support and guidance from the management team and were encouraged to continuously develop within their role.

People were encouraged and supported to follow a healthy balanced diet. Peoples choices were respected and although living with other people, each person was treated as an individual. Staff understood the importance of ensuring people received regular health checks. Staff worked in partnership with other professionals to ensure people received the best possible care and support.

Staff displayed empathy and worked with people and their relatives to understand how best to support them. Potential barriers to communication were addressed through staff's in depth understanding of people's unique communication styles which were detailed in people's care records.

Activities were offered as a result of consultation with people and their relatives about their interests. Whilst there was a variety of group activities available, people also had ample opportunities to participate in activities that were of particular interest to them.

A complaints policy and procedure was in place and available in formats people could understand. People were confident and complaints would be addressed appropriately.

## 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.

People were actively involved in the recruitment processes.  
Robust recruitment processes were in place and followed.

Positive risk taking was promoted. People were protected from the risk of harm.

People received their medicines as prescribed and were encouraged to be fully involved in the administration process to ensure they understood the reasons why medicines were needed.

### Is the service effective?

Good ●

The service remains Good.

Staff had received regular training and one to one supervisions to allow them to develop within their roles.

Staff understood and followed the principles of the Mental Capacity Act 2005.

Consent to care and support was clearly recorded and people had access to a range of other professionals to maintain good health.

### Is the service caring?

Good ●

The service remains Good.

Staff were committed to ensuring people remained as independent as possible.

Staff understood the importance of helping people maintain and build relationships with others.

People were at the heart of the service.

### Is the service responsive?

Outstanding ☆

The service has improved to Outstanding.

Staff and management understood the importance of maximising opportunities for people and had an above and beyond approach to supporting people to live truly fulfilling lives.

There was an extremely person-centred culture where staff displayed empathy and worked with people and their relatives to understand how best to support them.

Staff went the extra mile to ensure that social opportunities promoted people's quality of life.

### **Is the service well-led?**

The service has improved to Outstanding.

Continuous improvement was a priority for the registered manager and staff team. They promoted this through excellent collaborative working with other organisations and professionals.

People were at the forefront of how the service was run and were encouraged to engage with management and provide feedback on all aspects of the service.

Extensive quality assurance processes were in place to continuously monitor and improve the service.

**Outstanding** 

# The Wilf Ward Family Trust Domiciliary Care Ryedale and Whitby

## **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.

Inspection site activity started on 28 June and ended on 5 July 2018. The inspection was announced. The provider was given 48 hours' notice because the location provides a supported living service and we needed to be sure someone would be available at the office location. Both days of inspection were carried out by one inspector.

As part of planning our inspection, we contacted Healthwatch and local authority safeguarding and quality performance teams to obtain their views about the service. Healthwatch is an independent consumer group, which gathers and represents the views of the public about health and social care services in England. We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to tell us about within required timescales.

The provider sent us their Provider Information Return. 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 used this information to help plan for the inspection.

During the inspection, we visited the registered location and three supported living services. We reviewed a range of records. These included three people's care records containing care planning documentation, daily

records and medicine records. We looked at three staff files relating to their recruitment, supervision, appraisal and training. We reviewed records relating to the management of the service and a wide variety of policies and procedures.

During the inspection we spoke with five people who used the service and two relatives to gain their views on the service provided. We were unable to speak with some people who used the service due to their communication needs. However, we used the Short Observational Framework for Inspection (SOFI) to observe staffs' interactions with people. We also spoke with six members of staff including the registered manager and three healthcare professionals.

# Is the service safe?

## Our findings

At the last inspection we found the service was safe and awarded a rating of good. At this inspection we found the service remained good.

The registered manager had clearly made progression in the area of recruitment since the last inspection. There was now an emphasis on involving people who used the service as much as possible in the recruitment process from start to finish. People had been encouraged to write recruitment adverts which included qualities they felt were most important to them. For example, one person enjoyed music and it was crucial to them that staff providing support had the same common interests. They were present throughout the interview process and were able to ask potential new staff their views on music and how they would incorporate music into their work at the service.

People had also been involved in the recruitment of the newly appointed operations director which demonstrated people's opinions were valued by the provider. One member of staff told us, "I think they gave [operations director] a thorough grilling. [Operations director] told us the people who used the service were the most important part of the interview panel and the people they wanted to impress the most." People who were unable to take part in the interview panel were given the opportunity to develop interview questions to ensure they were included in the process.

People had also been encouraged to come up with innovative ways of attracting new staff. One person who used the service had suggested a number of unique ideas which had been used as effective advertising and recruitment campaign. One person told us, "I did a car pool karaoke to attract staff. It was so much fun and the staff really got on board. We have thousands of hits on social media. I just wanted people to see what working in care is all about. It's not just about personal care and I wanted to show people that."

Recruitment records showed that a safe process had been implemented and followed to ensure new staff were suitable to work at the service. We found appropriate checks had been completed prior to employment commencing.

There was a safeguarding and whistleblowing policy in place which was available in easy read to ensure people who used the service could understand the content. People we spoke with told us they had no concerns and found staff extremely approachable. One person said, "I could go to any of them if I had any problems at all and they would respond. They (staff) are my family." Staff were very much aware of the whistleblowing procedure and had told us they would not hesitate to report any such concerns.

Each person had recently had a medicines cabinet put into their bedroom. The registered manager told us this was to improve person-centred support. We found medicines had been administered safely although some medicines that were prescribed 'as and when required' did not always have the appropriate protocols to provide staff with sufficient guidance as to when these types of medicines should be administered. However, we found this had no impact to people as staff were extremely familiar with the people they were supporting and were clear about the signs people would display if such medicines were required.

There was enough staff on duty to ensure people were provided with safe and personalised support. Most people received one to one support which meant people's preferences with regards to daily routine were truly respected. The registered manager told us staffing levels were often adapted to accommodate people preferences in relation to activities, outings and health appointments. They told us, "Staffing levels are never a barrier. If people want to do an activity that required three staff to support then we provide the three staff needed." One person told us, "The person I live with has different interests to me but we are both supported as individuals with an allocated staff member each day. It's brilliant and we all really get on."

Positive risk taking was embraced by the service. Staff told us they did not feel anything was impossible just because people had a medical condition. Each aspect of the care delivery was risk assessed and control measures put in place to reduce potential risks. For example, one person expressed an interest in attending a concert. Staff researched the arena and made contact with them to ensure appropriate seating could be arranged. They had also risk assessed the use of public transport and had plans in place should anything go wrong. The person who used the service had also been provided with terrorist training as they had expressed concern about going to a concert following terrorist attacks that had taken place. The person said, "I felt safe the whole time and if anything happened I knew what to do because of the training."

Accidents and incidents were closely monitored in each service. Records showed that staff had completed accident and incidents form appropriately when required. The service managers had then reviewed each incident to establish the cause as well as any remedial action that needed to be taken to reduce the risk of recurrence.

Risks relating to the environment had also been assessed for areas such as gas and electrical safety. Maintenance checks were completed on a regular basis to ensure they remained safe. People had personalised emergency evacuation plans (PEEPs) in place which provided guidance to emergency services should an incident occur. Fire safety was considered and monitored in all services. The service's fire alarm was tested weekly and regular fire drills and evacuations had been completed, thoroughly recorded and detailed action taken if concerns had been found. Staff encouraged people to conduct safety checks around their homes on a regular basis.

During the inspection we visited three supported living services and found them all to be clean throughout. Staff had access to a plentiful supply of personal protective equipment to ensure they followed good infection control practice.

# Is the service effective?

## Our findings

At the last inspection we found the service was effective and awarded a rating of good. At this inspection we found the service remained good.

Since the last inspection the induction process had been developed further. Policies and procedures, service specifics and visions and values of the service were covered during an in-house induction, of which the first day was conducted by the registered manager. A five-day corporate induction was then attended which covered all mandatory training and documentation.

Staff new to health and social care were also required to complete the care certificate. The Care Certificate sets out learning outcomes, competences and standards of care expected and is completed over a 12-week period. Staff who had previous care experience were not required to complete the care certificate, however they had their competencies in all areas assessed before they were deemed competent and able to work alone with people.

Staff had received regular, constructive supervisions which focused on their abilities, areas for improvement and development. Supervision was conducted by service managers and staff we spoke with told us they found these sessions useful and an opportunity to reflect. One member of staff said, "I do enjoy my one to one sessions. Sometimes with the day to day job you forget to reflect on how you have developed and what has been achieved. These are a great opportunity to do this." Annual appraisals had also taken place and were used to review staffs performance, implement development actions for the year ahead as well as career development opportunities within the service.

Training records we looked at showed that staff were provided with sufficient training to ensure they had the skills and knowledge to carry out their roles. Training had been delivered in several ways which included face to face and online. Specialist training had also been provided in a number of areas which corresponded with people's specific medical conditions. For example, epilepsy training had been provided to staff who supported a person with a medical diagnosis of epilepsy. Staff and management were also keen to share their knowledge with other professionals and organisations. They had arranged a presentation that was delivered to the local authority based on the Wilf Ward Family Trust visions and values and a further training course was delivered to a local GP practice by a health professional to improve their knowledge of learning disabilities. Staff had been actively involved in these sessions which demonstrated management valued them and their knowledge.

The registered manager also encouraged 'tool box talks.' These were used during staff meetings to provide additional advice and guidance to staff in areas the registered manager had identified as needing further development.

People were supported and encouraged to follow a healthy diet. Care plans clearly recorded people's preferences, and although most people lived in a shared service they were very much treated and respected as individuals. One person said, "We may live together but we are different people. We like different foods

and have different interests. Staff would never expect us to eat something we didn't choose or like." People were encouraged to create their own food shopping list and shop at a supermarket of their reference. People's weights were closely monitored to ensure they sustained a healthy weight. Staff we spoke with were clear of the action they would take if they had any concerns, such as contact relevant professionals.

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 make 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. The application procedures for this in community settings are called the Deprivation of Liberty Safeguards (DoLS) and are authorised by the Court of Protection

We checked whether the service was working within the principles of the MCA. Where people lacked capacity to make decisions, care records clearly recorded this. Best interest decisions had been made in accordance with the Mental Capacity Act 2005. Staff had a clear understanding of the MCA and that people may choose to make unwise decisions and they should be discussed to highlight risks, but respected.

Where appropriate, people's consent to care and support was clearly recorded in care documentation. Although some people were not able to verbally communicate they had appropriate aids in place and it was clearly documented how consent had been sought. For example, one person used an i-pad with appropriate applications on to allow them to clearly communicate their wishes. This information was recorded in the persons care records. We observed this being used throughout the inspection.

People were supported to access other health professionals when needed. Care records detailed any other professionals involved in the person's care and support. Staff ensured people received annual health checks by their GP as well as medication reviews where relevant.

Referrals had been made to professionals to ensure people had the equipment they needed to remain as independent as possible. Adaptations had been made to people's homes in areas such as ramps for wheelchair access, widen doors and specially adapted bathing facilities following referrals made by staff. Other specialist equipment had also been sourced, for example, one person thoroughly enjoyed cycling using a specially adapted bike whilst on a holiday. When they returned to the service, staff enquired with professionals into the opportunity for getting the person their own bike so they could continue to participate in a sport they enjoyed. On the day of inspection, they were seen riding the bicycle in the local community with staff.

## Is the service caring?

### Our findings

At the last inspection we found the service was caring and awarded a rating of good. At this inspection we found the service remained good.

People told us staff were caring. Comments included, "I love all the staff", "They take such good care of me. I cannot thank them enough" and "They make me laugh. I love living here."

The service was proactive in ensuring every person's independence was promoted as much as possible. Staff had been encouraged to implement innovative ways of doing this. For example, staff understood the importance of ensuring people were actively involved in safety checks of their homes. Easy read guidance had been developed which allowed people to independently test the temperatures of water before bathing and how to conduct fire checks to ensure their home remained safe. Other easy read guidance was in place in areas such as car safety checks and people were encouraged to assist staff with such checks before outings.

We observed that independence was clearly promoted throughout the inspection. Although people were not able to self-administer medicines they were asked to recall the name of each prescribed medicine they were taking and what it was for. Medicine cabinets had recently been installed into people's bedrooms to ensure privacy was maintained during administration and discussions of medicines being taken. We observed people being promoted to complete daily living tasks, such as laundry and appropriate adaptations had been made to ensure people were given the opportunity to manage this independently.

Staff and management were enthusiastic and committed to helping people become as independent as possible. People had also been provided with 'In Case of Emergency' cards (ICE) which they were advised to carry with them at all times. These cards contained personal information such as how the person communicated, what medication they took, their hearing ability and medical diagnoses. This ensured, in the event of an emergency, others would be aware of the person's communication needs and abilities. The registered manager told us, "The ICE cards have been introduced throughout Wilf Ward services. We have found it helps people feel safe if they are in the community independently but it also ensures people have a voice no matter what the situation may be."

The registered manager explained the importance of helping people maintain and build relationships with others. People were encouraged to attend events that were being held at other services and also integrate in the local community by attending the Trust's café and family fun days that were organised. One person told us, "I like the people I live with but I also like mixing with other people. I have learnt that not all people will judge me and I feel welcome in the community. When I am out in the area people know me, that is nice."

Discussions with staff demonstrated that people were at the heart of the service. Staff spoke passionately about their role and the people they supported and were eager to share progression stories to evidence how much people had developed. One person told us, "The staff and people I live with are my family. I cannot thank them enough. I was in a bad place when I moved here but I can honestly say I am in a much better

place now. That is all down to the staff. They make me laugh and smile every day."

It was clear people's privacy and dignity was respected. Throughout the inspection we observed staff knocking on people's bedroom doors before entering, gaining verbal consent for all care interventions and respecting when people wanted to spend time alone. Staff told us that they were sure never to discriminate against people on the grounds of any of the protected characteristics under the Equality Act (2010) such as age, disability, gender, race or religion. The ethos of the service was to make people feel special and that their lives and feelings mattered. Staff received regular updates and refreshers on this in staff meetings and training sessions.

Staff told us about the dignity charter and the dignity 'do's and don'ts' which were a useful reminder about how to treat each person. Points on the dignity charter included, 'We will respect this is your home and our place of work, we will address you before staff, we will respect you and always knock and wait for an answer before entering your room, we will support you with new activities and let you judge whether you like them and we will support you to communicate to your family what you have been doing so they can chat to you about it.' We found clear evidence that the dignity charter in place was recognised and implemented.

Staff were extremely familiar with people's likes, dislikes and preferences and respected each decision they made. Services were filled with laughter and jokes from staff and people and it was clear that positive relationships had been developed.

Records demonstrated advocates had been sourced when needed. Advocates help to ensure people's views and preferences are heard. We saw evidence that advocates had been involved in best interest decisions and kept up-to-date with any concerns. This ensured people's rights were protected.

The registered manager had a clear understanding of the Accessible Information Standard and that information should be present to people in a way they can understand. We evidence numerous examples to show the provider complied with this standard, such as documents presented in easy read and technology used for people who had limited or no verbal communication.

## Is the service responsive?

### Our findings

At the last inspection we found the service was responsive and awarded a rating of good. At this inspection we found the service had improved to outstanding.

People we spoke with told us, without exception, that the service was responsive to their needs. They told us they admired staff's 'can do' attitude and the opportunities they had been given. One person said, "Sometimes I have to sit back and think about how far I have come since I moved here. Staff really are amazing. They are more than responsive to my needs. They have encouraged me to do things I never thought was possible."

There was a genuine person-centred culture where staff displayed empathy and worked with people and their relatives to understand how best to support them. Staff ensured care plans contained person-centred information and focused on individual needs and how these could be met. Each plan had a section within their care plan which detailed what was important to the person, how they wanted to be supported and what people appreciated about them. The information also captured people's aspirations, dreams, wishes and life goals. For examples, one person had stated they wanted to explore potential careers or voluntary work, but they currently wished to focus on their interests and building self-confidence. Another person had a keen interest in photography. Staff had worked with the person to explore possible opportunities in the community and as a result they were now the official photographer for a local church.

It was clear staff understood the importance of maximising the opportunities for people. One person was enquiring about how they could progress their interests in music. They had already begun to attend concerts as their confidence had grown and staff were now looking at opportunities for the person to attend a studio to create their own music. The person told us, "Music is what makes me, me. Staff understand that and they have really helped me achieve things I didn't think I could. I struggle on public transport so staff helped me get a mobility car which has just been fantastic." During the inspection, we observed staff discussing potential venues that could accommodate the person's wishes. They were encouraged to research the venues to establish which one would best meet their needs. Throughout these discussions it was clear staff were mindful of what the person hoped to achieve whilst considering their medical needs.

Potential barriers to communication were addressed through staff's in depth understanding of people's unique communication styles which were detailed in people's care records. We observed some people using assistive technology, such as i-pads, to communicate with staff. The use of Makaton had also been embraced and encouraged throughout the service in a fun and interactive way. Staff had organised a Makaton choir which had developed over time and now had over 30 attendees each week which included people, staff and the community. The purpose of the choir was to learn and encourage people and staff to use Makaton to promote effective communication. The registered manager told us, "The choir has gone from strength to strength. It is a well know group within the community and to see them perform is amazing and heart-warming."

Activities were offered as a result of consultation with people and their relatives about their interests. Whilst

there was a variety of group activities available, people also had ample opportunities to participate in activities that were of particular interest to them. For example, one person had a keen interest in football and although they did not participate in the sport, staff recognised an opportunity for the person to develop their skills. Following discussions with a local sports hall the person attended to see if they felt it was something they would like to pursue. The person had since attended numerous sessions and was in communication with local charities and the Wilf Ward trust about obtaining a power chair to allow them to become fully immersed in the game. The person said, "I have got new friends and I feel more confident." They also expressed that being part of a team had given them a sense of belonging.

Staff understood the importance of ensuring that not only did they understand people's individual needs in relation to protected characteristics, values and beliefs but that people were given the opportunity to also learn about this. As a result, one of the services had developed a monthly 'around the world' event. This event included discussing different countries in the world, tasting food and discussing religion and beliefs. One member of staff told us, "We really get in the spirit of things. We all dress up, play appropriate music and just have a really fun night, but at the same time we are all learning invaluable things."

Staff shared their knowledge with other professionals to ensure people were consulted, empowered, listened to and valued as individuals. For example, there had been some confusion with a local GP surgery with regards to annual health check entitlement for people with a learning disability. Staff had not hesitated in raising their concerns with management to ensure people received the support they were entitled to. As a result, arrangements had been made for a health professional to attend the surgery and provide a training session to all staff within the surgery to improve their knowledge of learning disabilities and the importance of annual health checks.

Staff understood the importance of ensuring people attended regular health checks and that any concerns were reported to appropriate professionals. They demonstrated an innovative approach to managing such situations. For example, one person was required to undergo an MRI scan due to ongoing medical concerns. Staff arranged several visits to a hospital to build the person's confidence. Once their confidence had grown staff introduced the next step which included staff going into the MRI machine so the person could watch and physically see that the machine would cause them no harm. With support and reassurance from a team of staff the person was able to undergo the MRI scan and commence treatment that was needed. One member of staff told us, "It was a great achievement and we were all very proud of [person's name]. We all worked in partnerships to achieve a brilliant outcome and it was just fantastic. The hospital staff were brilliant too."

Whilst staff were very much aware of people's anxieties, they worked in a collaborative way to ensure people received support from medical professionals that they required. One person had considerable anxiety regarding dental care. Staff had recognised that the person's oral hygiene had deteriorated and they were reluctant to accept support. Staff arranged for the person to visit the hospital, initially to have lunch in the café that was located close to the orthodontic department. However, this was unsuccessful as the person's anxiety increased. Following this, staff discussed a dentist visiting the person at home with their GP. An appointment was arranged and a discussion had taken place between staff and the dentist prior to the visit. Staff had requested that minimal dental equipment was brought to the service as this would increase the person's anxiety, and that the dentist would need to sit and chat with the person to build trust before any examination could take place. The person accepted the examination and appropriate oral care was provided.

The provider was in the process of reviewing how people's end of life wishes were discussed and recorded. Care plans did contain some information that people had shared, such as beneficiary of wills and who they wished for end of life support to be discussed with. The registered manager explained it was difficult for

people to consider end of life support and wishes due to age group of people they supported but this important aspect of care was also approached.

The provider had a complaints policy and procedure in place. As with all other documentation, the complaint procedure was also displayed in easy read format. There had been no formal complaints made within the past 12 months, however people we spoke with told us they knew how to make a complaint. One person said, "I speak to staff if I am not happy. We have good relationships so I am confident in approaching any of them."

## Is the service well-led?

### Our findings

At the last inspection we found the service was well-led and awarded a rating of good. At this inspection we found the service had improved to outstanding.

People told us they felt the service was extremely well-led by an approachable, caring and enthusiastic management team. Comments included, "The management are just like all the other staff – truly caring and I honestly believe they just want everyone to achieve their potential", "The management just truly value our views and that is what I like. I finally feel listened to and I have a voice" and "We all work together. There is no 'us' and 'them' – just one big team."

The registered manager expressed they were eager to engage with people, relatives and people within the community. They had recently arranged a 'family fun day' which took place around the same time as Eid. The registered manager recognised that people and relatives were unfamiliar with the religious celebration of Eid and this was made the theme of the event. They discussed their sense of achievement that, not only had they been able to improve people and relative's knowledge of such an important event, but also people in the local community.

It was clear that positive relationships had been developed with local communities. In 2018, the community had nominated the Trust to receive funding from a fundraising event help by a local bank. The office location was also attached to a Trust café and during the inspection we observed people who used the service working at the café, communicating with customers and people in the community who were clearly familiar with people.

The registered manager demonstrated clear visions and values and was passionate and committed to providing an excellent person-centred service for people and their relatives. These values were owned by staff who were equally committed and enthusiastic about fulfilling their roles and responsibilities in a way that delivered the best possible outcomes for people.

Continuous improvement was a priority for the registered manager and staff team and they promoted this through collaborative working with other organisations. They regularly visited the providers other location to promote and share best practice whilst also recognising practice that could improve their services. They kept a reflective log on research, taught sessions and training they had attended so they could take control of their own learning and understand areas for improvement. They had recently visited a charity in Manchester that focused on technology to promote and encourage communication after they had witnessed the positive outcomes it had achieved for people at another of the provider's services. They were able to view a range of technology that was available and had a clear understand of how such technology could improve people's quality of life. Referrals for technology assessments had been completed and the registered manager spoke positively about what they hoped could be achieved. This meant they could continuously monitor all aspects of each service.

Following discussions with staff it was clear they were motivated by and proud of the service. There were

consistently high levels of constructive engagement with people and staff from all equality groups. Staff meetings were an opportunity for staff to contribute their views and they told us the registered manager consulted with them respectfully and often made changes following their suggestions. The day-to-day values and culture of the service were highlighted at handovers, supervision and in monthly staff meetings.

People were continuously encouraged to engage with management and provide feedback on all aspects of the service. People had an allocated key worker who took responsibility for arranging care reviews each month. Records demonstrated that relatives were actively involved in such reviews and these provided an opportunity for any feedback to be provided. Twice a year, people and relatives were also provided with a newsletter which detailed what developments had happened within the service and any future plans. It also explained to people why such developments had taken place and what outcomes they were hoping to achieve.

The registered manager had a thorough system in place to ensure lessons learnt were thoroughly embedded. The registered manager promoted accountability for all staff. When staff identified problems, they were actively encouraged to engage with management and find solutions. This allowed staff ownership of the problem and generated improvements through their suggestions.

The registered manager told us, "Sometimes things go wrong but it is what action we take following the event that is important." For example, there had been an incident in one of the provider's services involving moving and handling. Whilst no bad practice was recognised the registered manager had made the decision to conduct regular moving and handling observations to ensure staff were following best practice at all times. This was then discussed in team meetings and with people who used the service to ensure everyone understood the reasons for the observations. This demonstrated the registered manager acted to learn from mistakes and improve practice.

The registered manager understood the importance of ensuring they recruited the right staff who engaged with, and understood the provider's visions and values as well as people's specific needs. They actively encouraged people who used the service to be involved in the recruitment process, from writing adverts to conducting interviews with potential new staff. People were at the heart of the service and this was truly reflected from management.

Extensive quality assurance processes were in place to consistently and continuously monitor all aspects of the service. The registered manager was supported by a team of service managers who were responsible for the day to day running of specific services. They provided continuous feedback to the registered manager to ensure they were kept up to date with any concerns. The quality monitoring systems in place were accessed via a network connection. This meant, at any time, the registered manager could log onto the network and view quality audits conducted by service managers.

The provider was compassionate towards staff, supported their wellbeing and invested in them. Staff we spoke with told us, without exception, that the service was well-led and that they felt they were a valued member of the team. They spoke with extreme high regard for the management team and opportunities they were given to progress within their roles. A recognition program was also in place which many of the services had won awards for, such as service of the year and support worker of the year. Staff were also given the opportunity to nominate people who used the service with special awards in a number of different areas. One member of staff told us, "The awards evening is an amazing experience. Seeing people's faces when they collect their awards is just fantastic. I honestly could not wish to work for a better company. The support staff get is second to none."

There was a manager in post who had registered with CQC in October 2013. 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.