

The Wilf Ward Family Trust

Isabella Court

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Isabella Court is registered to provide care and accommodation for up to 9 people with learning disabilities and/or autism and associated complex needs. At the time of our inspection 7 people were living at the service.

The service has 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 any restrictive intervention practices at the time of our inspection.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; policies and systems supported this practice. People were provided with information they needed and were encouraged to be involved in all aspects of their care. Staff asked for people's consent before they delivered care and support.

People communicated positive feedback about the service and staff. Health professionals feedback demonstrated a responsive service. Staff were attentive to people's needs and knew individuals well. Staff spoke passionately about the people they supported and worked to uphold their rights. The service achieved positive outcomes for people through attentive care, understanding and responsiveness to the needs people communicated to them.

These qualities demonstrated a service working to achieve positive outcomes for people, which reflected the principles and values of Registering the Right Support. This included; Taking time to support people to express themselves when making decisions and involving their preferred representatives; championing people's rights and choices to maintain independence and control of their lives; holistically assessing

people's needs to ensure the right support is accessed; and encouraging new activities and sensory opportunities. These impacted positively on people's quality of life in terms of their physical, mental and emotional health.

Care plans included historical information and guidance on all aspects of care provision. Changes in people's needs were communicated promptly meaning staff could deliver consistent, personalised and responsive care to people. People had a choice of activities and events that were meaningful to them. Staff understood people's interests and often had similar interests themselves. This helped them to build trust and support the development of people's other relationships with friends and family.

Staff received regular support to enable them to deliver person centred care. This included; specific training around people's individual needs, supervisions that encouraged learning and development and regular communication methods such as staff meetings and handovers. The service worked in partnership with other agencies and health professionals. Best practice tools were utilised to support positive outcomes for people and responsive care practices.

Safeguarding systems protected people from abuse or avoidable harm. Recruitment procedures were thorough and staffing levels ensured people's immediate needs were responded to. Risk assessments were detailed and clearly informed staff of the steps to take to mitigate future risks to people.

People, relatives and staff provided good feedback about the management of the service. They were confident that concerns were dealt with and resolved to their satisfaction. Staff told us the registered manager supported them at all times and had an 'open-door' policy.

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 15 February 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.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Isabella Court

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 and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Isabella Court 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.

What we did before the inspection

We reviewed information we had received about the service since the last inspection and 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 this information to plan our inspection.

During the inspection

We spoke with five people who used the service about their experience of the care provided. We also spoke

with seven members of staff (some of whom were assistant managers) and the registered manager for this service.

We reviewed a range of documents. This included three people's care plans and multiple medicine administration records. 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 health professionals and three relatives. We incorporated their feedback into our findings and judgements.

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.

- The provider completed detailed risk assessments which reflected changes in people's needs. These supported positive risk taking and minimised future risks to people's safety and well-being.
- Accidents and incidents had been analysed and measures taken to prevent repeat incidents. Lessons learnt were shared with staff to improve the safety and management of the service.
- The environment was managed safely.
- Staff were trained in an approach called positive behaviour support (PBS). This is a person-centred framework for providing support to people with a learning disability, and/or autism, who have, or may be at risk of developing, behaviours that challenge. PBS helps staff understand the reason for behaviour, so they can better meet people's needs, enhance their quality of life and reduce the likelihood that the behaviour will happen.
- Staff documented any changes to people's needs ensuring a consistent approach was adopted by all staff. This approach had resulted in no behavioural incidents occurring.

Using medicines safely

- Staff had received medicines training and knew how to manage them safely. The provider promoted awareness of the health campaign to stop the over-use of psychotropic medication to manage people's behaviour. This was evidenced in practice through regular medicine reviews which reduced these medicines enabling staff to adopt less restrictive options.

Staffing and recruitment

- Recruitment procedures were robust. Checks were in place to ensure prospective employees were suitable to work in a care environment.
- Staff met people's needs consistently throughout the inspection. Contingency plans were in place should they be needed to cover staff shortages. One member of staff advised, "Yes, there are enough staff on duty. All service users have one to one care, everyone gets to do their own thing."

Systems and processes to safeguard people from the risk of abuse

- Safeguarding policies and procedures were in place. Staff knew how to identify and report any concerns of harm or abuse and told us they were confident the manager responded appropriately.
- People we spoke with felt safe and trusted the staff supporting them. One person told us, "Everyone is treated well."

Preventing and controlling infection

- Cleaning and infection prevention and control practices were in place. The service was clean and tidy.

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 continually reviewed and updated with involvement from relatives and other health professionals when needed.
- Staff were knowledgeable about the best way to support people in line with best practice guidance to enable good outcomes for people.

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

- People's nutritional and hydration needs were met. Staff considered people's food and drink choices, offering alternatives when choices on offer were declined. Support plans detailed the level of support people needed (if any) to maintain a healthy food and drink intake, plus any adaptations or additional dietary requirements.
- Staff identified any changes in people's nutritional intake. Processes were in place to ensure where issues were identified people were regularly weighed and advice from health professionals was sought when needed.

Staff support: induction, training, skills and experience

- Staff received regular training, supervisions and appraisals to enable them to fulfil their role. Systems were in place to monitor when staff required refresher training.
- Staff completed an extensive induction programme including shadowing and competency assessments. Comments from staff included; "Training is ongoing, you just have to ask and they will give it" and "If a new person comes with different needs then we will always have extra training."

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

- People's care records showed regular input from health professionals including annual health checks by Learning Disability Nurses, GPs, Occupational Therapy input and Speech and Language Therapists. Staff told us, "People here have regular check-ups at the hospital" and "I took somebody to the dentist yesterday."
- Profiles were in place which summarised people's likes, preferences and things that were important to them. This information was shared during transitions into other services and enabled a consistent approach to be adopted for people. For example, when transferring into hospitals.

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

- People were supported when needed to access all areas of the home. The environment was welcoming,

with plenty of space for wheelchair access with quiet areas should people wish to have a little more privacy.

- Some improvements had been made since our last inspection. These included; a sensory room being provided, redecoration throughout the building and new bathroom facilities. The assistant manager told us that improved access was being considered for the garden area.
- The staff had considered people's personal histories and preferences when decorating their bedrooms. People's choices were respected, some people preferred minimal personal items and others were decorated with family photos and various other items linked to their likes and preferences.

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 to deprive people of their liberty lawfully under the MCA 2005 and DoLS to the appropriate supervisory body for authorisation.
- Staff involved people and their relatives in making decisions about their care, staff ensured these were in people's best interests and recorded the outcomes.

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's equality, diversity and human rights had been considered and upheld. Staff ensured people accessed the right support from health professionals in a timely way.

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

- Staff looked at alternative options to enable people to express their views.
- Staff involved people in decisions about their daily care and support. They were patient and gave people the time they needed to respond. The service obtained sources of advice, guidance or advocacy services when this was required. One relative had sent a thank you card which read, "Thank you for support provided to [name], could tell by pictures [name] was happy and well cared for. We are very grateful for the work you do". Another relative told us, "You can't fault it. I'm fussy and I don't miss much. [Name] is very happy and very well looked after."
- Open and honest communications had been built with people, their relatives and other professionals to ensure their views were considered and respected in all decision making.

Respecting and promoting people's privacy, dignity and independence

- Specialist assessment tools were in place to support staff to recognise when people were showing signs of distress. For people that were unable to verbally communicate, there care plan detailed changes in posture and facial expressions that may be indicators of distress. One member of staff told us, "If someone gets upset, we talk with them, comfort them and come back to them later in the day to check they are alright. We always make sure we write things down."
- Staff promoted people's dignity and knew how to protect their privacy.
- People were offered choice and control in their day to day lives. We observed staff creating meaningful interactions with people, all staff made a point of talking to everyone and did not walk by a person without some form of interaction taking place. One relative told us how their family member came home on a regular basis and advised, "[Name] loves coming home, but is always ready to go back to Isabella Court."
- People were empowered to do as much for themselves as possible. Care planning encouraged this practice, detailing all aspects of a person's care needs and their level of independence. One relative told us, "[Name] knows every one of them [staff], their patience is incredible. They're all [staff] wonderful with [name]. [Name] reacts to them."
- Management and staff worked hard to support people transitioning into the service. Staff supported relatives through this process and communicated updates regularly. Health professionals told us the service communicated extremely well with them to ensure people's needs were appropriately assessed and met.

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 remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff were knowledgeable about how to support people to achieve positive outcomes. People's care records were detailed and reflected a personalised approach. These were continually reviewed. A health professional advised, "The manager contacts me to update of any changes to individual's presentation promptly or delegates other staff members to do so."
- People were empowered to take control of their lives, be involved in daily decisions and be as independent as they could be. All staff treated each individual with kindness and compassion.
- Staff were extremely intuitive to people's emotional well-being. Staff showed genuine empathy towards people when needed.
- Relatives and health professionals praised staff for their perseverance to obtain the right support and equipment to improve outcomes for people. One health professional advised, "During assessment of suitable mobility equipment at the service working with repeated difficulties in provision of equipment and funding issues and maintained client safety until the issue was resolved." The service worked with health professionals to problem solve and remove barriers to afford people the best options available to them.
- Care records had been completed with the help of relatives or representatives to include; life histories and the things that were important to people. A relative told us, "[Name] is happy, letting [name] go full time was the hardest thing I've ever had to do. Every picture from Isabella Court [name] has a smile on their face. I can't speak highly enough of them all."

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 identified, recorded, shared and met the information and communication needs of people with a disability. Various methods were utilised such as; Adapted Makaton or sign language, the use of picture cards. Staff knew every non-verbal expression and what these meant to the people they supported. Alternative formats for documentation were available to people.

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

- Staff's knowledge about people alongside detailed care planning, supported people to express their views and what they would like to do. Staff told us, "The service users are very busy, we have recently been to the zoo, the staff go that extra mile and work longer if needed. We all really enjoyed it." People were engaged in

activities and events they were interested in. Staff monitored non-verbal reactions to all activities and events to ensure people were afforded additional and regular opportunities to attend events that were memorable to them.

- Staff ensured one to one support included everyone in activities that were meaningful to them. One person in the sensory room was interacting with games on the projector, participation reinforced learning and encouraged physical exercise. The person was displaying excitement and enjoyment. One member of staff advised, "If people lack capacity we still give them the opportunity to do things. Just because they can't do it doesn't mean they are restricted, they can still do it with our support."
- Staff were proactive to seek appropriate health professional advice and training to support people's mobility and dexterity to complete activities.
- Staff promoted social inclusion and supported people to maintain relationships. Staff supported people when visiting their family home. Scrapbooks of people's activities and events was available for visitors to read and to use as a point of reference when spending time with people to help them recall their memories of the day.

Improving care quality in response to complaints or concerns

- Relatives told us they felt comfortable raising any issues. One relative advised, "The home is excellent, they tell me everything, where [name] is going, on what day and then send me photographs. The main thing is [name] is happy."
- The registered manager shared concerns and complaints with the staff team to ensure lessons were learnt and practices improved. One member of staff advised, "It's good that people raise concerns with us, otherwise how would we improve. I see it as a positive to learn and make things better for people."
- Meetings regularly took place for people to raise any concerns.

End of life care and support

- The provider explored end of life decisions in detail with people, their relatives and/or representatives. This ensured people's preferences and wishes were respected.
- Staff ensured families were supported during end of life care. One person had wanted to attend their family member's funeral and so staff supported them and their family through 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 our last inspection this key question was rated as good. At this inspection this key question remains the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The management and staff promoted a positive culture within the service. Staff knew people well and supported them to communicate and express their needs. This led to an inclusive approach which empowered people to achieve a good quality of life.
- The registered manager was visible and available to speak with staff when they needed additional support or advice. Comments from staff included; "There is consistent and clear messages from management" and "I feel a hundred percent easy about approaching my manager."
- Care records showed that staff sought support from other health professionals to achieve good outcomes for people when necessary. Staff told us, "We work in partnership with North Yorkshire County Council, local health agencies and day centres."

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 displayed an open approach and listened to people, their representatives and staff when things went wrong. Staff performance was continually reviewed and improved upon to ensure minimum set standards were maintained.

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

- The registered manager had shared all relevant incidents or concerns through their internal processes and externally to the local authority or CQC as required by law.
- The registered manager and staff were clear about their roles. Inductions outlined key responsibilities, which were reinforced to staff through regular training, supervisions and meetings.
- People and their relatives were supported to provide feedback through informal discussions, meetings and surveys. These had been analysed to look at where improvements could be made.
- Audits and quality assurance checks were completed within the service and by the provider. These ensured that practices were regularly reviewed, and any risks reduced.