

# The Wilf Ward Family Trust







# Clarence Gardens

## Inspection report

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Date of inspection visit: To Be Confirmed  
Date of publication: 29/04/2015

### 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	

### Overall summary

This was an unannounced inspection carried out on the 17 March 2015. At the last inspection in April 2014 we found the provider met the all regulations we looked at.

Clarence Gardens provides a short breaks service for four people at one time between the ages of 18 to 65. The accommodation is purpose built and is on one level. All bedrooms have en-suite facilities. There is a lounge, dining room, games room and kitchen. The home is approximately one mile from Wakefield city centre and is on the main bus route.

There was a registered manager in post. 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 and associated Regulations about how the service is run.

People who used the service and their relatives told us they or their family member felt safe at the home.

There were effective systems in place to ensure people's safety and manage risks to people who used the service,

# Summary of findings

whilst also encouraging and promoting their independence. Staff could describe the procedures in place to safeguard people from abuse and unnecessary harm.

Recruitment practices were robust and thorough and included people who used the service.

Appropriate arrangements were in place to manage the medicines of people who used the service. People received their prescribed medication when they needed it and staff were trained in medicines management.

People were cared for by sufficient numbers of suitably trained staff. We saw staff received the training and support required to meet people's needs well. Staff spoke highly of their training and said this prepared them well for their role.

People's needs were assessed and care and support was planned and delivered in line with their individual care needs and preferences. People had detailed, individualised support plans in place which described all aspects of their support needs and wishes.

Staff were trained in the principles of the Mental Capacity Act (2005), and could describe how people were supported to make decisions to enhance their capacity and where people did not have the capacity decisions had to be in their best interests.

People were supported by staff who treated them with kindness and were respectful of their privacy and dignity. Suitable arrangements were in place and people were supported and provided with a choice of suitable food and drink ensuring their nutritional needs and preferences were met.

People participated in a range of activities both in the home and in the community and received the support they needed to help them do this. People were able to choose where they spent their time and what they did.

Staff had good relationships with the people who stayed at the home. Staff were aware of how to support people to raise concerns and complaints and we saw the provider learnt from complaints and suggestions and made improvements to the service.

There were effective systems in place to monitor and improve the quality of the service provided.

# Summary of findings

## 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.

We saw robust safeguarding procedures were in place and staff understood how to safeguard people they supported.

There were effective systems in place to manage risks to the people who used the service, whilst still maintaining and promoting independence and choice.

People's medicines were stored safely and they received them as prescribed.

There were enough staff to meet the needs of people who used the service. Recruitment practices were safe and thorough.

Good



### Is the service effective?

The service was effective.

Staff told us they received good training and support which helped them carry out their role properly. This included a thorough induction course.

Staff could describe how they supported people to make decisions, enhance their capacity to make decisions and the circumstances when decisions were made in people's best interests in line with the requirements of the Mental Capacity Act (2005).

Staff were trained and confident to deal with emergencies regarding people's health needs.

People's nutritional needs were met. The menus offered a good variety and choice and provided a well-balanced diet for people who used the service.

Good



### Is the service caring?

The service was caring

People had detailed, individualised support plans in place which described all aspects of their support needs. Staff knew people's individual communication skills, abilities and preferences.

People were supported by staff who treated them with kindness and were respectful of their privacy and dignity.

Staff and people who used the service had a good rapport and had developed meaningful relationships.

Good



### Is the service responsive?

The service was responsive

People's needs were assessed before they began to use the service and whenever any changes to needs were identified.

We saw people's support plans had been updated regularly and when there were any changes in their care and support needs.

Good



# Summary of findings

People had good access to activities in the community and the service.

There were good systems in place to ensure complaints and concerns were fully investigated.

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

The service was well-led.

There were effective systems in place to assess and monitor the quality of the service. People had the opportunity to say what they thought about the service and the feedback gave the provider an opportunity for learning or improvement.

Accidents and incidents were monitored by the registered manager and the organisation to ensure any trends were identified and acted upon.

People spoke positively about the approach of staff and the registered manager. Staff were aware of their roles and responsibilities and knew what was expected of them.

**Good**



# Clarence Gardens

## Detailed findings

### Background to this inspection

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

This inspection took place on 17 March 2015 and was unannounced.

At the time of our inspection there were three people staying at the service. During our visit we spoke and spent time with all three people, spoke with five members of staff which included the training facilitator and regional

manager. We spent some time looking at documents and records that related to people's care and the management of the service. We looked at three people's support plans. After the inspection we also spoke by telephone with two people's relatives.

As this was a small service, the inspection team consisted of one adult social care inspector.

Before our inspection, we reviewed all the information we held about the home, including previous inspection reports. We contacted the local authority and Healthwatch. We were not aware of any concerns by the local authority. Healthwatch feedback stated they had no comments or concerns. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

# Is the service safe?

## Our findings

People we spoke with told us they felt safe in the home and did not have any concerns. One person said they did not feel the need to lock their door and were confident their belongings were looked after well. Relatives of people who used the service said they had no concerns about their family member's safety when staying at the home. One relative said, "We don't worry, we know he is safe." Another relative said, "Absolutely, 100% safe, [name of person] would tell us if not." We saw positive interaction throughout our visit and people who used the service appeared happy and comfortable with the staff. People who used the service were engaged in activity with staff and were confident to request assistance or information when they needed it.

There were effective procedures in place to make sure that any concerns about the safety of people who used the service were appropriately reported and responded to. We spoke with members of staff about their understanding of protecting vulnerable adults. Staff said they treated people who used the service well and that any untoward practices would not be tolerated and reported promptly. They had a good understanding of safeguarding adults, could identify types of abuse and knew what to do if they witnessed any incidents. They told us they knew how to contact the local safeguarding authority and the Care Quality Commission (CQC) if they had any concerns. They also told us they were aware of the whistle blowing policy and felt confident to raise any concerns with the registered manager knowing that they would be taken seriously.

Staff had received training in the safeguarding of vulnerable adults and the records confirmed this. We spoke with the provider's training facilitator. They said the safeguarding training had an emphasis on prevention of abuse and embedding good practice and values in staff so as to prevent or detect abuse at its earliest signs. Staff spoke of their training in managing behaviours that could challenge. They said they were trained in de-escalation techniques during their complex needs and behaviour training and felt confident these techniques prevented incidents of behaviour that could challenge others. Staff said that people who used the service got on well and enjoyed each other's company. They said compatibility of people who used the service was a consideration when arranging the bookings for short stays. The relative of a person who used

the service said they had a very good system for this and their family member's needs were always taken into account when bookings were arranged. They said, "They have a very personalised approach to this."

Risks to people who used the service were appropriately assessed, managed and reviewed. We looked at three support plans and saw risk assessments had been carried out to minimise the risk of harm to people who used the service. The risk assessments were linked to support plans and activity involved in care delivery such as personal care. The assessments identified any hazards that needed to be taken into account and gave staff guidance on the actions to take to minimise risk of harm. These were reviewed at every visit to see if there were any changes.

All the staff we spoke with said there were enough staff to meet people's needs, and they did not have concerns about staffing levels. Through our observations and discussions with relatives of people who used the service and staff members, we concluded there were sufficient staff with the right experience and training to meet the needs of the people staying at the service. On the day of our visit there were three staff on duty which meant people who used the service received one to one support. People who used the service said staff were always available for them when they needed them. Relatives we spoke with were positive about the staffing levels. Comments we received included; "Always enough staff and always nice staff", "Enough staff who are young, enthusiastic with plenty of motivation."

Appropriate recruitment checks were undertaken before staff began work. This helped reduce the risk of the provider employing a person who may be a risk to vulnerable adults. We looked at the recruitment process for three recently recruited members of staff. We saw all the relevant information to confirm these recruitment processes were properly managed, including records of Disclosure and Barring Service checks. We saw enhanced checks had been carried out to make sure prospective staff members were not barred from working with vulnerable people. Staff we spoke with described a thorough and robust recruitment process they had been through which included them having to provide a full employment history and references from their last place of work.

Medicines were stored securely and there were adequate stocks of each person's medicines available. We saw the expiry dates, the type of medication and who the

## Is the service safe?

medication belonged to was routinely checked by staff before administering. We saw a system was in place to record all medications in and out of the home. The medicines were kept safely and were in a locked cabinet in the main office.

People who used the service had support plans in place regarding their medication and specific instructions for administration. We saw one person had a medication to be given as and when necessary. The instructions for this medication were not however, detailed to give enough guidance for its administration. The staff member said they would make sure the medication administration record and support plan were updated with more specific instruction to ensure that in the event of the need for this medication there were specific, guidelines in place.

We looked at the medication administration records (MAR) for the people who used the service and no gaps in

recording were seen which showed they had been given correctly. A relative of a person who used the service said the staff were very careful with medication administration. They spoke of an incident where they had sent in the wrong medication and this had been picked up by the staff during the checking in process. The relative said, "It's reassuring to know everything like this is done properly."

We saw there were systems in place to make sure the premises and equipment was maintained and serviced as required. Records we looked at showed gas and electrical safety tests were carried out at the correct intervals. We noted the testing of small electrical items was slightly overdue. The regional manager was aware of this; we saw a memo to this effect. The area manager said they had changed contractors which had led to this slight delay. Records also showed that firefighting equipment had been serviced.

# Is the service effective?

## Our findings

Throughout our inspection we saw that people who used the service were able to express their views and make decisions about their care and support. People were asked for their choices and staff respected these. People were asked if they wanted to go out or how they wanted to spend their time. Staff respected the decisions of people who used the service when they chose not to be involved in an activity, for example, helping to cook their own tea. They said they had no interest in doing this. We saw people were asked for their consent before any care interventions took place. For example, changing clothes. People were given time to consider options and staff understood the ways in which people indicated their consent.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which provide legal protection for vulnerable people if there are restrictions on their freedom and liberty. The care provider had commenced a mapping exercise to review anyone potentially at risk of being deprived of their liberty. We saw records of this reviewing process and were told they were currently in contact with the local DoLS team to ensure appropriate assessment took place if needed.

We spoke with staff about the Mental Capacity Act 2005 (MCA). They were able to give us an overview of its meaning and could talk about how they assisted and encouraged people to make choices and decisions to enhance their capacity such as making every day decisions and choices. Staff said they used number of ways to assist people to make their own decisions which included the use of pictures and people's individual sign language.

Staff we spoke with confirmed they had received training on the MCA and DoLS and our review of records confirmed this. Staff we spoke with showed a good understanding of protecting people's rights to refuse care and support. They said they would always explain the risks from refusing care or support and try to discuss alternative options to give people more choice and control over their decisions. We saw there were support plans in place to show how people communicated their choices and decisions; including what worked best to enable this. We saw these plans had included people who used the service and the people who knew them well.

Staff told us people could access the local GP practice as a visiting patient during their visit to the service. However, they said that if people needed to see a GP they would try to get the person who used the service to their own GP. They also spoke of assistance they had given in the past to make sure people who used the service could keep up with an out-patient's appointment they had booked while they were staying at the service. The staff member said, "It was important they didn't miss this, you can wait a long time to get another." Staff were trained and confident to deal with emergencies. They spoke of the use of 111 services for advice but said they would have no hesitation in calling the emergency services if needed.

People who used the service were complimentary about the food and menus in the home. Comments included: "It's always nice, always have my favourite things" and "We discuss and then choose what we want to eat."

We observed the tea time meal in the home. The atmosphere was relaxed and people who used the service and staff all sat down together; chatting and socialising together. People were offered choices and alternatives were provided when they did not want what was on the menu. A relative of a person who used the service said their family member always came home saying how much they had enjoyed the meals. They also said their family member enjoyed the independence of going shopping for the food and assisting with the cooking.

Staff told us they received good training and were kept up to date. Their comments included; "We are kept well up to date and refreshers are done as needed" and "Great training, get the skills you need for the job." They said they received a good induction which had prepared them well for their role. There was a rolling programme of training available and staff told us they felt they received the training they needed to meet people's needs and fulfil their job role.

The training record showed most staff were up to date with their required training. If updates were needed they had been identified and booked to ensure staff's practice remained up to date. Most staff required an update on food hygiene. The regional manager was aware of this and said the training department were currently working on a new course to be delivered to staff. They said they had done some in-house training on food allergens and were hoping the new course would be available shortly.



## Is the service effective?

We spoke with the provider's training facilitator who told us of the new way training was to be delivered from the following month. They said the training courses available had been aligned to the training standards in the new Skills for Care, care certificate to enable staff to achieve this qualification.

Staff said they felt well supported and regularly discussed their own performance and development with the registered manager or assistant manager. They said the management team were always available and spent time

working alongside the staff team so understood what happened at the service. Staff also said the regional manager was accessible and they would contact them if they wanted any advice or support. One staff member said, "I also like to get feedback from the guests, they are the best judge of how we are doing." They said there were systems in place for that and the registered manager always made sure any feedback received was passed on to staff.

# Is the service caring?

## Our findings

People who used the service told us they enjoyed their stays. One person said, “I feel settled here, it’s a happy place for me.” Another said, “All the staff are nice here and they help me” and “Staff listen, we have good talks.” One person told us they were not feeling so good and asked for the assistance of a staff member. They asked for the staff member by name, saying they knew that person would be good to talk to. The staff member responded immediately to this person’s request.

Our observations showed that people who used the service had a great rapport with staff. Staff knew people and their needs well, and treated people with respect and dignity. They were encouraging and supportive in their communication with people. On the day of our visit, the people who used the service looked well cared for, clean and tidy, which was achieved through good standards of care. There was a lot of laughter and people who used the service appeared to be having fun.

Relatives we spoke with were complimentary about the service and the staff. One person told us they were very impressed with the flexibility in the service and that staff would come and pick up their family member if they had transport problems. They said, “You can’t ask better than that, they are so kind and thoughtful, everything is smashing, we have never looked back since [name of person] started going to Clarence.” Another relative said, “All the staff are lovely and really patient with [name of person].”

We saw staff were encouraging and supportive in their communication with people. They provided a person centred service and ensured the care people received was tailored to meet their individual preferences and needs. Staff we spoke with said they provided good standards of care and gave examples of how they ensured people’s privacy and dignity were respected. They said it was important to give people time to make choices, use their preferred name and treat people as adults. They also spoke of the importance of encouraging people who may not protect their own privacy to do so. Staff said they were trained in privacy, dignity and respect during their induction.

People who used the service and their relatives said they had been involved in developing and reviewing their support plans. All relatives we spoke with confirmed they were involved in developing and updating their family member’s support plan. They said they were asked for any changes prior to each visit. One person’s relative said, “We are really involved in the support plans and explaining how to meet our son’s needs.”

Staff said they found the care plans useful and they gave them enough information and guidance on how to provide the support people wanted and needed. They said they were given plenty of time to get to know people gradually and build up a relationship with them. Staff spoke confidently about the individual needs of people who used the service. It was clear they knew people and their needs well.

# Is the service responsive?

## Our findings

People who used the service had their needs assessed before they began to use the short breaks service. This ensured the home was able to meet the needs of people they were providing a service to. We saw that people's needs were re-assessed prior to each visit to the service. This included a pre-visit call and written information from people's relatives. A relative told us they always received a pre-visit call and they found this reassuring. They said, "It is good to know they are interested in anything new or different for our son."

People received care which was personalised and responsive to their needs. We looked at the support plans for the three people who currently used the service. The support plans were written in an individual way, which included information on people's likes, dislikes and preferences. Staff were provided with clear guidance on how to support people as they wished, for example, with personal care and night time preferences. Staff showed an in-depth knowledge and understanding of people's care, support needs and routines and could describe care needs provided for each person.

Activity was arranged to suit the needs and interests of the people who used the service. People were supported to continue their regular day time activity such as college placements. A relative told us their family member's day time activity was maintained during the stays and was well organised with transport needs catered for. Staff said they offered and encouraged activity based on the person's known likes and dislikes. Records showed people who used the service were involved in a wide range of activities which included bowling, visits to pubs and cafes, visits to a local boating lake and trips out to the coast. Staff told us that one person who used the service enjoyed going 'clubbing' and they made sure staff worked flexibly to enable this.

People who used the service said they always enjoyed their short break and had 'fun'. Comments we received included; "I like everything we do", "I am never bored here, always something to do" and "We go out a lot, I like it." Relatives of

people who used the service said they received written information to let them know what their family member had been involved in during their stays. One said, "It's marvellous, he gets to do things we wouldn't be able to do with him." They also said that their family member came home from the short break eager to be going for the next one. They said, "No sooner is he home than he wants to be going back there, that gives me great peace of mind."

Staff spoke with us about the 'wishing well' project within the service. People were asked at their pre-visit call or at any time during their stays to identify wishes they would like to fulfil. A wishing well had been made and mounted on the wall in the service and people were able to write their wishes down and post them in the well. We saw people's wishes had included going 'clubbing' and to go to a football match. Staff said they did what they could to organise activity to fulfil people's wishes.

We saw the complaints policy was available in the home and were told this was given to people who used the service and their relatives when they first began to use the service. The complaints procedure was available in different formats, including pictures and symbols. Staff said people were given support if they needed to raise any concerns. There were effective systems in place to manage complaints. Staff we spoke with were able to explain the correct complaints procedure to us. People told us they knew what to do and who to speak to if they were unhappy about anything. One person said they would talk to any of the staff and felt comfortable to do so. Staff had a good awareness and understanding of how people may indicate they were unhappy. They said this was particularly important when people did not use verbal communication.

We looked at the complaints log and saw evidence that recent complaints made to the service had been responded to and action taken to prevent any re-occurrence of the issues. Relatives we spoke with said they did not have any complaints or concerns but felt confident they would be listened to if they needed to raise anything. We saw concerns raised had been discussed with staff at meetings to improve the quality of the service.

# Is the service well-led?

## Our findings

There was a registered manager in post who was supported by an assistant manager and a team of support staff. People who used the service and their relatives all spoke highly of the management team and how the service was well run. Comments we received included: "I like the manager", "A very well managed and highly organised service" and "I can't praise the service highly enough, I thoroughly recommend it."

Staff spoke highly of the management team and spoke of how much they enjoyed their job. One staff member said, "This is a great place to work, I have never had such a good job." Another said, "I absolutely love it and feel so grateful to be able to do what I do." Staff said they felt well supported in their role. They said the management team worked alongside them to ensure good standards were maintained and the registered manager was aware of issues that affected the service. Staff said the registered manager was approachable and always had time for them. They said they felt listened to and could contribute ideas or raise concerns if they had any. They said they were encouraged to put forward their opinions and felt they were valued team members. We saw staff meetings were held on a regular basis which gave opportunities for staff to contribute to the running of the home.

People who used the service and their relatives were asked for their views about the care and support the service offered. The care provider sent out annual questionnaires for people who used the service and their relatives. These were collected and analysed to make sure people were satisfied with the service. We looked at the results from the latest survey undertaken in February 2014 and these showed a high degree of satisfaction with the service with a vast majority of people saying the service was excellent or good. Comments people made about the service included: "Fantastic break service. All very friendly staff. Rooms very clean and bright. Very flexible with bookings my daughter would move in full time if she could" and "This is a great place which has made a difference to his life. He has

become more outgoing and confident and able to go places we couldn't persuade him to go." Some suggestions for improvement were made such as the need to improve on the laundry system.

The results of the survey had been shared with people who used the service and their relatives. This included action taken in response to suggestions made. For example, the staff induction now included basic housekeeping skills. The area manager said any suggestions made through the use of surveys would always be followed up to try and ensure the service was continually improving and responding to what people wanted.

The regional manager told us there was a system of a continuous audit in place. This included audits on support plans, medication, health and safety, menus and the premises. We saw documentary evidence that these took place at regular intervals and any actions identified were addressed. We also saw that these audits were discussed and reviewed at staff meetings and leadership meetings to make sure any learning was shared across the organisation and actions were taken to improve the service.

There were systems in place to monitor the quality and safety of the service. Records showed this included monitoring of safeguarding issues, accidents and incidents. The area manager confirmed there were no identifiable trends or patterns in the last 12 months.

We were told about 'Guest Council' meetings. Staff said these took place with people who used the service, families and carers to discuss how money raised through fund raising would be spent to enhance the service. We saw a selection of ideas had been posted on a white board in the hall way of the home to allow people who used the service to consider the options suggested. A voting system had been put in place for people to select the option they wanted to vote for.

We saw staff meetings were held on a regular basis which gave opportunities for staff to contribute to the running of the home and review practice issues. We saw staff meeting minutes also showed quality and safety were regularly discussed. Minutes we looked at included discussion on training, health and safety issues, complaints and changes to policies and procedures.