The Wilf Ward Family Trust

Stakesby Road

Inspection report

89 Stakesby Road
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Date of inspection visit: 20 October 2015
Date of publication: 07/01/2016

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 inspection took place on 20 October 2015 and was unannounced. We last inspected the service on 14 June 2014 and there were no breaches of regulation.

Stakesby Road is one of the services provided by the Wilf Ward Family Trust who have services throughout the Yorkshire and Humber region. Stakesby Road provides long term accommodation to three adults who have a learning disability, autism and/or a physical disability. There were two people using the service on the day of our inspection.

There was a registered manager employed at this service. 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.

The registered manager was experienced in the care of people with a learning disability.

Summary of findings

Although people could not communicate well verbally we could see from their interactions with staff that they felt safe and were relaxed. Other people we spoke with told us that they felt people were safe.

Medicines were safely managed and administered by staff.

Servicing and maintenance checks were carried out by staff which protected people who used the service from injuries caused by equipment. Where there had been accidents these had been recorded and where necessary investigated.

Staff were trained to safeguard people and knew what to do if they witnessed abuse. They were also working within the principles of the Mental Capacity Act 2005 which meant that they were making sure people had support in place if they needed to be assisted with decision making. Staff meetings were held every four weeks.

People's health and wellbeing was maintained because staff accessed advice and support from healthcare professionals.

The staff were caring and supportive of people. They treated them with respect. People took part in a variety of activities supported by staff. These were recorded on to communication boards to use when families visited.

There was an effective quality assurance system in place which meant that the service was continually improving.

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?

Good

This service was safe. Although people who used the service were unable to tell us they felt safe we could see from their non-verbal communication that they were relaxed in the company of staff and did not display any anxiety.

Staff were recruited safely and the service employed sufficient staff to meet the needs of the people who used the service.

Medicines were stored and administered safely. Health and safety checks were regularly carried out for the environment and equipment at the service.

Is the service effective?

Good

This service was effective. Staff had the appropriate skills and knowledge to support people.

Staff were aware of and worked within the principles of the Mental Capacity Act 2005. We saw that they had made decisions in a person's best interest.

Staff regularly accessed healthcare professionals on behalf of people who used the service in order to maintain their well-being.

Is the service caring?

Good

This service was caring. We were told and observed staff to be caring. They spoke to people respectfully whilst at the same there was joking and laughter.

Staff involved people and their families in the everyday life of the service making sure that they were made aware of any events.

Where people needed support with decision making they had been allocated an independent mental capacity advocate (IMCA).

Is the service responsive?

Good

This service was responsive. There were care plans and risk assessments in place which were very person centred. These were reviewed regularly.

People undertook activities of their choice and details of these were recorded by staff on to communication boards so they could be used in conversation with families and visitors.

There were clear pictorial instructions telling people how they could make a complaint but no complaints had been made about this service in the last twelve months. The service had received positive feedback from a number of sources which we had seen.

Is the service well-led?

Good

This service was well led by the registered manager who was experienced in providing care to people with a learning disability.

There was an effective quality assurance system in place which identified issues and highlighted actions taken.

Summary of findings

There was a commitment on the part of the service and the provider to strive for continual improvement	

Stakesby Road

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 20 October 2015 and was unannounced.

The inspection was conducted by one inspector. Prior to the inspection we looked at all the information we held about the service including any notifications they had made to the Care Quality Commission (CQC). Providers are legally required to provide CQC with certain information about any changes to the running of the service and this is in the form of a notification.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we were unable to verbally communicate with the two people who lived at this service but we spoke with the registered manager, the deputy manager, the training manager and two care workers. We also contacted a relative, an Independent Mental Capacity Advocate (IMCA) who was involved with one of the people who used the service and the local authority disability service to ask for their views about the service. They had no concerns.

We looked at both peoples care and support plans, risk assessments and medicine records, observed how they interacted with staff throughout the day, inspected three staff recruitment and training records and looked at other records relating to the running of the service such as maintenance and servicing documents, records of people's money and petty cash records, staff meeting minutes and accident and incident records.

Good

Is the service safe?

Our findings

We were unable to speak with people who used this service because of their communication difficulties but were able to observe their non-verbal communication throughout the day. They were relaxed with the staff who supported them and showed no anxiety which led to our assessment that people at the service were safe. In order to confirm that we spoke to one person's relative who told us, "Yes they are safe. They (staff) are on the ball." We also spoke with an Independent Mental Capacity Advocate (IMCA) who represented another person and had visited regularly over the last twelve months. They told us when asked if people at the service were safe, "Yes, absolutely."

We looked at the policies and procedures for the recruitment of staff and the recruitment files for three members of staff. We found that staff had completed an application form, had two references and Disclosure and Barring service (DBS) checks had been obtained prior to them starting work. The DBS check whether people had a criminal record or were barred from working with certain groups of people which helped the employer make decisions about the suitability of prospective employees.

Staff worked on a one to one basis with people who used this service. In addition the registered manager was available to provide support. The service routinely over recruited by ten per cent which equated to two additional staff in order that they could use their own staff to provide cover for holidays and sickness. This was in order that staff knew people well which in turn meant that they could support people effectively and with continuity. There was sufficient staff to meet people's needs.

The service had policies and procedures with regard to safeguarding adults and whistleblowing. Staff we spoke with confirmed they had received training about safeguarding adults and were able to describe the different types of abuse. Staff were aware of situations where people's safety may be at risk and were also aware of the reporting process for any accidents or incidents that occurred which meant that people who used the service and their families could be confident that staff knew how to recognise and report incidents of abuse.

Staff who witnessed any incident of concern involving a colleague were able to use a dedicated phone line and whistle blow. A whistle-blower is a person who exposes any kind of information or activity that is deemed illegal, dishonest, or not correct within an organisation.

We saw that where people were using equipment for moving around or bathing such as wheelchairs, ceiling hoists with slings and specialist baths there were pictures of the relevant parts that staff should check. For example there was a picture of the orange loop on the wheelchair which was there to attach to the carabiner in the car to secure the equipment to keep the person safe when travelling. There was also a picture showing how supports for one person were arranged in the bath plus the instructions which linked to the persons support plan. It was clear that staff took people's health and safety seriously and had put systems and processes in place to maintain people's wellbeing.

There was a continuity plan in place to deal with emergencies and unexpected events and a clear on call procedure for staff to follow so they could always access senior staff. Staff told us that on call support was always available by the registered manager or senior staff. There was a fire risk assessment and staff had been trained in fire safety. Firefighting equipment had been serviced within the last twelve months and regular fire safety checks were carried out within the service.

Health and safety at the service was checked by the staff and the findings recorded and any faults were entered into the maintenance book. Monthly checks were carried out of water temperatures, vehicle checks, visual checks of electrical items, furniture and environment checks to ensure that there were no hazards. A more in depth three monthly audit was completed by the manager which included checking that equipment servicing was up to date. Any outside contractors were asked to sign a health and safety declaration when working in the home which was to ensure that people worked safely.

Medicines were managed and stored safely at this service and there were policies and procedures in place which staff followed. Each person had an individual medicine cupboard. We observed one person receiving their medicines and saw staff worked in pairs. The dispensing pharmacist had supplied the medicines already dispensed into separate compartments for each dose which is called a Monitored Dosing System (MDS). The staff checked the

Good

Is the service safe?

medicine together during administration and both signed to say the medicine had been taken by the person. Each record outlined the person's details and had a photograph attached to identify the person. Within the person's medicine record, which stayed in their bedroom, there were instructions for the use of when required medicines and if the person had any dressings or creams there were sheets showing what and where they should be applied.

There were clear instructions for staff to follow when ordering prescriptions or reporting and dealing with medicine errors. The manager told us that there had been no medicine errors in the last twelve months. They had a recording system in place for any errors to be recorded with actions taken. The manager said they had found that there had been less errors since each person had individual medicine cupboards supplied.

Staff were not permitted to administer medicines until they had completed medication training. They learned how to use the MDS system as well as receiving specialist training to administer some medicines. Staff also had regular spot checks to ensure their ongoing safety. There had been an audit carried out by a community pharmacist in July 2015 which had not highlighted any major concerns and quality audits of the service included checking medicines. This meant that people could be sure that the service was doing all it could to ensure that they received medicines from well trained and competent staff.

Good

Is the service effective?

Our findings

People who used the service received effective care. We spoke to one person's relative who told us, "It is wonderful for (relative) in their circumstances." We also spoke to another person's IMCA who told us, "This service is absolutely wonderful. They really have (person who used service) at heart." We also received feedback from a member of the public whose relative had received services until recently, they told us, "This service gave my (relative) the best life possible. Every aspect of (relatives) care was given attention."

Staff had the skills and knowledge required to support people who used the service. All new staff completed an induction before they worked with people. One of the people who used the service was a co-trainer for the Wilf Ward Family Trust staff induction programme and had made a video presentation about themselves and how effective care can lead to a good life. This meant that new staff coming to work at the service who viewed the video were supported to get to know people and develop the skills they needed to work with them. By including a person who used the service in training staff the service was demonstrating to new staff the importance of putting the person at the heart of their work which made training more meaningful for staff.

The service followed a training calendar where training was delivered by the manager who used in house training links. These included fire safety, infection control, Control of Substances Hazardous to Health (COSHH) risk management, food hygiene, moving and handling, Mental Capacity Act (MCA) 2005, deprivation of liberty safeguards (DoLs) and safeguarding adults. The training was delivered by in-house trainers and there was a training matrix highlighting training that had been completed by staff. Staff told us they had access to the training they needed to support people effectively. A care worker showed us their training record which corresponded with the training matrix.

Staff told us that supervision was carried out six weekly with a one to one meeting with the manager to discuss what was working, what was not working, training needs and staff welfare. Supervision is an opportunity for staff to discuss any training and development needs any concerns they have about the people they support, and for their manager to give feedback on their practice. We saw from people's records that supervisions had been recorded and signed by staff. We saw that staff were well supported within the service and they told us that they felt well supported by the registered manager and could contact them anytime for advice or support.

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. The application procedures for this in care homes and hospitals are 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 were being met and saw that they were. We saw that mental capacity assessments had been completed and one person who had been assessed as having no capacity had an IMCA identified to represent them. Staff were able to explain the key principles of the MCA and we saw consent was consistently sought before people were provided with support.

The service had taken appropriate steps to support people to be able to make their own decisions as far as possible. For instance one person's support plan said, "I wish to be seen and have a voice." In order to facilitate this the person was supported by staff to be a paid member of the NHS Shadow Quality board for Ryedale and Whitby (Health). People also went on holiday and we saw that best interest decisions had been made on people's behalf with the involvement of family and IMCA.

People were supported to have a healthy balanced diet and records were kept of what people had eaten. It was clear that staff were aware of peoples preferences and one person's care plan had guidance about eating and drinking from the speech and language therapist. There was also information about healthy eating available for staff to refer to. We saw that people sat down to meals together and each person was supported individually by staff. One

Good

Is the service effective?

person was able to cook with support from staff by using inclusive technology. Assistive technology is any product or service that maintains or improves the ability of individuals with disabilities to communicate, learn and live independent, fulfilling and productive lives. This person used a pad that they pressed in order to activate cooking equipment such as a mixer.

People who used the service had access to appropriate health care professionals. They had a hospital passport which was kept up to date with current and relevant information which could be taken with the person if they needed to go to hospital for any reason. This meant that hospital staff would be aware of the person's current needs and any specialist support they required. The service had links with the community learning disability team and had sought the advice of the dietician in relation to eating and drinking for one person. This meant the service was taking into account the views of relevant health care professionals when planning and delivering care for people who needed more specialist support.

The service had recently undergone some renovations which provided a more inclusive environment, particularly to the dining and kitchen areas. The service was single storey which which made access good for people who used the service. Where people were assessed for specialist equipment we saw that it was in place. People had specialist chairs which could be wheeled to every area of the house. They also had profile beds which enabled the person's position to be changed when in bed maintaining their comfort and maintaining staff health and safety when supporting the person to move. The support plans around a person's needs and the associated risk assessments were linked to the equipment in use.

Good

Is the service caring?

Our findings

People told us that the service was caring and we observed staff to be caring. One relative said, "The staff are lovely and there is no doubt this is a lovely place." An IMCA we spoke with told us, "Staff are absolutely wonderful and are lovely and welcoming. They really have (person who used the service) interests at heart. It is really person centred."

We observed that staff were respectful when talking to people as well as having fun with them. There were lots of jokes and laughter throughout the day which reflected the happy atmosphere we experienced at this service. Although people were unable to communicate well verbally staff were aware of how to communicate with them. They explained everything to people and asked what they wanted to do. They gave clear explanations to people when they were doing anything. For example one person wanted to lay on their bed in the afternoon and staff spoke to them throughout the transfers explaining what was happening at each stage.

The staff clearly had close relationships with people throughout the service. We observed people being supported by staff. They were also supported by independent mental capacity advocates where necessary. These are advocates appointed by the local authority to ensure that people who are considered to lack capacity and have no appropriate family or friends to consult have support to make decisions.

There was a dignity charter in place at the service. Some staff had registered as dignity champions which meant that there was someone to promote good practice within the service around treating people with dignity.

There was no one receiving end of life care at this service on the day of our inspection. However, just prior to the inspection we received some information through our "Share your experience" portal on the CQC website and a relative told us about the care their relative had recently received at the end of their life.

They told us, " (Relative) could return home from hospital time and time again with extra support and more specialised equipment. Staff were all without exception, caring and kind and they took time to enable (relative) to express herself despite her lately having virtually no verbal communication at all. They did this by watching her body language, her expressions and by giving her alternatives to respond to. Although [name] died in hospital, the staff took turns on rota to be with [name] so that she had 24 hour cover at her bedside. The dedication and commitment of staff ensured that when [name] died she did so with a familiar person at her side who could reassure her and help to keep her calm. I noticed that the service worked well with health care and other services so that [name] had the benefit of specialist advice which was incorporated into her care plan. Staff involved [name] and her family in drawing up her care plan. They consulted with [name] and the family about all changes and took time to explain everything to us." This demonstrated that staff adapted to a person's changing needs in order that they could continue to live at the service they were familiar with for as long as possible towards the end of their life.

We saw that staff were trained in palliative and end of life care for care homes which demonstrated that the service was making sure staff had the knowledge to provide that care with support. We also saw that the service had shown sensitivity to the people who continued to use the service by keeping reminders of the person who had died around the service. For instance there were photographs of the person. Staff spoke about them openly and with affection which allowed people at the service time to remember them and express their own grief if they wished.

Good

Is the service responsive?

Our findings

We were told by the IMCA that the care at this service was, "Really person centred" and we could see from the detail in peoples care and support plans that this was the case. The service made every effort to involve people in planning their care and listened to them. The care plans had been written in the first person and looked at people's needs holistically taking account of people's needs, dreams, aspirations and life goals. The care plans had been evaluated regularly and changed as necessary. People's needs were thoroughly reviewed annually.

There were daily activity support plans for people with activities scheduled. There were detailed explanations of the support needed for each activity. For instance one person liked to go swimming each week and their care plan stated, 'All staff who wish to support me must be willing to work in a flexible manner as I may need enhanced support: two support staff.' There were detailed guidelines for staff telling them what they needed and how to prepare them for the activity. A care worker told us, "When I come on duty I check the diary to see what people have planned and then I make sure they are prepared and ready for that activity."

Each service user had their own entertainment systems which included hi-fi, TV, DVD, video or whatever was suitable for their needs. The CD player for one person was controlled using assistive technology. Another person listened to their ipod and staff told us that they associated the music they heard to places and good times they had experienced which. People who used the service had complex and diverse needs and needed support but where possible staff had thought about what they could do to enable people to do as much as possible maintaining as much independence as possible.

Everyone at the service had been involved in a painting group. They all painted as part of what was known as the "Easel Inn trio". In the warmer months they had a summer house which was used as an art studio. Paintings were on display at the service which had been completed by each person as well as at a café in a local town where they were sold to raise funds for the service .A relative told us, "They have just sold a painting so another will be needed to replace it."

Communication boards were used daily to record activities. These were then used to start conversations when families visited. When they wished to people were supported to visit their family home. One relative told us, "The staff makes it possible for (relative) to come home on a Sunday." In addition people attended a local day centre and there were social events at the service when they could develop and maintain friendships. One person had a recording of their relative laughing. This enabled them to recognise their relative.

People were able to access the local community using the services mini bus. This was an adapted vehicle which was suitable for wheelchairs. However if necessary people had bus passes and could travel in wheelchair adapted taxis. Train and bus timetables were available as well as telephone numbers of taxi companies with wheelchair adapted cars.

We saw that there was a pictorial document entitled, 'How to make a complaint' displayed in the entrance hall. The registered manager told us that no complaints had been received by the service over the last twelve months but there had been compliments recorded mainly from health and social care professionals. A consultant physician had complimented staff on their care of a person whilst in hospital and DoLs assessor had complimented staff on how well they communicated with people using assistive technology allowing people to express themselves. This demonstrated the confidence people had in this service.

Good

Is the service well-led?

Our findings

This service was well led by an experienced registered manager who had a history of working with people who had a learning disability. They were employed and supported by the provider, the Wilf Ward Family trust which offers a range of services to children and young people with disabilities, adults with disabilities and older people.

Within the service we could see that the registered manager was visible and could answer all our questions in detail. They were supported by a deputy manager on a day to day basis. In addition they were able to access management support themselves. There was a clear management structure within the organisation which was effective in providing support to the registered manager. This provided some stability to the service.

The service had an effective quality assurance system in place which used audits to identify where there had been issues and planned actions with responsibilities to ensure they were rectified. For instance where there had been past medicine errors they were recorded along with any actions taken. Some of the quality audits we saw had been linked to the key lines of enquiry used by CQC which helped the registered manager identify where there were any shortfalls in meeting regulations.

Accidents and incidents were recorded and we saw that there had been three accidents. We saw one example of when a person had fallen from a hoist. This had resulted in an alert being made to the local authority and notifications to CQC and the Health and Safety executive. The incident was discussed with staff and they had to undergo further training. This demonstrated that the registered manager made all the necessary people aware of the incident, they and the staff learned from the incident and as a result staff were more aware of how to move this person and others safely. The reports of incidents were sent to a central office but no reports were made to the service about trends across the provider services which may assist in further learning.

There were corporate policies and procedures which were stored online but important ones were provided to staff within their handbook. Staff meetings were held every four weeks and minuted. Night staff had separate meetings. Staff said, “In order that staff kept up to date with any changes within the service there was a read me file where documents were placed until staff had all signed to say they were read.”

The provider had a staff consultative group and there was one representative from this service who attended the group. The provider promoted staff excellence through internal staff awards. The Stakesby Road team had recently been highly commended in the ‘Embracing Change’ category.

The registered manager told us that they regularly referred to good practice guidance to inform their work. They referred to several guidance documents such as ‘Valuing People.’ They also told us that the provider was preparing to provide student nurse placements to further enhance good practice across the wider health and social care sector. This demonstrated a commitment to continuous improvement.