

The Wilf Ward Family Trust

Grayling

Inspection report

Back Lane South
Middleton
Pickering
North Yorkshire
YO18 8NU

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

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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

Grayling is a residential care home providing personal care to people with a learning disability and/or autism. The service can support up to four people in one adapted bungalow. At the time of this inspection four people lived 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 receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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 used positive behaviour support principles to support people in the least restrictive way. No restrictive intervention practices were used.

People's experience of using this service and what we found

People were happy and felt safe. Staff had an excellent understanding of people's care and support needs. Support was provided by a consistent team of staff who were visible around the service. Positive, caring relationships had been developed.

People were looked after by staff who had the skills and knowledge to carry out their roles. Staff communicated effectively with relevant professionals to ensure people received healthcare support they required.

People were treated with dignity and respect and their independence was promoted. Staff spent time getting to know people and their life history. Staff understood the importance of understanding people's abilities and working with them to achieve positive outcomes.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible; the policies and systems in the service supported this practice. Choices people made were respected.

Systems were in place to continuously monitor the service. People felt they were listened to and their views respected. The service was responsive to people's needs and the support provided had improved their well-being and independence. People and relatives were asked to provide feedback on the service provided which encouraged continuous improvements.

People and staff spoke positively of the management team. The service was well-run by an experienced registered manager. The registered manager attended regular forums and events to build relationships and share best practice. They were passionate about providing a high quality, effective service. The service had good links with the local community and other professionals to promote and improve people's health.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (last report published 21 April 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Grayling

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

One inspector carried out this inspection.

Service and service type

Grayling 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 that 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

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work within 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. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

During the inspection we spoke with one person who used the service and one relative. We spoke with four

members of staff, which included care staff and the registered manager.

We viewed a range of documents and records. This included two people's care records and two medication records. We looked at two staff recruitment and induction files, two staff training and supervision files and a selection of records used to monitor the quality and safety of the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to ensure any safeguarding concerns were appropriately recorded and responded to.
- Staff understood how to respond and report any safeguarding concerns. They had received regular training and demonstrated a thorough awareness of their responsibilities.
- People told us they felt safe. A relative said, "I couldn't think of a safer place for [name] to be."

Assessing risk, safety monitoring and management

- Systems were in place to identify and reduce risks to people. Positive risk taking was promoted.
- Regular reviews of risk assessments, to ensure they remained up to date, were completed.
- All equipment had been serviced at required intervals. Consideration had been given to people's needs and the support they would require in the event of an emergency.

Staffing and recruitment

- A safe recruitment procedure was in place and followed. This ensured suitable staff were employed.
- There was enough staff on duty to provide the support people needed. Staffing levels were flexible to ensure people had regular opportunity to access the community.
- Relatives told us there was enough staff. Comments included, "There is always enough staff. I have never had any concerns. I like that it is a regular team of staff, most of them have been here years."

Using medicines safely

- Medicines were stored, administered and recorded appropriately. Staff had received appropriate training.
- Medicine were stored in locked cabinets in people's bedroom. This meant a person-centred approach was adopted.
- People's use of 'as and when required' medicines was regularly reviewed to ensure they were not being over administered. When new medicines were prescribed these were closely monitored to ensure they were effective.

Preventing and controlling infection

- Good infection control practices were in place and followed.
- The service was clean and tidy throughout. Easy read infection control guidance was displayed around the service to encourage people to follow good infection control practices.
- Infection control audits were completed regularly to ensure standards were maintained.

Learning lessons when things go wrong

- Lessons were learnt when things went wrong. The provider had an open, honest approach and shared learning opportunities with all their services.
- Accidents and incidents were closely monitored to identify any patterns or trends. Action had been taken to contact relevant professionals when concerns were found.

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 holistically assessed prior to them moving to the service. Consideration was given to all aspects of people's lives and goals and how this could be supported.
- Best practice was implemented and followed to ensure high quality care was provided. Positive behaviour support plans (PSB) were in place and strategies were followed by staff.
- Staff kept robust care records which they analysed and used to continually develop their understanding of people's needs. This had resulted in people who used to isolate themselves, accessing the community with support from staff. A relative told us, "Staff thoroughly understand [person's name] needs and how best to support them."

Staff support: induction, training, skills and experience

- Care and support was provided by staff who had the appropriate training, knowledge and support from management to ensure they had the required skills and followed best practice guidance. PBS training was also provided and regularly updated by all staff to ensure they were working in line with best practice guidance.
- New staff received a thorough induction. This ensured they were familiar with the provider's policies and procedures, the environment and people they would be supporting.
- Staff spoke highly of the registered manager and the support they received. Comments included, "[Registered manager] is brilliant. They know people really well and understand the struggles we sometimes face and support us. We are like a big family."

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

- People were supported to ensure they ate and drank enough. Relevant professionals had been contacted when concerns were found, and professional guidance was followed.
- People were provided with a variety of meals and refreshments throughout the day. People were able to eat out in the community if they wished.
- People had been encouraged to participate in the weekly shopping. An i-pad was used so people could select what items they wanted. A weekly plan of meals was then created.

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

- People received consistent, effective, timely care.
- Staff worked with other professionals to ensure people attended regular appointments to maintain their health.

- There was a thorough approach to planning and coordinating people's move to the service. The transition process was tailored to the needs of the individual.

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

- The service was adapted to meet people's needs. Easy read signage was in place to promote independence.
- When people moved to the service, consideration was given to their needs and the environment. Adaptations had been made where possible, such as replacing laminate flooring with carpet to promote a person's mobility.
- Any planned refurbishment work was carefully considered to avoid disruption to people's lives. People were actively involved in any refurbishment decisions.

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 registered manager had made appropriate applications to deprive people of their liberty lawfully.
- Where people lacked capacity to make decisions, appropriate processes had been followed to ensure any decisions were made in the persons best interests.

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

- Every staff member we spoke with was exceptionally compassionate and caring.
- There was a clear person-centred culture. Staff knew people well and were creative in the way they included people in activities they enjoyed. Staff had taken the opportunity to take one person on their dream holiday taking into consideration their care and support needs.
- Staff were motivated to achieve the very best outcomes for people. A staff member told us, "The staff team here are amazing. We are like one big happy family and we will do whatever we can to ensure people have the best possible lives."
- Staff took the time to build bonds with people and their families. A relative told us, "Staff always make time for me and I am always made to feel welcome. They have even provided me with emotional support when I have needed it. They are like family."

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

- Staff were well-skilled in helping people to express their views and preferences and make choices about their care. Staff used a variety of tools to communicate with each person according to their needs. This included verbal and nonverbal ways of communicating.
- Staff did not rush people to complete tasks or make decisions. They had ample time to spend with people to meet their individual needs. A relative told us, "There is never any rushing here and ample staff to do the job well."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. We observed staff knocking on people's bedroom doors and discreetly asking people before supporting them with personal care.
- Staff understood and respected when people wished to spend time alone. They were familiar with signs people would display if this was what they wanted.
- Staff told us the importance of encouraging people's independence and gave examples of how they do this with tasks such as personal care.

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

- People received person-centred support. Staff knew people's likes, dislikes and preferences and they used this information to care for people in a way they preferred.
- Care and support plans were routinely reviewed by staff and updated as people's needs changed. Staff identified and responded to people's change in needs in a timely manner to ensure they were getting the support they needed.
- People took control of their lives with support from staff. Staff treated people as individuals and staff respected decisions and choices they made.

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 provider complied with the Accessible Information Standard by identifying, recording, flagging, sharing and meeting the information and communication needs of people with a disability or sensory loss.
- Information was routinely provided to people in a way they could read or understand.

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 culturally relevant to them

- Staff went the extra mile to support people to avoid social isolation. Arrangements were made when relatives were unable to visit the service to ensure relationships were maintained.
- Staff supported people to access the community, take part in activities they enjoyed and to pursue their hobbies and interests. One person had a love of animals and trips to zoo attractions had been arranged.
- Where people expressed an interest in particular activities, staff worked collaboratively to ensure this could be achieved.

Improving care quality in response to complaints or concerns

- People knew how to make a complaint if they wanted to. The provider displayed information in a format people could read and/or understand about how to do this.
- Staffs knowledge of people meant they were familiar with body language people may display if they were unhappy.

End of life care and support

- People's end of life wishes had been discussed with people and their relatives.
- Clear and detailed end of life plans were in place which took into account people's spiritual and cultural needs. One staff member said, "We recently had a service user who passed away. They had no relatives, but we had an end of life plan in place which we had discussed with them before there death. Their last days and funeral was everything they wanted, it was perfect."

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 the last inspection this key question was rated as good. At this inspection this key question has remained 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; 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager engaged with everyone using the service, their relatives and professionals involved; this ensured the service provided person-centred, high-quality care.
- The service had a positive culture that was open, honest and inclusive. Staff, people and relatives provided positive comments about the management team. One relative said, "I cannot fault this place at all. Top management."
- Staff were encouraged to share their views and contribute to decisions about changes within the service.
- Quarterly provider newsletters were shared with people and relatives. These were used to share good news stories and inform people of any scheduled events.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager was aware of their role and responsibilities and kept up to date with best practice. They had submitted notifications to CQC as required.
- A comprehensive quality assurance system was in place to monitor, and where required improve the service. Action plans were in place when shortfalls were found.
- Senior management often visited and monitored the service to ensure standards were maintained.
- Feedback from people and relatives had been used to continuously improve the service. Prompt action had been taken when areas of improvement were identified.
- The registered manager worked to develop their team's knowledge and performance. Lessons were learnt and shared with the staff team to promote continuous improvements.
- Regular staff meeting ensured effective communication about key issues and made sure staff were clear about their tasks and responsibilities.

Working in partnership with others

- The registered manager recognised the importance of community involvement. The service had good links with the local community and key organisations. Information on events taking place in the community were available within the service.
- The registered manager attended regular provider meetings and forums to share best practice with other

managers, for the wider benefit of others.