

The Wilf Ward Family Trust

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Domiciliary Care East Riding

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

The inspection of Wilf Ward DCA East Riding took place on 14, 15 and 18 April 2016 and was unannounced. This was the first inspection the service had received since its registration on 23 September 2013, under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. These regulations were superseded on 1 April 2015 by the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Therefore this first inspection was also the first rated inspection for the service.

Wilf Ward DCA East Riding provided care and support to people with learning difficulties who lived in Independent Supported Living (ISL) accommodation in the communities in and around East Riding of Yorkshire. The service supported people who lived in properties in Beverley, Brough, Drifffield, Elloughton and Walkington at the time of our inspection and there was a total of 19 people that used the service. There were no longer any people in the general and wider community that received a service from Wilf Ward DCA East Riding. People had separate tenancy agreements with Chevin Housing Group to live in their Independent Supported Living accommodation and therefore their tenancy agreements were not with Wilf Ward DCA East Riding.

The registered provider was required to have a registered manager in post. At the time of our inspection there was a manager that had been registered and in post for the last two and a half years, which was the length of time the service had been registered. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People were protected from the risk of harm because the registered provider had systems in place to detect, monitor and report potential or actual safeguarding concerns. Staff were appropriately trained in safeguarding adults from abuse and understood their responsibilities in respect of managing potential and actual safeguarding concerns. Risks that people faced were managed and reduced so that people avoided injury as much as possible.

The DCA office premises were safely maintained and ISL properties were treated like care homes in respect of protecting people's safety, so they too were well maintained. There was evidence in the form of maintenance certificates, contracts and records to show this in all cases. Staffing numbers were sufficient to meet people's need and where it was identified that people required one-to-one support this was always provided. Recruitment policies, procedures and practices were followed to ensure staff were suitable to care for and support vulnerable people and there was evidence that some people were a part of the recruitment interviews. The management of all medicines was safely carried out and some people were supported to self-administer medicines.

People were cared for and supported by qualified, competent and experienced staff. The registered provider ensured staff were regularly supervised and they took part in an appraisal scheme. Staff awards

were annually issued. Communication was effective, people's mental capacity was appropriately assessed and their rights were protected.

People received adequate nutrition and hydration to maintain their levels of health and wellbeing. The ISL properties were suitably equipped, furnished and decorated for providing support to people with physical disabilities and learning difficulties.

We found that people received support that was 'parental' but not condescending from considerate staff who were knowledgeable about people's needs and preferences. People were supplied with the information they needed at the right time, were involved in all aspects of their care and were always asked for their consent before staff undertook any support tasks.

People's wellbeing, privacy, dignity and independence were monitored and respected and staff worked to maintain these wherever possible. This ensured people were respected, that they led fulfilling lives and were enabled to take control of their futures.

We saw that people were supported according to their person-centred care plans, which reflected their needs well and which were regularly reviewed. People engaged in activities of their choosing and whenever they wished. Often activities and occupation involved developing 'living skills', experiencing the 'wider world' and enjoying simple pleasures. People had very good family connections and support networks. So that their lives were busy and full.

There was an effective complaint procedure in place and people had complaints investigated without bias. These were well documented and quickly resolved. People that used the service, relatives and their friends were encouraged to maintain healthy relationships and opportunities were offered to develop new friendships if people wished to.

The service was well-led and people had the benefit of a culture and a management style that was positive, open and inclusive. There was an effective system in place for checking the quality of the service using audits, satisfaction surveys, meetings and good communication.

People had opportunities to make their views known in conversations with the registered manager, unit manager or the staff and through more formal mediums like complaints and quality monitoring systems. People were assured that recording systems used in the service protected their privacy and confidentiality as records were well maintained and were held securely in the ISL properties.

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.

People were protected from the risk of harm because the registered provider had systems in place to detect, monitor and report potential or actual safeguarding concerns. Risks were also managed and reduced so that people avoided injury.

The Independent Supported Living properties used by people were safely maintained. Staffing numbers were sufficient to meet people's needs and recruitment practices were carefully followed. People's medication was safely managed, but self-administration of medicines was encouraged.

Is the service effective?

Good ●

The service was effective.

People were cared for and supported by qualified, competent and experienced staff. Unit managers regularly supervised staff and there was an appraisal system in place to assess their performance. Communication was effective, people's mental capacity was appropriately assessed and their rights were protected.

People received adequate nutrition and hydration to maintain their levels of health and wellbeing. The properties where people lived together were suitable for providing care to people with physical disabilities and learning difficulties.

Is the service caring?

Good ●

The service was caring.

People received supportive care from considerate and kind staff. People were supplied with the information they needed and were involved and included in all aspects of their support.

People's wellbeing, privacy, dignity and independence were monitored and respected and staff worked to maintain these wherever possible.

Is the service responsive?

The service was responsive.

People were supported according to their person-centred care plans, which were regularly reviewed. They had engaged in occupation, pastimes and activities of their choosing whenever they wished.

People had their complaints investigated without bias and they were encouraged to develop and maintain healthy relationships. People were encouraged to take full control of their lives.

Good ●

Is the service well-led?

The service was well led.

People had the benefit of a well-led service of support, where the culture and the management style was positive, open and inclusive. Quality assurance and monitoring systems were effective in improving the delivery of support to people.

People had opportunities to make their views known and people were assured that recording systems used protected their privacy and confidentiality. Records were well maintained and were held securely in the premises.

Good ●

The Wilf Ward Family Trust Domiciliary Care East Riding

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.

The inspection of Wilf Ward DCA East Riding took place on 14, 15 and 18 April 2016 and was unannounced. One Adult Social Care inspector and a graduate student on secondment to the Care Quality Commission from Skills for Care carried out the inspection. The graduate student was shadowing an inspection as part of their secondment learning experience while on the Skills for Care graduate scheme.

Information had been gathered before the inspection from notifications that had been sent to the Care Quality Commission (CQC), from speaking to the local authorities that contracted services with Wilf Ward DCA East Riding and from people who had contacted CQC, since the service was registered, to make their views known about the support people received. We had also received a 'provider information return' (PIR) from the registered provider. A PIR 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.

We spoke with six people that used the service, four relatives, the deputy manager and the registered manager. We also spoke with six staff and two unit managers that worked at Wilf Ward DCA East Riding. We looked at care files belonging to four people that used the service and at some recruitment documents and training records held for three staff. Complete recruitment files were stored at the Wilf Ward family Trust head office in Pickering and were therefore not seen.

We looked at records and documentation relating to the running of the service, including the quality assurance and monitoring, medication management and the registered office premises safety systems that were implemented. We looked at a small sample of documents relating to the safety of premises at the

Independent Supported Living properties. We looked at equipment maintenance records and records held in respect of complaints and compliments.

We observed staff providing support to people in their personal flats and in the communal areas of the Independent Supported Living properties. Where people shared a house no support was observed being given to them in bedrooms. Bedrooms were viewed with their permission but only when not being used. We looked around people's personal flats but only with their permission to do so, first. We observed the interactions between people that used the service and staff.

Is the service safe?

Our findings

People we spoke with told us they felt safe when accompanied and supported by staff from Wilf Ward DCA East Riding. They explained to us that they found staff to be "Nice, friendly" and "Good staff." Relatives we spoke with said, "Staff are caring and considerate and look out for people's safety at all times" and "I have every confidence that people are safe under the supervision of the staff." People that used the service shared Independent Supported Living (ISL) accommodation and had tenancy agreements with Chevin Housing Group.

We found that the service had systems in place to manage safeguarding incidents and that staff were trained in safeguarding people from abuse. Staff demonstrated knowledge of what constituted abuse, what the signs and symptoms of abuse might be and how to refer suspected or actual incidents. We saw evidence in staff training records that staff were trained in safeguarding adults from abuse and we saw the records held in respect of handling incidents and the referrals that had been made to the local authority safeguarding team. These corresponded with what we had been informed about by the service through formal notifications to us, which numbered three safeguarding referrals in the last two years. All of this ensured that people who used the service were protected from the risk of harm and abuse.

Everyone that used the service was at risk of discrimination under at least one of the seven protected characteristics of the Equality Act 2010: those being age, disability, gender, marital status, race, religion and sexual orientation. We were told that everyone had a disability (either learning difficulties or physical disability or both) and therefore were likely to be subjected to discrimination in the wider community. Staff explained they upheld people's rights wherever possible and one staff member said, "We follow equality and human rights commission principles and are strong minded when it comes to supporting people to exercise their rights." Staff said they were always mindful of this. They said people were very well received in their local communities and experienced no discrimination. We saw no evidence to suggest that anyone that used the service was discriminated against by any of the staff that supported them either.

People had risk assessments in place to reduce their risk of harm from, for example, falls, poor positioning, moving and transferring around the premises, inadequate nutritional intake, the use of hoists, bed safety rails and other equipment, risky activities, using social media networks and health care interventions due to diagnosed health conditions. Equipment for assisting people to mobilise, for example, was used safely. People were assessed for its use and there were risk assessments in place to ensure no one used it incorrectly. Staff understood that people had their own hoist slings to avoid cross infection and these were kept in people's bedrooms. Bed rail safety equipment was in place on people's beds and these had also been risk assessed for safe use.

People's personal safety documentation for evacuating them individually from their homes in the event of a fire were clearly completed and held in their files. There were contracts of maintenance in place for ensuring the ISL properties and all equipment used in them were safe at all times. These safety measures and checks within each ISL property meant that people were kept safe from the risks of harm or injury.

There was a health and safety file held at the Beverley offices which contained emergency contact details, information on isolating utilities, emergency contingency procedures, a health and safety checklist (March 2016), fire safety information and system checks, guidance on accidents and incidents, staff with first aid training, location of first aid boxes, risk management tools and documents, and maintenance reports on the boiler and passenger lift. There was also information about the employee assistance programme and phone line. Each ISL property had similar health and safety information and advice pertinent to the premises.

The service had accident and incident policies and records in place should anyone living or working there have an accident or be involved in an incident. There was an accident / incident log, which contained all relevant details and stated whether or not a RIDDOR notification was required. (RIDDOR is the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013.) 'Near miss' incidents were also logged. Records showed that these had been recorded thoroughly and action had been taken to treat injured persons and prevent accidents re-occurring and 'near miss' incidents from happening again. Staff understood their responsibilities and told us how accidents and incidents were managed and reported to the service office. They told us how they learnt from these situations so that future risks were reduced.

We looked at the staffing rosters in two ISL properties and checked these against the numbers of staff on duty during our inspection and saw that they corresponded. People and their relatives told us they thought there were enough staff to support people with their needs. Staff told us they covered shifts when necessary and found they had sufficient time to carry out their responsibilities and to spend time talking with people and assisting them with some household chores and activities. Staff said staffing levels were excellent. Staff supported people with domestic chores, personal care and entertainment on an individual basis. We saw that there were sufficient staff on duty to meet people's needs.

The registered manager told us that Wilf Ward Family Trust used a thorough recruitment process to ensure staff were suitable for the job and we saw a written copy of this. The process contained details of the roles of people within the organisation and talked about how to involve people that used the service in recruiting staff and what information to give to candidates regarding their roles. There was evidence of people that used the service having been part of the interviewing of candidates.

The process also ensured job applications were completed, references taken and Disclosure and Barring Service (DBS) checks were carried out before staff started working. A DBS check is a legal requirement for anyone applying for a job or to work voluntarily with children or vulnerable adults, which checks if they have a criminal record that would bar them from working with these people. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. Staff recruitment details held at the offices in Beverley contained evidence of a DBS check and job references having been obtained

Details held on staff regarding their identities, interview records, health questionnaires and correspondence about job offers, were not seen due to these being held at Wilf Ward Family Trust head office in Pickering. However, from discussion with the registered manager and viewing some electronically held records of recruitment checks, we assessed that staff had not begun to work in the service until all of their recruitment checks had been completed. This meant people they cared for were protected from the risk of receiving support from staff that were unsuitable to work with vulnerable people.

We looked at how medicines were managed within the ISL properties and checked a selection of administration records. Medicines were obtained in a timely way so that people did not run out of them, were stored safely in people's individual flats or collectively if appropriate, and medicines were

administered on time, recorded correctly and disposed of appropriately. There were no controlled drugs taken by people that used the service (those required to be handled in a particularly safe way according to the Misuse of Drugs Act 1971 and the Misuse of Drugs Regulations 2001).

People took their medicines themselves wherever possible and under the supervision of staff only. Where people were not responsible for their medicines staff managed them safely and according to the service's medication administration policies and procedures. In all cases staff followed the domMAR system (East Riding Clinical Commissioning Group handling and recording procedures for staff supporting people in their own homes with medication). We saw two people's domMAR sheets, which were appropriately and accurately completed. The management of medicines was safe and accurate.

Staff understood their responsibilities and were appropriately trained and competence checked in the safe handling of medicines. Much work had been done on improving the management of medicines as the service had reported and investigated 41 minor medication errors since the time of its registration. None had required a safeguarding alert as they did not meet the East Riding of Yorkshire Council's safeguarding referral criteria. None required a notification to us at the CQC, as they had not been reported as safeguarding concerns and did not incur Police or medical intervention. At our inspection there were no signs of any errors having been made recently and the management of medicines was safe.

Is the service effective?

Our findings

People and relatives we spoke with felt the staff from Wilf Ward DCA East Riding understood people well and had the knowledge to care for them. The registered provider had systems in place to ensure staff received the training and experience they required to carry out their roles. Staff training records were used to review when training was required or needed to be updated. These were maintained collectively and individually for staff that worked at each Independent Supported Living (ISL) property. Staff confirmed to us they had completed mandatory training (minimum training as required of them by the registered provider to ensure their competence) and had the opportunity to study for qualifications in health care. Training records had highlighted areas where training needed to be updated and the service had taken action to address these. Staff files confirmed training that had been completed and the qualifications that staff had achieved. They contained training certificates as evidence of this.

The registered provider had an induction programme in place and reviewed staff performance via one-to-one supervision and an appraisal / incentive scheme. Periodically people that used the service would be asked to make written comments about staff performance and how well they treated people. Staff had received supervision regularly and all of these meetings with line managers had been recorded. The appraisal scheme meetings held with staff were also recorded. The service gave out internal staff awards on a yearly basis as part of its appraisal system.

Communication between the management team, the staff, people that used the service and their relatives was good. Communication for individuals followed their preferred methods and for one particular person this was with the use of 'picture exchange communication' (PEC) cards. Other methods used included Makaton, sign language, lip reading and common spoken language. Staff told us how they had set up Skype sessions on the computer internet connection for one person to see and speak regularly with their relative living abroad. Internal communications among the staff at Wilf Ward DCA East Riding included the use of daily diary notes, memos, telephone conversations, meetings, notices and face-to-face discussions. People that used the service and their visitors asked staff for information and exchanged details so that staff were aware of people's immediate and imminent needs.

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 interest 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 interest and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS). While these do not apply to DCA services, people in ISL properties may well be subjected to them.

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. We were informed by the registered manager and unit managers that some people had DoLS in place for being unable to leave the ISL properties without full supervision. Staff we interviewed demonstrated a good understanding of the MCA and DoLS requirements and confirmed they had completed training in these.

We saw that people consented to care and support from staff by either saying so or by conforming to requests made by staff when asked to accompany them. They also consented by accepting the support they offered. Staff said about consent, "It can be verbal or written or even a gesture from someone to give us permission to support them" and "We would never carry out any support that had not been consented to. Only if intervention was absolutely necessary would we look at a best interest meeting to make a decision on something going ahead." We were told about strategies in place for one person, as they sometimes refused to take their medication. These included another staff member trying to give the person their medicine a bit later or offering it with food if the person preferred that. Staff explained that absolute refusal was always respected.

There were some documents in people's files that had been signed by people or relatives, for example, to give permission for photographs to be taken, support plans to be implemented or medication to be handled on their behalf. We discussed with a unit manager the level of consent given by relatives for the use of social media sites and whether or not relatives fully understood the extent to which these sites could be used. We were assured that relatives were aware and that the service staff would never allow people's information to go beyond their immediate circle of friends. We were informed that all people that used the service were educated and informed on the potential dangers of social media sites if they were used unwisely.

People had their nutritional needs met by the service because people had been consulted about their likes and dislikes, allergies and medical diets and the service sought the advice of a Speech And Language Therapist (SALT) or dietician when needed. People in one ISL property ate together and food was prepared and cooked by a designated cook, which was budgeted for centrally. They lived and ate together as a family would and everyone shared the costs. Where people had difficulty swallowing or where they needed support to eat and drink, there were nutritional risk assessments in place.

People in another ISL property tended to have more involvement in their nutrition decisions and made individual choices about menus and shopping for food. These people sometimes invited each other to share a meal with them on a rotational basis, which meant they did not eat alone every evening. Menus were not on display as people chose daily what they wanted to eat and usually in accordance with the items they had shopped for in the week.

We saw that people had their health care needs met by the service because people had been consulted about their medical conditions and information had been collated and reviewed with changes in their conditions. We were told by staff that people could see their GP on request and that the services of the district nurse, chiropodist, dentist and optician were obtained whenever necessary on making visits to their surgeries. People received extensive input from physiotherapists and occupational therapists when necessary. Health care records held in people's files confirmed when they had seen a professional, the reason why and what the instruction or outcome was. We saw that diary notes recorded where people had been assisted with the health care that had been suggested for them.

Each ISL property was suitably designed, adapted, furnished and decorated to meet the needs of individuals and accommodated their physical disabilities where appropriate. They conformed to fire safety and health and safety requirements.

Is the service caring?

Our findings

People we spoke with told us they got on very well with staff from Wilf Ward DCA East Riding and with others they shared Independent Supported Living (ISL) properties with. They said, "I really like [Name] because they are my favourite person in the world" and "We all like each other a lot here, because staff are really nice. They really care about us and each other." Staff said, "The care from Wilf Ward staff is brilliant" and "The whole staff team and the clients that live here are like one big family."

We saw that staff had a pleasant manner when they approached and interacted with people and that their support was guiding but not condescending. We found that staff knew people's needs well, understood their individual personalities and had accurately measured their capabilities for achieving their potential. Some of the staff had been employed by Wilf Ward for several years, while others were new, particularly two staff. However, the relationships that presented among the staff and people that used the service were comfortable and relaxed. The management team were instructive and informative in their approach to their roles and clearly relayed to staff what was expected of them. Management and staff gave the sense that people were to be encouraged to achieve their potential at every opportunity. All of this nurtured people and so they were happy and fulfilled.

We saw that people who used the service had their general well-being considered and monitored by the staff who knew what incidents or happenings would upset their mental health, or affect their physical ability and health. One way that the service ensured people's wellbeing was maintained was to only have people they liked and were compatible with, sharing their property with them. This was achieved by encouraging people to advertise for a suitable candidate to take up any vacancy in the property, making clear the type of person they wanted to share their home with.

People were supported to engage in pastimes of their choosing, and as in one case that they had undertaken before moving into ISL accommodation, which meant they were able to 'keep a hold on' some aspects of the lifestyle they used to lead. This helped people to feel their lives were worthwhile and not too different from before and so this aided their overall wellbeing. We found that people experienced a highly satisfactory level of well-being and were positive and enthusiastic about their lives.

While we were told by staff that no person that used the service of Wilf Ward DCA East Riding was without relatives or friends to represent them, we were told that advocacy services were available if required. (Advocacy services provide independent support and encouragement that is impartial and therefore seeks the person's best interests in advising or representing them.) Information was provided to people on a need to know basis or if requested.

People we spoke with told us their privacy and dignity was respected by staff. They said, "I can have a shower on my own", "I use my own bathroom when I need to", "Staff don't talk about my personal care to anyone else" and "Staff encourage me to keep things to myself that are very personal." We saw that staff only provided care considered to be personal in people's bedrooms or bathrooms, respected people's individual flats or bedrooms as their private space and closed doors quickly so that people were never seen

in an undignified state. Staff said, "We make sure people are covered when we assist them with care", "I close doors and curtains if helping someone in their bedroom" and "I never discuss personal issues in front of others." Similarly about independence one staff member said, "I try to encourage people to do as much as they can for themselves, with preparing and eating food or taking medication for instance." Where it was considered appropriate people were asked if they would like the use of adaptive cutlery or crockery and other equipment so that they could maintain their independence.

Is the service responsive?

Our findings

People we visited at two of the Independent Supported Living (ISL) properties had a wide range of abilities. We were unable to communicate with some people, but saw they were relaxed and comfortable in the company of the staff who supported them with their needs. Staff communicated well with people and responded promptly to their requests. Some people we communicated with told us they thought their needs were being appropriately met. They said, "We are really looked after here, we go out a lot with the staff", "I like [Name] to come with me when I go shopping", "[Name] helps me with cooking and washing and takes me to day services" and "Whenever I need help with anything it is there." We saw people return from day services, share time with each other and staff and carry out their daily tasks (living skills: cooking and cleaning, for example). Communication, domestic task, occupation / entertainment needs and arrangements to meet them were recorded within people's support plans.

We looked at four support files for people that used the service and found that the support plans within them reflected the needs that people appeared to present. Support plans were person-centred and contained information under specific areas of need relevant to each individual, to instruct staff on how best to meet people's individual needs. One person's support plan, for example, also contained behaviour management instructions, leg exercise information, sleep support guidance and interventions required for seizures. Another had interventions in the event of nutrition issues (choking) and for problems encountered when swimming. People also had daily activity support plans in place, which if necessary, had been devised following a 'best interest' meeting. (A meeting held by staff from care and healthcare organisations that have involvement in a person's care, to make decisions that are in the best interest of the person.)

Support plans were very prescriptive and gave very detailed information about people and their needs. For example, one support plan told us about the day services and activities the person attended, their sensory likes, hopes for the future and their behaviour that indicated they required support. It told us there was a 'disability distress assessment tool' in operation, a special safeguard order in place and that there were specific instructions on the person's relationships with family members. It gave health care instructions, medication requirements, day and night time and personal hygiene routines and all care support information for optimal good health and wellbeing. There was evidence of monitoring charts completed for intake, output, mood, behaviour, weight and injuries sustained.

Files also contained personal risk assessment forms to show how risks to people would be reduced, for example, with pressure relief, accidents and falls, moving and handling, nutrition and choking, personal hygiene, undertaking activities, 'as required' medication, going out on public or in private transport, having seizures and postural massage. We saw that support plans and risk assessments were reviewed monthly or as people's needs changed and that full care reviews were held annually. A unit manager told us that one person had recently arranged, planned and 'chaired' a care review of their own. As a result they had changed the support to be exactly how they wanted it. It had also been videoed at their request and was later acknowledged by the contracting local authority as a success and a glowing tribute to the service's commitment to inclusivity.

There were activities held at each of the ISL properties and at the request of people that used the service. People at one ISL property had recently held a charity fundraising event based on a theme and many people that used the service at Wilf Ward DCA East Riding, their families, friends and support workers had been invited and attended. People were still talking about it, saying what a great time they'd all had.

Wilf Ward DCA East Riding networked with Futures Trust and Work Link to aid people into occupational and paid work. One person that used the service had been assisted through Work Link to work part time as a cleaner in the Beverley offices. Two other people were setting up volunteer jobs with a local Animal Welfare scheme.

We saw that the service used equipment for assisting people to move around the ISL properties and that this was used effectively and in response to their needs. Other equipment, for example, adaptive cutlery and tele-aids (electronic items that people with physical or learning disabilities can use independently) were accessed when necessary in response to meeting people's needs. All equipment in place was there to aid people in their daily lives if people wanted this.

Staff told us that it was important to provide people choice in all things, so that people made decisions for themselves and exercised control of their lives. People had a choice of what they ate, when they ate, when they got up in the morning or went to bed at night, what they wore each day and whether or not they went out, when and who with. People were encouraged to express their views in all aspects of their lives and to make decisions and choices for themselves. People's decisions and choices were consequently respected.

People were supported by staff to maintain relationships with family and friends. This was carried out in several ways. Staff who key worked with people got to know family members and kept them informed about people's situations if people wanted them to. Staff and relatives shared in the delivery of support that people required to lead fulfilling lives. Staff encouraged people to receive visitors and make telephone calls and texts to them. People were supported to maintain social media links with family members, especially those living abroad. Staff spoke with people about their family members and friends and encouraged people to remember birthdays and anniversaries.

The service had a complaint policy and procedure in place for people and relatives to follow and records of complaint investigations showed that complaints and concerns were handled within timescales, gave people written explanations and apologies if necessary and were used to learn from mistakes. Compliments were also recorded in the form of letters and cards. People we spoke with told us they knew how to complain, but had not needed to complain. Staff we spoke with were aware of the complaint procedures and had a healthy approach to receiving complaints as they understood that these helped them to get things right the next time. All of this meant the service was responsive to people's needs.

Is the service well-led?

Our findings

People we spoke with felt their particular Independent Supported Living (ISL) accommodation had a pleasant, family orientated atmosphere. Relatives were highly delighted with one ISL property where they had been the driving force for its conception, planning and building. Staff we spoke with said the culture of the service was, "Caring, cheerful, homely, entertaining and proactive." One staff member said all staff had a fierce attitude when it came to 'getting it right' for people. Another said the ethos of the service was to involve people as much as possible in the community.

The registered provider was required to have a registered manager in post and on the day of the inspection there was a manager in post, who had been the registered manager for the last two and a half years. The registered manager was fully aware of the need to maintain their 'duty of candour' (responsibility to be honest and to apologise for any mistake made) under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We saw that notifications had been sent to us over the last year and so the service had fulfilled its responsibility to ensure any required notifications were notified under the Care Quality Commission (Registration) Regulations 2009.

The management style of the registered manager and management teams was found to be open and approachable. There was a clear staffing structure in place and everyone understood their responsibilities. Staff told us they could express concerns or ideas any time to the unit managers in the ISL properties and to the deputy manager for the service who visited them regularly. They explained that the registered manager for the service was seen less often but this was not a criticism of their management style. They felt that any suggestions they made were always passed to the registered manager and that these were considered and implemented where appropriate. They knew that the registered manager was aware of everything that happened within the ISL properties.

The service encouraged people to maintain links with the local community through the church, schools, colleges and visiting local stores, cafes and entertainment facilities. Relatives played an important role in helping people to keep in touch with the community by taking people out shopping, to activities or to stay over with them for the weekend. The service supported people to attend local day services and community based groups of their choosing and generally there were very good links maintained with the wider community in which people ventured.

The service had written visions and values as well as a 'statement of purpose' and 'service user guide' that it kept up-to-date (documents explaining what the service offered). The visions and values were to be 'open, honest and respectful' and to strive for 'excellence, innovation and self-fulfilment.' The aims of the service put all users at the centre of everything, promoted inclusive relationships, valued the staff, developed and maintained respectful relationships, behaved in a purposeful way and upheld its promises, commitments and integrity.

We were told that the service had achieved the Investors in People award at ordinary level approximately two years ago and this had not yet been reviewed. However, the service had only been operational for two

and a half years so more was yet to be done, according to the registered manager. Wilf Ward Family Trust presented in-house staff awards each year and this year there were 40 nominations to be considered in the region. Regional winners are entered into the Trust-wide award competitions. The Wilf Ward DCA East Riding was overall winner of the internally contested Wilf Ward Family Trust 'Customer Service Award' in 2015. Staff had written additional medication management training which was more detailed and contained a practical hands-on element that gave staff a better understanding of medicines management and administration. This was adopted across all Wilf Ward Family Trust services.

Wilf Ward DCA East Riding was registered in September 2013 and had not changed its registration conditions since that time.

We looked at documents relating to the service's system of monitoring and quality assuring the delivery of the service. We saw that there were quality audits completed on a regular basis and that satisfaction surveys were issued to people that used the service, relatives and health care professionals. Staff explained they were not expected to complete any quality assurance checks, as unit managers and the deputy manager completed these. Meetings were an important part of monitoring the service. All of the quality assurance and monitoring work carried out was very effective at identifying good practice, positive behaviour and culture and at exposing the shortfalls in the areas in need of improvement.

Audits were carried out by the deputy manager and by unit managers at each ISL property. Sample audits seen for one property showed that monthly checks and reports and quarterly checks were carried out and completed. These audits included checks, for example, on staffing levels, meetings, supervision, health and safety, premises maintenance, vehicles, accidents, complaints, finances and medication, as well as other areas of the service. Feedback from the deputy manager's audits was given to the unit managers and strategies for making improvements, where required, were set up in the form of action plans. An example of how audits and implementing action plans improved issues was seen in the improved accuracy of finance records for housekeeping, which showed that staff no longer used correction fluid for mistakes made on accounting sheets. Another example seen was the setting up of a health and safety committee to look at making recommendations in safe practice, producing new forms to monitor unsatisfactory practice and updating the health and safety handbook.

Auditing and checking the service delivery was very extensive and inclusive in covering a wide range of areas and issues, which meant that people were assured a quality service wherever possible. There was plenty of evidence seen of how the checks on practice and recording, for example, were used to make changes to protect people and of how strategies were implemented that discouraged people from behaving unpleasantly in otherwise positive situations. These included financial agreements and for some particular people ensuring that staff ate the same meal as people they supported when out in the community.

Satisfaction surveys sent to relatives and returned to Wilf Ward DCA East Riding were analysed and information was held in the service's 'area information file' along with action plans for improvement and outcome reports. Analysis of the satisfaction surveys (which were based on CQC's five areas for inspection) showed 100% satisfaction in 'safe' and 'caring', 91% in 'effective' and 'responsive' and 82% in 'well-led'. Satisfaction surveys completed by people that used the service contained positive comments and reflected people's sense of humour, including "I really like living here, the night staff are the dream team", "I like everything" and "Don't change anything because I like it here just as it is."

Meetings were held according to the staffing structure, so that area leadership meetings, general management meetings and support worker meetings within each ISL property took place. An area leadership meeting was last held in March 2016 and attendees discussed finances, workplace investigations,

health and safety, recruitment, guidance for client holidays, incident reporting, staff performance, 'pool' cars, fuel cards and staff awards.

A management meeting was last held in February 2016 and issues discussed included the organisations new recruitment process, a system of working shadow shifts in different ISL properties to enable staff to learn more about other peoples' needs in case they were required to cover staff absence, inappropriate 'banter' among staff, medication errors made and emergency planning. Other topics discussed were the possibility of asbestos present in one ISL property, completion of Care Certificate, introduction of more hours at one ISL property and high telephone costs from interviewing new staff. We also saw management meeting minutes for October and July 2015.

Support worker meetings for early 2016 looked at the five key areas of inspection that CQC followed: safe, effective, caring, responsive and well-led. Within these areas support workers discussed infection control, creating safeguarding adults format for people to understand, medication error monitoring, updating support plans, understanding Deprivation of Liberty Safeguards, family information day, dementia champion's award, involvement of people in recruitment, seeking feedback from relatives, equality and diversity training, complaints, use of training and not 'read and sign' to inform staff, supervisions, consent and quality care. The service and its staff were extremely well informed because of the holding of these meetings.

Wilf Ward DCA East Riding also periodically issued a newsletter to people that used the service and their relatives. A recent newsletter we saw told people about, for example, the completion of a bathroom extension on one of the properties, activities people had taken part in, future events and staff joining and leaving the organisation. The newsletter gave people and relatives up-to-date information about issues within the organisation that affected them.

The staff kept comprehensive records on people that used the service and on the running of the business that were in line with the requirements of regulation and we saw that they were appropriately maintained, up-to-date and securely held.