

iTrust Agency Limited

Woburn House

Inspection report

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05 September 2019

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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

Woburn House is a domiciliary care agency providing personal care and support to three people at the time of the inspection. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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. 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.

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

People received exceptionally high quality, safe and very personalised care where risks were creatively and successfully managed. One social care professional told us, "One person who has very complex needs that we were struggling to meet has been able to live in the community now for over a year. I got feedback from the clinical lead complimenting the staff. It is all down to the staff."

People were fully involved in reviewing and agreeing how care was to be provided. One relative told us, "The care has been excellent. With Woburn House, we finally have a provider who understands my family member. They understand the complexities of their conditions and their needs. They have created a community around my family member."

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.

Staff training was bespoke and unique and enabled staff to support people effectively to develop skills and confidence and become more independent. Staff supported people to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were regularly consulted about their experience of the care and the service generally. Care and staffing was then adapted to meet new needs or additional challenges as they arose. The service also consulted and worked together with the local authority and other health and social care professionals in

highly innovative ways. This ensured a consistent approach and minimal disruption for people when any changes were required.

People were supported and encouraged by staff to try new activities and develop new skills and coping mechanisms to avoid feelings of isolation and promote a full life. People who wished it were supported to make their own meals and drinks with a focus on the type of food from their cultural background.

One person had been able to gain employment. Relatives told us how their family members cultural and religious needs were being met. This gave relatives comfort that staff were caring and had similar values as their family member.

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

Rating at last inspection

This service was registered with us on 18/05/2017 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date of registration.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Woburn House

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 conducted this inspection.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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. The registered manager was not available at the time of this inspection. We conducted the inspection with the support of the directors and deputy manager.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 29 August 2019 and ended on 05 September 2019. We visited the office location on 29 August 2019.

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, Healthwatch Luton and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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

We spoke with one person who used the service and two relatives about their experience of the care provided. We spoke with five members of staff including the director, deputy manager, and care workers. We reviewed a range of records. This included two people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

We continued during the inspection process, to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with three professionals who regularly visit the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe because they received good quality care and staff treated them well and met all of their needs.
- The provider had effective safeguarding systems in place, staff understood what to do to protect people from harm and how to report concerns. Staff told us they had training and information about safeguarding and knew where to go for further advice, external to the agency, if required.
- Staff had a good awareness of different types of abuse and the signs and symptoms of these. One staff explained how they would report concerns of any changes in a person's typical patterns in relation to eating, drinking, behaviour, sleeping.

Assessing risk, safety monitoring and management

- Staff assessed risks to people's health and welfare such as challenges with people's behavioural, communication and sensory needs. One health professional told us, "They are able to challenge ideas and risk assessment planning because of their expertise. At the moment we would be struggling without Woburn House, so I am quite grateful"
- Risk assessments in relation to people's environment, in and around their homes had also been completed. This included community settings where risks were higher due to the unpredictability of members of the public.

Staffing and recruitment

- There were enough staff on duty to support people safely and in line with people's preferences. Staff confirmed this to be the case. One relative told us, "My family member is happy with them [Woburn House staff], they have confidence and trust in the staff. My family member has never raised a concern about the staff, they feel like the staff are family."
- The management team ensured the rota was adapted to meet the specific needs of people and small teams of staff were allocated to each person to provide a consistent approach to care by staff who knew the person well. This had resulted in building trust and safely managing people's needs.
- Pre-employment checks such as disclosure and barring checks and employment history were carried out before staff started work.

Using medicines safely

- Staff were trained to help people take their medicines. The registered manager completed competency checks to make sure staff understood this training and were able to give medicines safely.
- There was information in people's care plans about the type and level of support they needed from staff to

take their medicines.

Preventing and controlling infection

- Staff had completed training in how to reduce the risk of infection and they followed good practice guidance. They understood how to help prevent the spread of infection.

Learning lessons when things go wrong

- Incidents or accidents involving people using the service or staff were managed effectively. Staff recorded these appropriately and team leaders took action following accidents or incidents to reduce the risk of these reoccurring. This included regular reviews and debrief sessions with various health and social care professionals. Staff practice and care plans or approaches were updated and changed as a result of these reviews.
- As part of this process, the management team used social media apps and group and individual meetings to share experiences and review best practices and lessons to be learnt. This gave them the opportunity to discuss what went wrong and what action they could take to reduce the risk of reoccurrence.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- Staff completed assessments of people's needs before they started using the service. Due to the complexity of these, the agency worked with health and social care professionals when assessing and planning people's care and reviewing risk. This enabled them to make sure they considered up to date guidance and knowledge about how to meet people's individual needs. One health professional told us, "It is a very impressive team due to their commitment and knowledge and I hope they are well used and other people get to experience them as well."
- People's needs and choices were clearly documented throughout the care plan in-line with their assessed needs and where people were able to make their own decisions, the care plan contained evidence of who was legally responsible for making decisions on their behalf.
- One relative told us, "Staff listen to us and the manager is always in contact. If we think something isn't working they take on board what we say. They are not fazed by any kind of challenging behaviours, which can be displayed by my family member. It gives us confidence as I work part time and I it's nice to know my family member is out about for a large part of the day and they are being looked after when I am out."

Staff support: induction, training, skills and experience

- Staff had received training when they first started working for the agency and this was updated each year. Staff said their training was reinforced in staff meetings and anyone who felt they needed additional training were encouraged to come forward. One staff member told us, "I commenced training when I started, once my training and employment checks were in place, I went into the community to shadow other staff. The training continues to be ongoing and managers tell us in advance, so we don't take any shifts that clash with training."
- Staff members received supervision as individual meetings and they said that they could also contact the registered manager or senior staff at any time between meetings. They said they felt well supported to do their jobs and often described the company as being "like a family."

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

- People were supported to eat and drink if this was needed. This included supporting people with a variety of types of diets to meet their medical, cultural or religious needs. Staff supported people to learn to cook and maintain a healthy diet.

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

- Staff completed records about how they had supported people which were reviewed by the management team. This recorded important information about people, their needs, daily routines and preferences. The information was made available when people visited other providers of care, such as health appointments. This meant these details were available if the person was not able to tell others about their preferences for themselves.
- Staff made referrals to specialist health and social care professionals such as intensive support teams, community nurses, psychiatrists and dieticians when needed. Staff had access to information from health care professionals and they followed this advice, which was included in people's care records.
- The registered manager and staff team had worked closely with a clinical psychiatric team to provide individual sessions for both people being supported and the staff supporting them. This enabled staff to debrief in a safe environment and explore their approaches to care to ensure they could meet the very specific and complex needs for one person.
- One health and social care professional told us, "At the beginning the person began to have favourite staff members but staff looked at how this influenced how they worked with the person. It was very impressive how they approached this. This was the first time I have experienced a team who were willing to develop and who showed a genuine interest in the persons welfare."

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People were supported by staff who understood the principles of the MCA. They knew how to support people to continue making decisions and to promote choice and independence. Care records showed clear consent from one person who had the mental capacity to understand the need for restrictions to ensure their safety. Where people did not have mental capacity, they had agreed a lasting power of attorney who had been legally authorised to make decisions about their care and finances on their behalf.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated extremely kindly by staff. One relative said, "They are all nice staff who work with my family member. Staff come into our home and we treat them kind of like family and tell them to make themselves at home. The deputy manager goes above and beyond, like going to take someone to play golf on what was their day off." The relative went on to say how their family member had thrived in society as a result of being treated this way.

- Relatives told us staff were highly patient and exceptionally caring and made sure people had everything they needed. Staff were aware of people's individual needs and preferences. Staff had been matched to people based on their skills, personalities and cultural backgrounds to help people feel comfortable and be able to quickly build up a good rapport and trusting relationship.

- People were supported to maintain relationships with their families and friends. One relative told us how their family member receiving the right level of care, enhanced the person's relationships. Staff supported the person to manage everyday stresses, which enabled them and their family to spend quality time together.

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

- Staff continued to support people to make decisions about their care and these were recorded in their care plans. Staff were very passionate about ensuring people were in control of their lives. One staff member explained how important it was to ensure regular reviews of people's care with them. Staff told us this helped them to know people's preferences. This had positively impacted on people being able to manage their daily life as the level of support and approach was tailored to their needs.

- This person had previously had encounters with law enforcement and had been unable to live in the community. Staff had now supported them to live for over a year, as they wished, in their own home. This had meant they had returned to community living and not had reason to meet with law enforcement during that time either. Their relatives told us how this had a huge positive impact on their life. They were being accepted by their community for the first time. This had promoted their self-esteem and confidence enough to gain employment and make choices about their future.

- People were supported to make choices about their care through daily discussion. People invited relatives and social and health care professionals to their reviews and the review and outcomes were documented on their file. One health professional told us, "We have regular phone calls, multi-agency meetings, supported to attend his clinic sessions." A relative said, "We do have chats to review the care regularly and we come up with suggestions and they come up with things we could try. They are very flexible."

- The deputy manager and relatives said that no-one who received care was using an advocate at the moment, but there was a local advocacy service if people needed this and they had been used in the past

and continued to be encouraged.

Respecting and promoting people's privacy, dignity and independence

- Relatives told us that staff were very nice and polite and respected their privacy. They ensured people were supported in a dignified way and supported people to develop their skills. One relative explained how the staff had supported their family member to grow in confidence enough to have their independence. The relative said, "This is the first time my family member feels they can break away from the family as they know they have the total support of this team and feel they can cut the apron strings from us."
- People's confidentiality was maintained; records were kept securely and information was kept secure. People had given written consent for support and records.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. 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; 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

- The management team ensured detailed records about people's history and needs were recorded in their care file and used to inform care plans. The agency had worked collaboratively with health care professionals to devise creative and unique guidelines for supporting people's behaviours. These focused on positive actions but included known triggers and how to respond to these. These gave staff enough guidance on how to respond to people's needs effectively and safely.
- Staff had built excellent relationships with people, relatives and health and social care professionals. All of these people spoke extremely highly of the care staff gave and could not praise them highly enough. Staff knew people's preferences very well and relatives confirmed without this knowledge, the care planned would not have worked due to the complexity of their family member's needs. A social care professional told us, "It is quite rare you come across a team like that, without them, one person would have ended up back in hospital."
- People's care needs were met and they were very happy with the care they received. People expressed their feelings about the care mainly through their behaviours which everyone we spoke with said had improved dramatically. As a result, one person who previously did not leave their house was now out and about in the community. Each day they tried new activities and met people for the first time.
- Staff changed plans when needed or if the environment held known triggers for people's anxieties. |For example, one person told us, "Staff are good people. I went today on the bus to see the aeroplanes and then to McDonalds as the cinema was packed."
- Another person who had previously been unable to leave a secure environment was now a valued member of their community and had gained employment. A relative for this person told us, "There are no words to describe the level of care they provide at Woburn House. This is the first time we have been able to sleep well at night. Woburn House are the only ones who have achieved supporting my family member to maintain their independence and remain living in the community. They are awesome."
- Staff were matched to people's needs; each person had a small team of staff who kept to a routine of who supported which care visit in order to support people to cope with their anxieties and conditions. Health professionals confirmed this had been a very successful in strategy to build relationships, promote positive behaviours and enable people to become independent.

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.

- Information was available in different formats, such as picture format. This helped people to communicate and understand information clearly. Communication was extremely important to one person in particular. The deputy manager had devised a simple system of writing down words that caused the person distress and sharing that with the staff team.
- The person's relative told us, "If at any time someone is not speaking to my family member with respect, they start to revert to past behaviours and they will run away. This new system has worked like a dream because it is a visual thing, it made my family member feel respected that staff were listening and taking it on board enough to write it in a book and that calmed them and worked like magic."

Improving care quality in response to complaints or concerns

- People were happy to express their views or concerns to their family and other staff. Relatives told us they and their family members had not had to complain about anything since they were supported by Woburn House. Relatives knew who to speak with if they were not happy with the care their family member received. They told us they would speak with the registered manager, other staff if they had concerns.
- The agency had a complaints policy and procedure in place. Staff sought feedback from people and their relatives every two weeks. They discussed strategies and changes with them if something was not working well and agreed together what they would try instead. A relative said, "We worked through any issues with the deputy manager and I know I can call them and message them anytime. They are passionate about what they do and want to see things turned around for us they are helping us find ways to get a break."

End of life care and support

- Staff had discussed the concept of death and dying with people as a way of opening further discussions about people's own wishes. Guidance was available in people's care records about their end of life wishes, although there were no people receiving end of life care at the time of our visit. A staff member told us that they would also consult with people's relatives for those who had lasting power of attorney and relevant health professionals in the event end of life care was needed and if the person was unable to tell them.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- The management team had developed a person-centred culture within the service and were passionate about maintain this and developing it even further. They understood their responsibilities to ensure people received the care they needed and stepped in to support staff when this was required.
- Staff were also committed to providing high-quality care and support. People and staff spoke positively of the registered manager and directors explaining how they were very supportive. One staff member said, "Our management are so supportive and reachable. I had to call at midnight once and they showed no signs of resentment but were there for me. I would like to commend them for that."

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

- Staff told us they were able to provide good quality care and support to people because they had a registered manager and senior staff who supported other staff.
- The deputy manager knew people well and was supported by the other directors. This made sure that the agency ran well at those times when the registered manager was not available.
- The registered manager complied with legal requirements for duty of candour; they displayed their rating and reported openly any incidents as they occurred.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives had completed surveys in 2018 and 2019, which showed only positive comments about the agency such as, 'Woburn House staff are providing the very best care and support of my family member. I can't thank them enough for their commitment, passion for care, knowledge and the skills they deploy. The staff are friendly and understanding. The manager and management team are approachable and committed to the delivery of continuous top-notch care services. Thank you keep up the good work.'
- Staff surveys were also sent regularly, and the results were analysed. Relatives confirmed they had very regular contact with the deputy manager and felt fully involved in how the care was delivered. Staff completed reviews of people's care, which also provided people and relatives with the opportunity to feed back about their care.
- Staff told us that they attended meetings regularly, which gave them support and information was shared

quickly with them. One staff member said, "Managers support me with the experiences and being transparent. The management are into transparency and are honest and open. I have their trust and they depart information to me effectively and I love that. They do it face to face or in calls. I tell them how I feel and what I have observed, and I suggest things and they try to work towards that."

Continuous learning and improving care

- Processes to assess and check the quality and safety of the service were completed. The registered manager and the organisation's internal audit team carried out audits and quality monitoring visits. Incidents were analysed to find trends or themes.

Working in partnership with others

- Information available to us before and during this inspection showed that the staff worked in partnership with other organisations, such as the local authority social services and local healthcare teams and companies offering employment to people they supported. The registered manager worked proactively with organisations to improve people's reputations within the community and supported people to promote their independence and good quality of care including one person who gained employment.
- One health care professional who had been working with Woburn House staff for around a year to ensure a co-ordinated approach to care was complementary about the service. They told us, "What was impressive was how well the team embraced reflective practice. It was challenging for them to look at themselves and evaluate themselves but they did amazingly well. The team were very willing to tackle any concerns, one of which as communication as staff had to be able to communicate well and so worked out a system of how to communicate."
- The health professional went on to say, "The deputy manager in particular engaged staff in conversations even when some were reluctant to do so due to different personalities. They created this homogenous team and chose the staff who would work consistently and kept the rota consistent so that the person would not have to adapt to new people. They were very thoughtful in their approach and it was very well led and managed."