

The Wilf Ward Family Trust

The Paceys

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

The Paceys is part of The Wilf Ward Family Trust, a not for profit organisation. It is a home providing a short breaks residential service with a holiday style atmosphere providing personal care and can accommodate up to seven young adults with learning and/or physical disabilities and younger people. At the time of the inspection, the provider told us 45 people were receiving support from the service. During our inspection 2 people were staying at the home.

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

Right Support: People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. However, we found capacity assessments and best interests had not always been recorded or updated. This was identified on the provider's continuous improvement plan to address when people next visited the home.

Medicines were managed safely although some records were not well completed. Documentation relating to medicines given on top of food was not in place for 1 person and some controlled medicine records had not been signed by 2 staff members. Risk assessments included detailed information about people's needs.

Right Care: Staffing levels were sufficient to meet people's needs. However, the provider acknowledged difficulties in recruiting staff and had therefore reduced the hours the service opened to ensure the quality of care remained good. Systems were in place to safeguard people from the risk of abuse and people told us they felt safe with the staff who supported them. Incidents and accidents were reported, investigated and measures taken to mitigate future occurrences.

Right Culture: The provider had robust quality assurance and governance systems in place to assess, monitor, and improve the quality and safety of the service. People and their relatives knew how to complain and felt comfortable raising concerns with the provider. People and their relatives told us they were happy with the support they received. Staff felt supported by the management team.

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 (published 7 June 2017).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

This report only covers our findings in relation to the Key Questions Safe and Well Led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

Enforcement and Recommendations

We have made a recommendation about the Mental Capacity Act.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

<p>Is the service safe?</p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service was well-led.</p> <p>Details are in our well-led findings below.</p>	<p>Good ●</p>

The Paceys

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 inspector and 1 regulatory co-ordinator.

Service and service type

The Paceys is part of The Wilf Ward Family Trust, a not for profit organisation. It is a home providing a short breaks residential service with a holiday style atmosphere providing personal care and can accommodate up to seven young adults with learning and/or physical disabilities and younger people.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced. We gave the service 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 to support the inspection.

What we did before the inspection

We reviewed information we had received about the home. We sought feedback from the local authority and professionals who work with the service.

During the inspection

We spoke with 6 staff including the registered manager, the nominated individual and care staff. We spoke with 1 person and 5 relatives about their views of the care provided. We reviewed the care records for 4 people, medicine records, staff recruitment, records related to governance systems and processes and other documentation relevant to the running 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.

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 the rating has remained good. This meant people were safe and protected from avoidable harm.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Capacity assessments and best interest decisions were not always completed or up to date for people who lacked capacity. For example, one person required a harness and lap belt to keep them safe. However, a capacity assessment had not been completed. Another person required night monitoring via a video. The capacity assessment was not up to date and the document referred to another person, meaning it was not accurate or personalised.
- The provider had already identified this on their continuous improvement plan and had set out to complete these when people next attended the respite service.

We recommend the provider review consent and capacity documentation to ensure it meets the requirements laid out in the Mental Capacity Act.

- Staff understood their responsibilities under the Mental Capacity Act. One staff member said, "It covers 5 key principles. We have got, presumption of capacity, unwise decisions, best interest, least restrictive practices and supporting people to make decisions. We are working towards customers having MCA assessments in the files. We have started doing these."
- DoLS applications to deprive people of their liberty had been properly made and authorised by the appropriate body.

Using medicines safely

- Medicines were managed safely, and protocols were in place with the exception of one person. We found a person who required medicines on top of their food. The provider had not sought information from a pharmacist or the person's GP whether there was a risk if the medicines was not given in line with prescribed

instructions. Following the inspection, the provider assured us this had been actioned.

- Controlled Medicines were managed safely. However, we identified 2 occasions where medicine administration records had not been signed by 2 staff.
- Staff who supported people with medicines had been assessed as competent for the role.
- Guidance on when to administer a person's 'when required' medicines was available.
- Medicines were stored correctly in a locked box in people's bedrooms when they stayed at the home.
- The unit manager carried out a weekly medicine audits, to check medicines were managed safely.

Staffing and recruitment

- There were sufficient staff employed to ensure people's needs were being met daily. People and their relatives also told us there were enough staff to meet their needs.
- The registered manager told us about the difficulties the service had in recruiting staff. The service had reduced their opening hours to ensure the quality of care remained good and employed staff who knew people who used the service. The registered manager told us they continued to look to recruit new staff in order to re-open the service to 7 days a week.
- Staff confirmed they had enough staff to carry out their care role. However, they were mindful the service was struggling to recruit. Staff told us, "Yes, there is definitely enough staff and guests are being catered for" and "The staffing isn't great, we need to recruit, and we are actively recruiting. We want to make sure we recruit people with the right values for our customers."
- The provider had recruitment checks in place to ensure staff were suitable to work in a care setting. This included identity checks, previous employment, references, their right to work in the UK and checks with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Assessing risk, safety monitoring and management

- Risk assessments were in place and contained the details staff needed to care for people safely.
- Staff we spoke with were knowledgeable about people's risks and how these should be managed.
- People had personal emergency evacuation plans in place with information should they need evacuating from the home.
- The environment, equipment and building safety certificates were in place. The home was well maintained to keep people and staff safe.

Systems and processes to safeguard people from the risk of abuse

- There were appropriate safeguarding processes and procedures in place to protect people from the risk of abuse.
- Staff had completed safeguarding training and understood their responsibilities to protect people from possible harm or abuse.
- People and their relatives told us they felt the home was safe. One person said, "Staff are lovely. I am just safe"
- The registered manager kept a safeguarding log to ensure there was oversight of any concerns raised and actions taken.

Preventing and controlling infection

- We were assured people were protected by the prevention and control of infection (PPE).
- Staff were trained in preventing infection and using PPE effectively to reduce the risk of infection.
- Staff had access to PPE as required, such as, disposable gloves, and aprons.

Learning lessons when things go wrong

- Records showed accidents and incidents had were recorded appropriately.
- Incident and accidents were managed effectively with appropriate actions taken to prevent future risks and lessons learnt.

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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Comprehensive audits were in place. Where issues were identified they were recorded on the provider's continuous improvement plan to action.
- Staff showed a good understanding of their roles and responsibilities. Staff were positive about continuous improvement and learning. The registered manager and staff spoke encouragingly about their commitment to making improvements to the care people received.
- The registered manager knew their legal responsibilities for sharing information with CQC and other bodies. Where the service was required to inform CQC of significant incidents, statutory notifications had been sent.

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

- The provider gathered feedback from people and their relatives after each stay with the service, to determine if there are any improvements which could be made at their next stay. People's feedback was mainly positive. The registered manager told us any concerns raised would be discussed with the person and their relative to ensure any changes would be actioned.
- Staff and management meetings were completed on a regular basis to support effective communication and to share views.
- Staff felt appreciated and told us morale was good. One staff member said, "I enjoy working here. I love my job and I'm passionate about it. I have a really good rapport with people and their families. I have a good relationship with the manager and would tell them any concerns. We have a 'speaking in confidence' option if staff want to use this anonymously."

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

- Staff told us the management team were approachable and supportive. One staff member said, "I feel I get support from the manager. I feel the manager listens."
- The duty of candour was understood by the registered manager and throughout our inspection they and the staff were honest and open.
- We observed positive relationships between staff and people. One relative also told us their family member was due to leave the service and had been invited back for tea and cake to say their goodbyes in

person with staff.

Working in partnership with others

- The service worked together with health and social care professionals to ensure people received support to meet their needs. This was evidenced in records.