

The Wilf Ward Family Trust

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Domiciliary Care  
Scarborough

### 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

### About the service

The Wilf Ward Family Trust Domiciliary Care Scarborough provides personal care to people living in supported living houses in and around Scarborough. The service specialises in supporting younger adults and older people who may be living with a learning disability or autistic spectrum disorder, a physical disability, mental health needs or a sensory impairment. Thirty-seven younger adults and older people were using the service at the time of this inspection.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People received person-centred support from caring staff. Staff were respectful and kind in how they supported and encouraged people.

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; the policies and systems in the service supported this practice. Staff were very skilled in how they offered people choices and supported them to make decisions. Accessible information was used to help people understand options and make decisions. We made a recommendation about record keeping in relation to the Mental Capacity Act 2005.

People's needs were thoroughly assessed, risks identified and then their care and support planned in a way which maximised their independence whilst supporting them to stay safe. People and their relatives were involved in planning and reviewing the support provided to make sure it met their needs and personal preferences.

Staff were well trained and supported to provide effective care to meet people's needs; they accessed a wide range of training and received regular supervisions and an annual appraisal. Staff monitored people's health and wellbeing and supported them to attend appointments and seek medical attention if they became unwell.

People enjoyed the company of the staff who supported them and felt safe with the support they provided. Staff were trained to safeguard people from the risk of abuse or avoidable harm. Medicines were managed and administered safely. Accidents and incidents were monitored to make sure lessons were learned if things went wrong.

People were supported to take part in a wide range of activities and enjoyed the opportunities to try new things and pursue their hobbies and interest. Staff were proactive in how they supported and encouraged people to maintain their independence.

People felt able to speak with staff or management if they were unhappy or needed to complain.

There was a person-centred culture within the service and this was reflected in how the care and support was organised and delivered to meet people's needs and improve their quality of life. People were actively engaged in developing the service and in driving improvements. Meetings, surveys and engagement groups were used effectively to encourage people to be involved in shaping and improving how the service was run.

There was open communication and management were responsive to feedback and suggestions. Audits helped management monitor the quality and safety of the service and identify when improvements could be made.

For more details, please see the full report which is on the Care Quality Commission's (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk).

Rating at last inspection

At the last inspection service was rated good (report published 20 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

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 ●

# The Wilf Ward Family Trust Domiciliary Care Scarborough

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

The Wilf Ward Family Trust Domiciliary Care Scarborough provides care and support to people living in 14 'supported living' houses, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service did not have a manager registered with the CQC. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. A manager was in post and had submitted an application to become the registered manager.

#### Notice of inspection

The inspection was announced. We gave 72 hours' notice to make sure people and staff would be available when we visited.

Inspection activity started on 21 October 2019 and ended on 5 November 2019. It included visits to the office location and two supported living services to speak with people and review records. We also telephoned people to gather their feedback about the service.

#### What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used 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. We used all of this information to plan our inspection.

#### During the inspection

We visited two supported living houses and spoke with five people who used the service; we also spoke with another six people and four people's relatives by telephone. We spoke with three managers, the regional manager, the operations director and four care staff.

We looked at two people's care records in full and two people's care records in part. This included medication administration records and people's daily notes. We looked at two staff's recruitment records as well as induction, training and supervision records for the staff team. We reviewed meeting minutes, quality assurance audits and a selection of other records relating to the management of the service.

# 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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At the last inspection we made a recommendation about regularly reviewing risks to ensure people were safe. At this inspection improvements had been made.

- People felt safe with the skilled care and support staff provided.
- Staff understood people's needs, risks and how to support them to stay safe; they had been trained to dynamically identify and assess risks to help keep people safe.
- Risk assessments supported positive risks taking; they helped people to do the things they enjoyed and maintain their independence. Risk assessments were regularly reviewed and updated to make sure they provided accurate guidance for staff on how to safely support people.
- The provider had put in place a robust system to risk assess holidays and support staff to identify and manage risks whilst away.
- Staff supported people to complete regular health and safety checks of their home environment; we spoke with management about assessing the risk of people falling through single paned glass or against hot radiators and they agreed to address this.

### Staffing and recruitment

- People were supported by staff who had been safely recruited and checked to make sure they were suitable to work with adults who may be vulnerable.
- People were encouraged and supported to be involved in the recruitment process to help make sure the staff employed could meet their needs.
- Staffing levels were based on people's assessed needs and the provider monitored to make sure enough staff were deployed to safely support people.
- Staff were patient and attentive in the way they supported people. One person explained, "They are always there to help me."

### Using medicines safely

- People received safe support to take their prescribed medicines; staff had training, their competency was checked and audits helped monitor and make sure medicines were managed and administered safely.
- Staff supported people to reduce the overuse of medicines.
- Medicine errors had been investigated to look as what steps could be taken to stop the same mistake happening again.

### Systems and processes to safeguard people from the risk of abuse

- People were supported to stay safe by staff who understood how to identify and respond to any safeguarding concerns.
- Any allegations of abuse or neglect were reported to the local authority and investigated to make sure action was taken to keep people safe.

#### Learning lessons when things go wrong

- Staff responded to any accidents or incidents; management monitored what happened to make sure staff had responded appropriately and to help identify anything that could be done differently to prevent a similar issue happening again.
- Lessons were learned and changes made to improve the service when things had gone wrong.

#### Preventing and controlling infection

- People were supported to complete household chores to help keep their homes clean.
- Staff used personal protective equipment, such as gloves when providing personal care, to help reduce the risk of spreading healthcare related infections.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated good. At this inspection this key question has remained the same. This meant outcomes were consistently good, and people's feedback confirmed this.

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.

- People were empowered to have choice and control over their care; staff routinely offered people choices and were skilled and effective in how they supported people to make decisions.
- Staff explored people's ability to consent to their care. Records did not always show how and when people's mental capacity had been assessed.

We recommend the provider develops more detailed records in relation to mental capacity assessments and best interest decisions.

Staff support: induction, training, skills and experience

- People and their relatives praised the effective support staff provided. A relative said, "The staff are brilliant. They are very good and very supportive."
- People were supported by skilled staff who confidently supported them to meet their needs; the provider made sure staff had regular training to help them keep up-to-date with good practice guidance.
- Management supervised and appraised staff's performance; this provided an opportunity to monitor staff's wellbeing and support them to continually learn and develop. A member of staff explained, "There is so much training and support, there is always someone you can go to if you need help."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's need had been thoroughly assessed and care planned to make sure the support staff provided was effective and appropriately met their needs.
- Regular reviews including people, relatives and professionals helped make sure the care provided continued to meet people's changing needs.

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

- People were supported to live in suitably adapted houses and bungalows in their local community.
- Staff encouraged people to decorate and personalise their homes according to their individual personal preferences.
- Suitable equipment and adaptations were in place to support people to maximise their independence.

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

- People were supported to live healthily and access healthcare services when needed; staff encouraged people to make healthy meal choices and supported them to exercise, for example by going to the gym.
- People had annual health reviews and a health action plan to monitor and make sure they attended regular appointments and received effective care to stay in good health.
- People were supported to see healthcare professionals when needed. A person told us, "When we get poorly the staff look after me and make sure I am all right." Relatives praised the way staff monitored people's health and sought advice and guidance when they were unwell.

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

- People were supported to eat a varied and balanced diet; they were involved in planning meals, supported to do shopping and encouraged to independently prepare meals and drinks.
- Staff were skilled at promoting people's independence. They provided support, prompts and assistance when needed to make sure people ate and drank enough.
- People gave positive feedback about the food and told us they always had enough to eat and drink; staff monitored people's weight and what they drank to help make sure they remained healthy.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were supported by kind and caring staff. They told us, "I love all my staff they are wonderful - they lift you up when you are down and they make me smile" and "The staff are definitely kind and they give us a lot of respect and encouragement."
- Staff were very caring and showed a genuine interest in people and their wellbeing; they recognised what was important to people and were committed to supporting them to improve their quality of life.
- People responded very positively to staff and clearly shared meaningful and caring relationships with them; people told us they liked their care workers and enjoyed spending time with them.
- People were supported to meet their personal care needs and dress according to their individual personal preferences.

Respecting and promoting people's privacy, dignity and independence

- People received caring support from staff who maintained their privacy and treated them with dignity; staff were discreet and respectful in how they spoke and supported people.
- Staff encouraged people to maintain their independence; for example, they supported people to plan meals, do shopping and complete household chores to help maintain their independence.
- Staff provided support with personal care only when needed; they used prompts and guidance to help people maintain their dignity and gain their independence.

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

- People were empowered to make choices; they were confident and outgoing around staff and felt comfortable speaking with them to express their wishes and views.
- Staff provided very effective support to encourage people to make decisions; they routinely offered choices and helped people understand the options so they could make informed decisions. A person explained, "My carers help me to choose the things I want, they talk to me and ask me 'what do you think?'"
- People had been encouraged to express their wishes and views when planning their care.

## Is the service responsive?

### Our findings

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

At the last inspection this key question was rated good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received person-centred care; staff understood people's needs and how best to support them. They recognised what was important to people and delivered support according to their individual needs and preferences.
- Staff listened to people and responded to their requests. A person told us, "I have got a really good staff team. It's been absolutely great to have their support. They help us with anything we need."
- Staff worked to build positive relationships with people and their relatives to make sure they were involved in planning and reviewing the care and support provided. A relative explained, "I'm very happy with the care they provide, I find the staff very helpful and I am included in everything. I always feel involved, they always want to learn about them and are always open to any ideas."

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

- People received person-centred support to access a wide range of activities and pursue their hobbies and interests; they had a weekly activity plan and were supported by staff to choose how they spent their time. A person explained, "The staff ask where we like to go and what we would like to do."
- Management organised a number of groups providing opportunities to socialise, learn and try new things; this included for example a drama class, which people clearly enjoyed and benefitted from. A person explained, "I absolutely love going, we all get to perform together like a big group friends."
- Relatives praised the proactive support staff provided to encourage people to try new things. A relative told us, "Staff treat people as individuals and are always reassessing and thinking what more can be done."

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 provided in a way people could understand. For example, people had access to 'easy-read' information to help them make decisions. Easy read information includes pictures and words and is a way of presenting information in an accessible way.
- Detailed communication plans were in place to make sure staff understood how best to share information and support people to communicate their wishes and views.

#### Improving care quality in response to complaints or concerns

- People felt able to speak with staff if they were unhappy or needed to complain. One person told us, "If we have a problem, we talk to the staff member about it and they try and sort it out. They are there to talk to and good at listening."
- The provider had a complaints procedure to make sure any issues or concerns were investigated and actions taken where necessary to improve the service.

#### End of life care and support

- People did not need support with end of life care at the time of our inspection. The provider had developed resources to support staff to explore and record any wishes, views or preferences people had about their care and support approaching the end of their life.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

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

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

- People gave positive feedback about how the service was organised and led; a relative told us, "I'm very happy with the care they provide. The management is very good, they are on the ball watching everything that is going on."
- A manager was in post and had applied to become the registered manager.
- Regular audits helped management and the provider monitor the quality and safety of the service and to identify where improvements could be made.
- People had the opportunity to provide regular feedback, which was used to improve the service; surveys and open communication with people and their relatives helped management monitor and identify where improvements could be made.
- Relatives praised how responsive management were to suggestions and feedback about the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Management and staff worked in a person-centred way; the service was planned and delivered to meet people's needs and improve their quality of life.
- Staff were empowered to provide person-centred care; they told us they had the time, resources and supported from management to work in a person-centred way.

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

- Management understood their responsibility to be open, honest and apologise if things went wrong; they were committed to learning and continually improving the service.

Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were actively involved in developing the service and in driving improvements; meetings and engagement groups were used effectively to encourage participation in how the service was run.
- There was effective and open communication, which made people feel valued and listened too; staff and relatives gave positive feedback about how information was shared and how responsive management were to feedback about the service.
- The provider and management were committed to engaging and working with others; they had been

involved in sharing their experience and learning with another organisation to improve wider care in the sector.

- Staff worked closely with other professionals for their advice, guidance and support on how best to meet people's needs.