The Wilf Ward Family Trust

The Wilf Ward Family Trust Domiciliary Care Boothferry and Wolds

Inspection report

The Courtyard
Boothferry Road
Goole
East Yorkshire
DN14 6AE

Tel: 07796135696

Date of inspection visit:
14 March 2017
15 March 2017

Date of publication:
05 May 2017

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

Inspection of The Wilf Ward Family Trust Domiciliary Care Boothferry and Wolds took place on 14 March 2017and was unannounced. This was the first rated inspection of the service as registration was approved in August 2015.

The Wilf Ward Family Trust Domiciliary Care Boothferry and Wolds is a home care service providing 24 hour care to people that live in supported living houses. These are located across the Boothferry area from Market Weighton to Pocklington and Goole. People rent their accommodation, under tenancies, from housing associations that have agreements with The Wilf Ward Family Trust. People that use the service have a learning disability or autistic spectrum disorder and live in groups of three and four in shared rented accommodation. People receive support with personal care, finances, medication and social activities. There were 27 people receiving the service at the time of this inspection.

The registered provider is required to have a registered manager in post. On the day of the inspection there was a manager that had been registered and in post since the service was 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. Support workers were appropriately trained in safeguarding adults from abuse and understood their responsibilities in respect of managing potential and actual safeguarding concerns. Risks were also managed and reduced on an individual and group basis so that people avoided injury or harm.

Supported living houses were maintenance checked. Each house held up-to-date premises safety certificates and contracts. Support worker numbers were sufficient to meet people's needs and we saw that rosters in the houses accurately cross referenced with the support workers on duty. Recruitment policies, procedures and practices were carefully followed to ensure support workers were suitable to care for and support people. Recruitment incentives were in operation. We found that the management of medication was safely carried out.

People were cared for and supported by qualified and competent support workers that received regular supervision and had their personal performance annually appraised. Communication was effective, people's mental capacity was appropriately assessed and their rights were protected, although the service had yet to submit applications to the local authority regarding Court of Protection orders that were required. The service was awaiting acknowledgement from the local authority that they were ready to receive the applications.

Employees of the service and particularly support workers had knowledge and understanding of their roles and responsibilities in respect of the Mental Capacity Act 2005 (MCA) and they understood the importance of people being supported to make decisions where possible. The registered manager explained how the service worked with other health and social care professionals and family members to ensure specific decisions were made in a person's best interests where they lacked capacity to do so.

People received adequate nutrition and hydration to maintain good health and wellbeing. People received compassionate care from kind support workers who knew about people's needs and preferences. People were involved in all aspects of their care and were always asked for their consent before support workers undertook care and support tasks. People's wellbeing, privacy, dignity and independence were monitored and respected.

Person-centred support plans reflected people's needs well and were regularly reviewed. People engaged in many different pastimes and activities if they wished to and led very active and full lives. People had very good family connections and support networks.

An effective complaint procedure was in place and people had their complaints investigated without bias. People that used the service, relatives and their friends were supported to maintain relationships.

The service was well-led and people had the benefit of a culture and management style that was friendly, progressive and positive. There was an effective system in place for checking the quality of the service using audits, satisfaction surveys, meetings and good communication. People were assured that recording systems used by the support workers and management team protected their privacy and confidentiality. Records were well maintained and held securely in the houses or at the service location offices.

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 managed and reduced so that people avoided injury or harm.

Support worker numbers were sufficient to meet people's needs and recruitment practices were robust to ensure workers were suitable to care for people. Medicines were safely managed.

Is the service effective?

Good

The service was effective.

People were cared for and supported by qualified and competent support workers, who received regular supervision and had their personal performance annually monitored. Communication was effective, people's mental capacity was appropriately assessed and their rights were protected.

People received adequate nutrition and hydration to maintain their health and wellbeing. The supported living houses were suitable for providing care and support to the people that lived in them.

Is the service caring?

Good

The service was caring.

People received compassionate care from kind support workers. People were involved in all aspects of their care and had their rights protected.

People's wellbeing, privacy, dignity and independence were monitored and respected.

Is the service responsive?

Good

The service was responsive.

People were supported according to person-centred care plans, which were regularly reviewed. They had the opportunity to engage in many different pastimes and activities of their choice.

People had their complaints investigated without bias and they were encouraged and supported to maintain relationships with family and friends.

Is the service well-led?

Good

The service was well led.

People had the benefit of a culture and management style that was friendly, progressive and positive. There was an effective quality assurance system in place, which was used to improve the service.

People were assured that recording systems in use protected their privacy and confidentiality. Records were well maintained and held securely in the houses or at the service location office.

The Wilf Ward Family Trust Domiciliary Care Boothferry and Wolds

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 registered 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 The Wilf Ward Family Trust Domiciliary Care Boothferry and Wolds took place on 14 March 2017 and was unannounced. One Adult Social Care inspector and an expert-by-experience carried out the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was in learning disability services and autistic spectrum disorder.

Information had been gathered before the inspection from notifications that had been sent to the Care Quality Commission (CQC). Notifications are when registered providers send us information about certain changes, events or incidents that occur. We also requested feedback from local authorities that contracted services with The Wilf Ward Family Trust Domiciliary Care Boothferry and Wolds and reviewed information from people who had contacted CQC to make their views known about the service. 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 three people that used the service and observed interactions between five people that used the service and support workers, when we visited two of the supported living houses. We also spoke with the registered manager and five staff that worked at The Wilf Ward Family Trust Domiciliary Care Boothferry and Wolds. The expert-by-experience spoke on the telephone with nine relatives of people that used the

service.

We looked at care files belonging to two people that used the service and at recruitment files and training records for four support workers. Some support worker files were held only on computer. We viewed records and documentation relating to the running of the service, including the quality assurance and monitoring and medication management systems that were followed in the service. We also looked at equipment maintenance records and records held in respect of complaints and compliments.

Good

Is the service safe?

Our findings

People told us they felt safe receiving care from support workers at The Wilf Ward Family Trust Domiciliary Care Boothferry and Wolds. They told us that they found support workers to be "Really lovely", "Very good" and "Nice staff." When we asked family members about their relatives being safe receiving care from workers at the service they said, "I think my [relative] is very safe and secure", "[Name] is definitely safe", "I have no worries at all about [Name's] safety" and "Oh my goodness, my [relative] couldn't be any safer."

The service had systems in place to manage safeguarding incidents and support workers were trained in safeguarding people from abuse. Support workers demonstrated knowledge of their safeguarding responsibilities and knew how to refer suspected or actual incidents to the local authority safeguarding team. They told us that they often discussed safeguarding scenarios in their in-house meetings and one support worker said they had been thoroughly questioned on safeguarding issues during their interview to work for the service. They used the handling of people's finances as an example of how people were safeguarded from financial abuse. Everyone had their financial records and balances checked twice a day and all expenditure was evidenced by a receipt.

Documentation we saw evidenced that support workers were trained in safeguarding adults from abuse and records were held in respect of handling incidents and the concerns that had been passed to the local authority. Formal notifications were sent to us regarding incidents, which meant the registered provider was meeting the requirements of the regulations. All of this ensured that people who used the service were protected from the risk of harm and abuse.

People had risk assessments in place to reduce their risk of harm from, for example, omitting to take medicines, undertaking activities, mobilising, falls, receiving personal care, the environment, handling finances, poor positioning and inadequate nutritional intake. Support plans and risk assessments were regularly reviewed. The registered manager had adopted a Police initiative called the 'Herbert Protocol', which was a system for recording people's particulars in the event they went missing, which the Police would use to help locate them.

People had personal safety documentation for evacuating them individually from the suites in an emergency. There were contracts of maintenance in place for ensuring the premises and equipment at each supported living house were safe. Maintenance safety certificates were in place for utilities and equipment used in each of the houses, and those we saw were all up-to-date. These safety measures and checks meant that people were kept safe from the risks of harm or injury.

The registered provider had accident and incident policies and records in place for in the event of an accident. Records showed that these were recorded thoroughly and action was taken to treat anyone injured and to prevent accidents re-occurring. The registered manager sat on The Wilf Ward Family Trust health and safety committee, which decided on health and safety functions within the organisation. Other policies and procedures were readily available to support workers who knew how to access them and that they were important. One support worker said, "We have workplace procedures to follow and we always

have the registered manager and senior managers above them to contact in the event of an issue, using the on-call system in the night or at weekends."

Staffing rosters, which were held electronically across the organisation, corresponded with the numbers of support workers on duty in the two supported living houses we visited at the time of the inspection. Rosters highlighted where one-to-one support was provided to enable people to undertake activities and outings and when support workers were on night duty or sleep-over duty. We were told by the registered manager that there were three non-registered managers that took responsibility for the day-to-day management of the eight houses where people lived and that staffing levels were determined by the funding local authority.

People and their family members told us they thought there were enough support workers to support people with their needs. Family members said, "On the whole, staffing is very good. We have a large team so there has to be people coming in and going out", "I am not there all the time, but there are always enough staff to bring my [relative] home at weekends", "The service is fully staffed as far as I am aware" and "I think we have a very stable staff group now."

One person that used The Wilf Ward Family Trust Domiciliary Care Boothferry and Wolds service said, "I really like [Name] being here to support me, as they take me out whenever I need to go out. There is never a problem." Support workers told us they covered shifts when necessary and found they had sufficient time to carry out their responsibilities to meet people's needs. One support worker said, "Staff retention here is very good and we have a good generational mix of workers. There are sufficient staff available to meet people's needs."

There were thorough recruitment procedures to ensure support workers were suitable for the job. Vacant positions were advertised via the internet and the local radio and there was an incentive scheme in place for current support workers to refer new candidates for job vacancies. The service was registered with The Information Commissioner's Office to ensure information was held safely. The service did not hold copies of the recruitment files, but they held computer documentary evidence that support workers had been recruited safely.

Safety recruitment checks included those to ensure workers were legally allowed to work in the United Kingdom and those required by the Disclosure and Barring Service (DBS). A DBS check is a legal requirement for anyone applying for a job or to work voluntarily with children or vulnerable adults. It 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.

The organisation also took a photograph of each person interviewed so that when any were appointed the registered manager could check that the person that attended for interview was the one that arrived to work for The Wilf Ward Family Trust Domiciliary Care Boothferry and Wolds on their first day.

We saw that the electronic files contained evidence of job applications, references, support workers' identities, interview records, health questionnaires and correspondence about job offers. Support workers had not begun to work in the service until all of their recruitment checks had been completed, which meant people they cared for were protected from the risk of receiving support from workers that were unsuitable. Support workers confirmed they had followed this recruitment process.

Medicines were safely managed within the service and a selection of medication administration record (MAR) charts we looked at were accurately completed. Medicines were obtained in a timely way so that

people did not run out of them. They were stored safely in people's individual bedrooms, and administered on time, recorded correctly and disposed of appropriately. One support worker told us, "People take their medicines at different times, according to how they are prescribed and it is more personal for them to take them while in their bedrooms." They went on to say, "We stock check everyone's medicines each night."

There were no people receiving controlled drugs (CDs) in either of the houses we visited on the day of the inspection. CDs are 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. Therefore there were no systems for us to review.

When asked about management of medicines people and their family members stated they were happy with the arrangements for handling them and stated there had never been any concerns.

Good

Is the service effective?

Our findings

People told us they felt that support workers understood them well and had the knowledge to care for them. They said, "I really like [Name], they know what I want to do" and "Staff help me with whatever I want to do and take me wherever I want to go. They are really good." Family members told us, "We are very involved in [Name's] care and have close contact with them, so we are involved a lot", "We take part in the care plan reviews held for [Name]", "We are not involved in day to day things, but we are in big decisions. [Name's] sister and I go to care plan reviews" and "We have regular meetings, yes."

The registered provider had systems in place to ensure support workers received the training and experience they required to carry out their roles. Some house managers and support workers were attending health and safety training on site on the day of the inspection. A local support worker training matrix (record) was used to review when training was required or needed to be updated. These had been held centrally up to April 2016, but experience showed that locally held records were more easily monitored and updated. There were certificates held in support workers' files of the courses they had completed.

Support workers completed an induction programme, received regular one-to-one supervision and took part in a support worker appraisal scheme. Incentives were offered as a means of encouraging support workers to be reliable attending work and maintaining harmonious working relationships with other support workers.

Induction, supervision and appraisal were all evidenced from documentation in support worker files and via discussion with support workers. Induction followed the guidelines and format of the Care Certificate, which is a set of standards that social care and health workers follow in their daily working life as recommended by Skills for Care, a national provider of accreditation in training.

Support workers told 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. We were told that support workers had completed some dementia awareness and autistic spectrum disorder awareness training via experiential training in dementia and autism caravans, which were training tools designed to allow workers to actually experience what it was like living with these conditions.

When we asked family members about support worker competence they said, "Staff are very good on the whole, although we have the odd one who is not so good", "Staff are very professional", "Staff are competent, yes, absolutely" and "The workers have learnt Makaton so they can communicate better and taken driving lessons so they have drivers available." When asked about communication within the service support workers told us that some people used Makaton, others gestures and signals and several people used verbal means of communicating.

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). For people living in their own home, this would be authorised via an application to the Court of Protection.

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. Most people that used the service required Court of Protection authorisations in place for different reasons, namely for being under continuous supervision and because there were key-pad locks on exit doors within most of the suites. Support workers told us that people made their views known about wanting to go out, as they turned up at the front door with their coat on maybe or they demonstrated their wishes via their body language, so they were never prevented from going out at appropriate times.

We were informed by the registered manager that although applications had not yet been submitted to the authorising body, they had been completed and discussed with relevant officers of the local authority and as soon as these officers had the capacity to accept them they would be submitted for approval.

Where people were assessed as having no capacity to make specific decisions, the registered manager arranged for best interests decisions to be reached before any action was taken regarding their care and support. Some people had written protocols in place for in the event that physical intervention was required, which we were told was rare but not impossible. These were all managed within the requirements of the MCA legislation so that people's rights were protected. Support workers confirmed they were trained in MCA so they understood their responsibilities regarding people's rights.

One support worker said, "Any unwise decisions people want to make are talked through with them to try to find an alternative way of meeting their need, but if they insist then we just help the person achieve the best possible outcome from their actions." Two examples of unwise choices were explained to us; going on spinning rides at a fun fair and eating spicy sauce, both of which made the people ill. Workers said they tried to distract people away from such as these experiences where they knew they would upset people's health.

Family members, when asked if they were ever involved in helping make decisions with and for their relatives told us. "Yes we have had lots of meetings concerning best interests", "Yes we are always involved in decisions for [Name]" and "Yes we have lots of involvement with decision making."

People's nutritional needs were met because support workers consulted them and their family members about their dietary likes and dislikes, allergies and medical conditions. People decided their menus for the week and were supported by workers to shop for food items so that menus could be followed. Support workers sought the advice of a Speech and Language Therapist (SALT) when people needed help with nutrition and swallowing. Those without capacity to decide on menus were guided in healthy eating. Nutritional risk assessments were in place where people had difficulty swallowing or where they needed support to eat and drink.

Family members told us they thought people were satisfied with the meals they ate. They said, "All is well with the food", "Support workers manage my [relative's] diet very well. They have a special diet with various supplements because of a weight problem", "The staff do very well and we discuss my [relative's] diet in care reviews", "[Name] has to stick to certain brands and takes supplements, but staff make sure this happens",

"My [relative] never asks for food, so staff have to make sure they eat well" and "[Name] puts weight on easily so they monitor their diet very well."

People's healthcare needs were met because support workers consulted them and their family members about medical conditions and liaised with healthcare professionals, as necessary. Support workers told us that people could see their doctor on request and the services of the district nurse, chiropodist, dentist and optician were accessed whenever necessary. Healthcare records held in people's files confirmed when they had seen a professional and the reason why. They contained guidance on how to manage people's healthcare and recorded the outcome of consultations. Diary notes recorded when people were assisted with the healthcare that was suggested for them.

When we asked family members about being informed of their relative's health they said, "Oh yes I am kept up to date with doctor's appointments etc.", "Yes we are informed about major things but not basic day to day things, as there is no need", "Usually, although [Name] had their doctor changed recently and I wasn't notified", "Support workers keep me informed about [Name's] health and also their diet as they put weight on easily" and "I am well informed, as support workers now manage all of [Name's] appointments and they always keep me informed about what has happened."

Good

Is the service caring?

Our findings

People we spoke with told us they got on very well with staff and each other. Family members said, "We are very happy with the staff, they are lovely people", "I would describe the staff as 'my angels'. They are on the ball" and "The staff all need a medal. One senior support worker has been there since day one and they just 'get' people. They are brilliant."

Support workers had a business-like, but friendly manner when they approached people. Support workers knew people's needs well and were kind when they offered support. They told us they took part in a key-worker system which enabled people and support workers to get to know each other well so that workers provided people with extra support to meet their particular needs. One support worker told us, "I hold key-worker meetings with [Name] so that we can arrange outings and address issues with clothes, for example. And [Name] and I complete a key-worker diary to hold [Name's] thoughts, ideas and messages."

Family members told us, "Staff are absolutely marvellous", "I think staff have a very good attitude", "We have a good relationship with all of the support workers", "The staff are the best people on earth, their attitude is very good and everything is geared for the people they support", "They (support workers) all go above and beyond. They are very good at understanding people", "Staff attitude is brilliant" and "Support workers are totally committed to people they support."

Support workers demonstrated an understanding of empathy and told us about people's particular needs and how they helped people meet them. Support workers had good insight into how it might feel for people with complex care needs and therefore provided support that was caring, understanding and enabling.

At the time of our inspection, the service was providing care and support to people who were vulnerable to discrimination under several of the protected characteristics of The Equality Act 2010, particularly when out in the community. We discussed the risk of discrimination against people that used the service with support workers and found workers had a good understanding of people's rights in relation to the act. One support worker gave us an example of when a person had been at risk of discrimination and told us how they had enabled that person to challenge the situation.

People's general well-being was considered and monitored by the support workers who knew what events upset people's mental and physical health. One support worker told us, "We meet people's needs very well, in fact we spoil people. For instance, one person has few family ties or connections and so we go out of our way to ensure they have a really good social life." People were supported to engage in pastimes of their choosing, which meant they were in control of their lives where possible. Activity and occupation helped people to lead busy, purposeful lives and this aided their overall well-being. We found that people were experiencing good levels of well-being and were positive about their lives.

While we were told by support workers that no person using the services of The Wilf Ward Family Trust Domiciliary Care Boothferry and Wolds 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 in the houses about Cloverleaf Advocacy and one person had already received a service from an Independent Mental Capacity Advocate.

People told us their privacy, dignity and independence were always respected by the support workers. People said, "I have my own space in my room whenever I need it, staff encourage me to keep my business private" and "Staff don't talk about me with anyone else outside and they make sure I keep things confidential." We saw that support workers only provided care that was personal in people's bedrooms or bathrooms.

One support worker said, "We enable people to be self-caring where possible, but stay close by in case they need us." Other support workers said, "Independence is encouraged and promoted extremely well, as all of the people we support lead active and busy lives of their choosing" and "Privacy and dignity is managed well. We only attend to people in their bedrooms, we lock the bathroom door and we stay with people when necessary. If we go swimming, for example, we always use the lockable cubicle areas, not the communal changing spaces." This demonstrated that support workers respected people's privacy, dignity and independence.

When we asked family members about privacy and dignity they told us, "Yes privacy is respected, [Name] has an anxiety complex and they (support workers) understand their needs completely", "Privacy is upheld. [Name] has started going out with a friend and the staff are supporting them with this" and "Very much so. Staff are very respectful too."

Family members also told us, "Support workers encourage my [relative] to take part in activities outside the home, as much as possible", "[Name] needs complete direction, as they are non-verbal communicating, so staff use prompts and lots of encouragement", "[Name] has some independence in their own flat, and with shopping, cooking and cleaning", "Staff try to let [Name] be as independent as possible. Goes out for meals, does cooking and cleaning" and "[Name] has the ideal life, spending time with friends and lots of holidays and outings."

Good

Is the service responsive?

Our findings

People told us they felt their needs were being appropriately met. One person said, "I helped put my support plan together and I use relaxation techniques shown to me by one of the staff. I have 16 risk assessments in place and I chose the pictures to represent them." They and other people talked a lot about their active lives; going out, attending college or social pastimes and support workers assisting them with the arrangements, and about their dreams and ambitions. They said support workers helped them with arranging activities and appointments, offered information and enabled them to make decisions. One person said, "Staff are helping me to take a holiday abroad so that I can fulfil one of my dreams." All of these arrangements were recorded within people's support plans.

Support files for people that used the service reflected the needs that people presented and were split into sections. Support plans were person-centred and contained information on everything important to people. Support plans gave support workers information on how best to meet people's needs. Care interventions were separately written to reflect personal care needs, dreams and aspirations, communication, mental capacity, relationships and daily activities. They also contained a one-page profile which gave support workers a quick read reminder of people's needs.

Health action plans were in place for some people that used the services of The Wilf Ward Family Trust organisation, but not for everyone. These were being considered as a standard document in use across the organisation. Patient passports were in place, to enable healthcare workers to understand people's needs should they be admitted to hospital.

Support plans contained personal risk assessment forms to show how risk to people was reduced, for example, with mobility, falls, moving and handling, nutrition and bathing. We saw that support plans and risk assessments were reviewed monthly or as people's needs changed. One person had a review of their care needs with the funding local authority and a family member during our inspection. Diaries were used for each person, which showed records of the support already provided as well as planned appointment times.

Activities were undertaken in the community in the main. Support workers told us they thought outside the box when it came to supporting people to socialise and relax and said that visiting night-clubs with people was a favourite pastime and going on foreign holidays was popular. One person had dreamed of dancing all night and staying in a hotel and this had been realised for them. Another attended a gym where they swam and cycled. They also helped with a local dog walking scheme one Saturday a month.

Some people were supported to attend drama club and perform plays, sketches and pantomimes. One person had their own computer with internet access and usually spent an hour before the evening meal searching for items of interest. They also expressed that they found much pleasure in musical theatre and was preparing to go to York with a family member to see a show the night of our inspection. Another person liked to go horse riding, have their nails, hair and other coiffeur needs professionally attended to.

Family members said about activities and pastimes, "The staff do their best to encourage my [relative] who goes to day services two days a week. We have bought a special bike for them to ride", "[Name] goes to the Monday club, snooker club, Rainbow club and comes home at weekends to be involved with family life", "[Name] cleans their flat, shops, cooks and generally goes out and about", "[Name] goes out a lot to places like The Deep, to York, bowling, cinema and out for meals", "My [relative] has been to London and Scarborough recently" and "[Name] goes abroad on holiday, takes cottage holidays in England, goes on trips to Manchester and frequents pop concerts."

All of the people in one supported living house were supported to engage in household tasks, like cooking, cleaning, changing their bed sheets and washing their laundry. This enabled people to learn independent living skills and take pride in their shared homes.

Some people used equipment (hoists, wheelchairs, turntables, slide sheets and supporting belts) to assist them to move around their houses for which they were assessed. We saw that wheelchair equipment was used effectively in one house we visited and that it was not necessary in the other house we visited. People's support plans contained risk assessments to ensure no one used equipment incorrectly.

Support workers understood that people had their own hoist slings to avoid cross infection and these were kept in people's bedrooms wherever possible. Where it was considered appropriate people were asked if they would like the use of adaptive cutlery and crockery aids so that they could maintain their independence. All equipment in place was there to aid people in their daily lives to ensure independence and effective living, but not unless people agreed to using them.

Staff told us it was important to provide people with choice where possible, so that people continued to make decisions for themselves and stayed in control of their lives. Family members confirmed that their relatives were encouraged to make choices and take decisions wherever possible, though some said it wasn't always possible for them to do so.

People's relationships were respected and support workers aided people to keep in touch with family, friends and partners. Support workers encouraged people to receive visitors and spoke with people about family members, friends and partners if people wanted to. People were encouraged to remember family birthdays and anniversaries. One person had regular dates with a partner to see ice-hockey games or to visit the cinema.

The registered provider had a complaint policy, procedure and flowchart in place for people, their relatives and support workers to use and these were displayed in the houses that we visited. Complaint records showed that complaints and concerns were handled within timescales. All complaints were logged centrally with The Wilf Ward Family Trust, but dealt with at a local level. There had been three complaints recorded since April 2016 and we saw that these had been handled appropriately.

Support workers were aware of the complaints procedure and had a positive approach to receiving complaints as they understood that these helped them to improve the service they provided. They said that where possible they resolved minor complaints quickly but passed more complex complaints through to the manager and head office via the complaint system. Compliments were also recorded in the form of letters and cards.

People we spoke with told us they knew how to complain. When we asked family members if they knew about the complaints procedure they said, "We are there all the time, so initially speak to the staff if unhappy", "There is a complaints procedure in place that I am aware of", "We have names of people to

contact, but never had to though" and "I would just speak to the staff. Everything would be sorted straight away." Other family members said they had never needed to think about complaining or had to make a complaint, but they all knew about the procedure and would speak to a support worker, to the house manager or the registered manager. All of this meant the service was responsive to people's needs.

Good

Is the service well-led?

Our findings

People we spoke with felt the service had a friendly, family orientated atmosphere. Support workers said the culture of the service was, "A very positive one. Our standards are very high" and "The culture is good, caring and progressive." Family members said about the service, "I think the good leadership has a knock on effect on the service, it has got to be good", "Overall I am quite satisfied with everything", "The atmosphere in the house is 'home from home'. Absolutely fabulous", "We are delighted with the support, everything is about the three lads who live in the house" and "It is excellent."

The registered provider was required to have a registered manager in post and on the day of the inspection there was a registered manager in post, who had been in post since the service was registered in October 2015.

The registered manager and registered provider were 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. Notifications were sent to the Care Quality Commission (CQC) and so the service 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 deputy manager was open, inclusive and approachable. Support workers told us they expressed concerns or ideas freely and felt these were considered and tried before any decisions were made about them. They said that there was an open-door policy to each house manager. Policies and procedures were available to all support workers and other employees via the organisation's computerised file system known as 'Share Point'.

When asked if the service was well-led family members said, "The management team is very approachable. We have the best team at the moment. I would say the structure is the best it has ever been", "The manager is brilliant. They are open and honest. If I am worried about anything the manager will explain things to me. They are brilliant", "The manager is wonderful, very helpful. The service has a good attitude all round" and "The manager is absolutely spot on. The service is committed to the people that use it."

Support workers spoke about the organisation's 'visions and values' and told us these were written in relation to individuality, valuing people, respectfulness, purposeful behaviour, integrity and upholding promises, realising opportunities and putting people at the centre of their care. Support worker and employee behaviour and conduct was monitored using 'The Wilf Ward Way', a system of assessing support worker and other employee performance. Workers confirmed this system was in place.

Service awards were handed out and celebrated at a local venue. Regional awards had been introduced recently too. The Wilf Ward Family Trust managers and people that used the service were invited to nominate and vote for support workers to receive these awards and winners were put forward to the regional annual award finals. Support workers stated the organisation was a good one to work for.

A quality assurance monitoring system was in operation and included audits, satisfaction surveys and meetings. Family members confirmed with us that meetings were held. They said, "We hold meetings three or four times a year. They are good for meeting up with other parents", "We don't have them anymore", "We have a meeting coming up. I find them very useful for getting together with other parents", "We attend meetings and discuss how to make our children's' lives the best it can be" and "We do attend meetings, but we are there a lot anyway so are involved a lot in [Name's] life."

Information was passed to people that used the service, relatives and support workers via a monthly newsletter and one person, with support from workers, had set up a 'blog' on the internet so they could communicate with their relative.

Staff told us that separate improvement plans were devised for each supported living house following quality monitoring audits. Different audits, for example, on health and safety, management of medicines, customer care (files and care), staffing requirements and files, took place on a monthly basis in each suite. However, weekly audits were undertaken on people's individual finances. A finance yearly audit, which was followed by a yearly finance audit undertaken by the finance team at head office, was also completed. A general yearly audit was completed by the organisation as well.

Significant events, accident and incidents were audited and reviewed. Audits always generated action plans, which were signed off as each identified action was completed. Support workers discussed required and completed actions in team meetings. The organisation had identified that there was nowhere on the action plan documents to record the reviewing of support plans and show how they needed up-dating, so this was recently added. Registered managers within the organisation held management meetings as well to discuss issues and concerns at a more senior level. For example, they were looking at ways of involving people that used the service in health and safety meetings too.

Surveys were also carried out and we saw the ones that had been issued in 2016. Responses in the 2016 surveys were all positive and had been analysed. The action needed to address identified issues had been taken, for example, to download an easy read copy of the complaint procedure. Family members said about surveys, "I am sure we have had one", "I think we had one some long time ago", "We have just received one" and "Yes surveys are sent to me."

Support workers and the management team maintained records regarding people that used the service, employees and the running of the business. These were in line with the requirements of regulation. We saw that they were appropriately maintained, up-to-date and securely held so that people's confidentiality and privacy were respected and protected.