

Novalis Trust

William Morris House

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

William Morris House is a specialist residential college. The service is registered to provide accommodation and personal care for up to 35 young people with a learning disability or autistic spectrum disorder. People attended the service either during term time, or a full time 52 week placement.

The Care Quality Commission (CQC) regulates and inspects accommodation and personal care. The educational provision at the college is regulated and inspected by the Office for Standards in Education (OFSTED).

The service was on a large campus with two houses providing accommodation, these were bigger than most domestic style properties. Twelve people were using the service at the time of this inspection. This is larger than current best practice guidance. However, the service applied the principles of Registering the right support and other best practice guidance. The service supported people to transition from a residential college environment towards longer term accommodation and where possible, independent living.

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

People received care from staff who were recruited and trained safely. Medicines were managed safely. The service had appropriate safeguarding processes in place and people and staff knew how to raise safeguarding concerns if required.

People were supported to access community health care when required, the service worked effectively with other professionals to ensure people's health needs were met.

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.

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.

People were cared for by staff who were kind and compassionate and knew them well.

People received a person-centred service. Care and support was tailored to individual needs and preferences. People were supported to be fully involved in their care planning, daily routines and long-term goals.

The service was well led. People and staff felt supported by the management team. The registered manager was knowledgeable about legislation and best practice guidance.

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 23 May 2017). Since this rating was awarded, the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

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 ●

William Morris 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

This inspection was completed by one inspector.

Service and service type

William Morris House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before this inspection, we reviewed the information we already held about the service. This included notifications sent to us by the provider. Notifications are information about specific incidents the service is required to tell us about.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

During this inspection, we spoke to four people and two relatives about their experience. We spoke to eight members of staff, this included care staff, personal development mentor, Head of Care & Principal, operations manager and the registered manager.

We reviewed a range of records. This included four peoples care records, three staff files and a variety of 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 as good. At this inspection this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The service had systems in place to protect people from abuse. Staff were knowledgeable about different kinds of abuse and signs that may indicate someone is being mistreated. Staff knew how to report concerns if required.
- Staff told us they were confident that the registered manager and safeguarding lead would act on concerns.
- People told us they were aware of the two safeguarding leads at the service and told us they would talk to them if they were worried about something.

Assessing risk, safety monitoring and management

- People had risk assessments in their care plans, these included general, environmental and personal risk.
- Risk management plans identified precautions and had clear guidance for staff on how to minimise risk for people.
- The service completed a number of safety checks to ensure the premises and equipment remained safe. This included regular vehicle checks, gas safety checks and electrical checks.

Staffing and recruitment

- Recruitment methods were safe, pre-employment checks were completed for all staff. This included obtaining full work history, appropriate references and a DBS check. DBS (Disclosure and Barring Service) checks help employers make safer recruitment decisions and prevent unsuitable people working with vulnerable adults.
- The service was fully staffed and rarely had to rely on agency staff. This meant that staff knew people well and developed good working relationships with them.
- The service was recruiting for new roles in the hope of increasing people's access to meaningful activities.

Using medicines safely

- The service had robust protocols for managing the receipt, storage and disposal of medications.
- Medicines were administered safely. Staff received regular training and were competency assessed annually.
- The service completed medication audits monthly. Any concerns identified were acted on promptly.

Preventing and controlling infection

- The service had a '5' rating from the food standards agency. This meant they had very good food hygiene standards.
- Staff had training in infection control and were knowledgeable about infection control principles.

- Houses were clean, tidy and free from bad odours.

Learning lessons when things go wrong

- Accidents were recorded and analysed by the manager. Accidents and incidents were analysed for trends and possible triggers.
- Analysis of accidents and incidents was used as an opportunity for learning. The learning from these incidents was used to improve service provision or update peoples care plans.

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 as good. At this inspection this key question has remained 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

- Peoples physical, emotional and social needs were assessed using a multi-disciplinary approach.
- Care plans detailed people's preferences and choices regarding their care. People and their family were fully involved in the assessment process.
- Move on plans were discussed at the point of assessment, this meant people were supported to transition into adult life in the community.

Staff support: induction, training, skills and experience

- Staff had ongoing training relative to their roles. Staff told us they had enough training to do their jobs well and were able to request further training if required.
- New staff undertook a robust induction process before working independently. This included training, shadowing and competency assessments.
- The service held face to face training sessions weekly. This ranged from mandatory training to specialised areas such as Makaton and trauma training. Makaton is a language programme that uses symbols, signs and speech to enable people to communicate. Trauma training enabled staff to work with people that may have previously experienced trauma.
- The service held a training session about individual people before they started, these were sometimes presented by the person themselves. This meant all staff knew people well before they started at the service.
- Staff told us they had regular supervisions and that these were supportive. Comments included, "It's always really reflective and I get a lot of advice. At the end of it there is always reflection and a positive outcome" and "it's a good moment to bring up any issues with staff or concerns about residents. There is also a part in there about information sharing, if we have strategies that we think would be good to share with the team."

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

- People were encouraged to be involved in preparing meals and snacks.
- We saw people's dietary preferences were recorded in their care plans. Where people's dietary preferences were very restrictive, staff worked with them to try different foods and achieve a healthy balanced diet.
- The staff had good knowledge of people's dietary needs and allergies. Food was prepared and handled safely.

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

- We saw evidence of multidisciplinary team working which enabled people to receive timely and appropriate care.
- The service provided several exercise sessions that included activities such as yoga and mindfulness. This gave people the opportunity to partake in activities that promoted physical and emotional wellbeing.
- Healthcare professionals spoke positively about working with the service. Comments included, "staff are very quick to respond, they do keep in contact with me" and "[person] is very complex but they really do keep him at the heart of what they are doing, and they work collaboratively with all the professionals involved."

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

- People were able to personalise their room, we saw rooms were decorated in peoples preferred colours with pictures on walls and personal effects around.
- We saw that some communal areas did not have a homely atmosphere, the registered manager told us they were aware of this and had plans to redecorate. They showed us areas that had been redecorated and these were brighter and more homely.
- Information in communal areas were available in picture and symbol format.

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. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had attended training on the Mental Capacity Act and had good knowledge of the principles of the MCA.
- Staff gained consent and checked with people before providing support, we observed staff tailored the communication they used to individual people.
- Where required, DOLs had been applied for promptly. Where these had been authorised, conditions were being met. The service used a tracker to monitor the progress of applications that had not yet been authorised.
- The service completed mental capacity assessments and held best interest meetings in line with MCA. We saw evidence that best interest decisions were made in the least restrictive way possible.

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 as good. At this inspection this key question has remained 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 and their relatives told us they were happy with the care they received, one family member told us

- We observed interactions between staff and the people they supported. We saw they had friendly caring relationships. People told us they liked and trusted the staff.
- Staff spoke passionately about providing high quality care to people they supported.
- The service held sessions on understanding equality and the human rights act. These sessions helped people to understand their own rights, as well as the importance of respecting other people's differences.
- Staff told us the service had a culture of celebrating diversity, one staff member said, "The college itself promote diversity with celebrating festivals, two days ago, [staff member] was asking me to translate music so he could sing it in different languages. The culture of the college is nice, we have festivals and activities where we celebrate diversity."

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

- Staff supported people to be involved in decision making. They were aware when people may want or require support from their family.
- People were supported to make decisions in a variety of ways, for example staff used social stories and pictorial diagrams providing images of emotions or actions. A Social Story is a written or visual guide describing various social interactions, situations, behaviours, skills or concepts.

Respecting and promoting people's privacy, dignity and independence

- Relatives told us how staff treated people with respect and as individuals. One relative told us, "She's treated as an individual, in this environment her disability comes second, she is a person first and foremost and that's how they treat her."
- People's care plans provided clear guidance as to how people wanted their privacy and dignity to be maintained and what was important to them.
- Staff spoke to us about the importance of promoting people's independence, one staff member told us "I love working with the students, I like seeing what they can do rather than what they can't, I like doing work experience with them and finding ways to help them have a full fulfilling life."
- The registered manager told us how they used social stories to help people make choices and manage their own personal and sexual health.

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 as outstanding. At this inspection this key question has now deteriorated to 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

- People's care plans were specific to them and set out how they would like their needs to be met. We saw that these were updated regularly as people's needs, and preferences changed.
- People were supported to make choices and take part in daily activities, we saw people were supported to make meals and complete daily tasks such as, washing clothes or cleaning, as independently as possible.
- The service held 'student focus' meetings fortnightly. This was a multi-disciplinary meeting in which staff reflected on care provided to students and discussed how to improve outcomes for people.

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.

- The service was compliant with the AIS. People had access to and used a variety of communication aids which met their individual needs.
- We saw that policies, care plans and other information was adapted to appropriate formats for people who use the service.

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 were supported to partake in social and work experience activities. These included working with elderly people, animals and recreational activities such as gardening, swimming and trampolining. People we spoke with told us they enjoyed these activities.
- People were supported to attend social events such as disco's and rugby games. This enabled people to develop and maintain relationships with others.
- Staff supported people to attend specialist church services, this meant people had opportunity to build relationships within religious communities that were important to them.
- The service supported people to maintain regular contact with their families and friends. Staff supported people to write emails, take pictures and use skype to talk to their relatives. The service held regular activities and open days for family members to attend.

Improving care quality in response to complaints or concerns

- The service had a clear complaints policy, this was available in various formats.
- Relatives told us the service was open and maintained honest communication with them. One relative told

us, "In terms of the staff, from reception to management, staff are approachable and honest. For us that's the most important, [person] is the most important thing to us; you want to know when there are problems. They will pick up on it and be honest."

- Where the service had received concerns, these were acted on appropriately and in line with their complaints policy.

End of life care and support

- No-one at the service was receiving end of life care. The service had not included end of life discussions (in case of sudden death) within people's care plans.
- People had hospital passports that were fully completed with important information, this meant their preferences would be communicated clearly in case of sudden illness.
- People's religious and spiritual preferences were recorded in care plans.

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 as good. At this inspection this key question has now remained 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

- Relatives spoke positively of the management team. One relative told us, "I've met [manager] more times in the last four months than I ever met the previous management. Very supportive, it's nice to talk to people that have got knowledge of care and education from a worker's perspective."
- Staff told us the management team encouraged them to provide high-quality person-centred care for people and take positive risks. One staff member told us, "they've been really good at pushing boundaries for [person] and their diet, she has always been quite specific about what she eats, they were saying, let's try this, let's try that. It's amazing that she's been eating all these things. It's been awesome to see that happen, Novalis [Trust] were really keen to push that boundary and have gotten to this point."
- Staff told us that management were approachable and supportive. Comments included, "[manager] is always there if you have any questions that you are not sure of, and the on call. She's really supportive seven days a week, she's been supportive on how we work" and "they are definitely approachable, they listen, you don't feel like you're a hindrance or wasting time. They are so friendly."

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 registered manager was knowledgeable about their responsibilities under the duty of candour. They demonstrated openness and honesty with people, relatives and professionals.

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

- The management team completed regular audits in areas such as medicines management, care plans and infection control. This helped to ensure safety and quality of care were maintained at the home.
- There was an on-call system in place to ensure staff always had access to managerial support.
- The registered manager had good knowledge of their regulatory requirements.

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

- People were actively consulted regarding day to day life at the service as well as plans for future change. Consultations were completed using social stories and an emotions board. This supported people to communicate their opinions on the development of the service.
- Staff told us they felt listened to and able to contribute to the running of the service.

Working in partnership with others

- The service was making good links with the local health care professionals and had good working relationships with the adult social care teams in the surrounding areas.
- The registered manager was a member of relevant industry networks, this meant they had access to up to date information on changes in legislation and guidance on best practice.