WESC Foundation

St David's House

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

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 provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

The registered location, St David's House comprises of a care home with 21 beds and a health team, which includes nursing and therapy staff. The provider is West of England School and College, for people with visual impairment, known as WESC Foundation. It provides further education programmes for young people with visual impairments and other disabilities. The care home, St David's House is made up of three separate lodges, Maple, Ash and Mulberry. A few people who live at St David's House are students at the college but most have finished their formal education. Commissioners have

Summary of findings

agreed further funding for individuals to continue to live there in order to enable them to gain further independent living skills and to have support to access the community for work and leisure.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

The provider employed health professionals to help support people's health care , mobility and psychological needs. These included nurses, a clinical psychologist, occupational therapy, speech and language, and physiotherapy staff. Young people who live at St David's House have access to all the specialist services and facilities on site, even when they no longer attend the college.

People were supported by staff who were trained and skilled to meet people's individual needs. Staff were confident at enabling people to become more independent but some staff felt less confident with managing people's health care needs. Following a recent decision to reduce nursing provision on site, some staff were feeling anxious about their increased responsibilities, and senior staff were supporting them with this. Improvements were needed in documenting how people's health care needs were being addressed in their care records, so they were clearer and more accessible to staff and others.

People felt safe and their risk of abuse was reduced because staff were trained to recognise signs of abuse, reported them and were confident any concerns were dealt with. Staff understood the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. They knew how to make sure people, who did not have the mental capacity to make decisions for themselves, had their legal rights protected, although further actions were needed for one person. Risks for individuals were identified and managed to reduce them as much as possible. People were supported to take some risks in order to increase their independence and lead more fulfilling lives.

People were supported by staff who were compassionate and kind. Staff spoke about people as individuals and care was personalised to meet people's individual needs. People's privacy and dignity was promoted by staff who demonstrated a positive regard for each person in their interactions and in how they spoke about them.

People, relatives and staff gave us a number of examples which showed people were supported to become more independent. They had access to a wide range of work experience opportunities because the provider has their own retail charity shops and worked in partnership with local businesses which offered work placements. When a person was ready to move on from the college, the provider worked with the person, health and social care professionals and the new provider to ensure they were supported to do so in a planned and phased way. This meant the new service had all the information, support and training they needed to support the person appropriately.

People benefitted from a service that was committed to continuous learning and improvement. There was a positive culture which praised and encouraged people and staff for their achievements. There was strong leadership which put people first, and senior management led by example. The provider had robust quality monitoring systems to monitor the quality of care provided.

Summary of findings

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 told us they felt safe, knew what to do if they were worried and felt well supported by staff. The provider had arrangements in place to promote people's safety and reduce their risk of abuse.

People were protected by staff who were encouraged to raise concerns and to challenge when they felt people were at risk. The service managed risk in a positive way, which enabled people to take some risks as part of their development and in order to lead more fulfilling lives.

Staff understood the principles of the Mental Capacity Act and were meeting the requirements of the Deprivation of Liberty Safeguards (DoLs). Where people, did not have the mental capacity to make decisions for themselves, they had their legal rights protected. For people who lacked capacity, relatives, staff and other health and social care professionals were consulted and involved in making decisions in their 'best interest'. For one person, further action was needed to ensure their needs and wishes were being sufficiently taken into account in decisions being made about them. The provider has since confirmed this action has now been taken.

Is the service effective?

Requires Improvement

The service was not fully effective. Although staff knew about people's health care needs and these were being met, it was difficult to identify how health needs were being met in the care records. This was because some of the information was not clear or easily accessible to staff.

People were encouraged to make healthy choices, eat a balanced diet and took regular exercise. People were supported to mobilise independently by a specialist mobility team that developed individual exercise programmes and arranged any specialist equipment needed.

People were cared for by staff that were suitably trained to meet the needs of people they supported. Staff were supported to reflect on their practice through regular supervision and their learning and development needs were identified through annual appraisals.

Is the service caring?

Good

The service was caring. People, relatives and health and social care professionals gave us positive feedback about the service. Staff were compassionate, developed meaningful relationships with people, treated them as individuals and with dignity and respect.

People were supported to express their views as appropriate to their individual communication skills and abilities. They were actively involved in planning and making decisions about their care and treatment.

Summary of findings

Is the service responsive?

Good

The service was responsive. People's care was based around their individual needs and aspirations and they were supported to make choices and have control of their lives. People were supported to fulfil their goals and ambitions by staff that took positive action to help people to be as independent as possible. People were encouraged to learn new skills and gain work experience.

The environment of the home and the surrounding grounds were suitable for the sensory needs of people with a visual impairment and those with physical disabilities.

People and relatives said they knew how to raise any concerns and confirmed these were dealt with. People were consulted and involved in the running of the service, and their views were sought and acted on.

Is the service well-led?

Good

The service was well led. There was a positive culture in the service and staff worked well as a team. Staff were kept up to date with current practice and felt well supported. The provider had clear values which they promoted to staff. The management team provided strong leadership and led by example.

The provider worked proactively in partnership with other organisations for the benefit of the people they supported. They had effective quality monitoring arrangements through which they monitored the quality of people's care and continuously improved the service. They outlined a number of further service improvements planned for the forthcoming year.

St David's House

Detailed findings

Background to this inspection

The inspection was unannounced. We visited St David's House on 30 September and on 03 October 2014. The inspection team included two inspectors, a pharmacist and an expert by experience (ExE). An ExE is a person who has personal experience of using this type of service, for people with a visual impairment and physical disabilities. We previously inspected in January 2014 and no concerns were identified about the care provided during that inspection.

We spoke with 12 people who lived at St David's House and five relatives to get feedback. We spoke with 17 staff, which included nursing and care staff, the support services manager at St David's House, one of the registered managers, a physiotherapist, psychologist, and three members of the senior management team. We looked at four people's care records, five staff records, 13 medicines records, training information, and at a range of quality monitoring information.

People living at the service had complex needs and some were unable to communicate their experience of living at the home in detail. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people, who could not talk with us.

The provider completed a Provider Information Return (PIR). This 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. Before our inspection, we reviewed the information included in the PIR along with information we held about the home. This enabled us to ensure we were addressing potential areas of concern and those that had not been reviewed for a while. This included notifications sent to us. A notification is information about important events which the service is required to send us by law. We contacted commissioners of the service and external health professionals to obtain feedback about the care provided and received feedback from four of them.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Good

Is the service safe?

Our findings

People said they felt safe with the staff who supported them, and were confident any concerns raised with staff were dealt with. The provider had policies and procedures about protecting people from abuse, and staff had been trained in using them to promote people's safety and reduce their risk of abuse. There was a named lead for all safeguarding concerns and people and staff had a telephone line they could use to report urgent concerns about suspected abuse. Staff knew how to recognise signs of abuse, and were confident any concerns reported were taken seriously and investigated. The provider notified us about any safeguarding concerns, and reported on actions being taken to protect individuals. Where there were concerns that related to staff, these were dealt through the provider's formal employment and disciplinary procedures.

WESC Foundation promoted zero tolerance of bullying and raised awareness through an annual anti-bullying week, staff training and a code of conduct. No concerns about bullying were raised by people living at St David's House.

Staff had received training and demonstrated they understood the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLs). The MCA sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected.

Prior to the inspection, we were notified of a safeguarding concern raised about the care of one person, which we followed up at the inspection. We looked in detail at this person's care and at decision making about them. We had some concerns about whether this person's wishes and views were being sufficiently taken into account in 'best interest' decisions being made about them. We discussed this with senior staff at the college and with local authority staff and the provider has since confirmed further actions have been taken to address this. We had no concerns about any of the other people at St David's House who lacked capacity. Each person, family members, staff who cared for them and other health and social care professionals were involved in 'best interest' decision making about them.

The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLs). None of the people who lived at St David's House were subject to a Deprivation of Liberty authorisation. Staff understood people's rights not to have their liberty restrained and when it was appropriate to make referrals to the local authority. Staff undertook accredited training in managing challenging behaviours, which had an emphasis on positive behaviour support. A psychologist contributed to people's behaviour support plans and provided on going advice to people and staff. Support plans outlined in detail how staff should respond to de-escalate situations in a safe way, which respected people's dignity and protected their rights. Staff were knowledgeable about how to support people when they got upset or frustrated and used positive behaviour support techniques successfully to manage challenging behaviour.

For example, we observed a person display behaviour which challenged others, and staff responded promptly and dealt with this in a calm, skilled and respectful way. They recognised that the person was becoming agitated, and arranged for them to spend time with another person in a quiet area. This helped the person to feel calmer and prevented the behaviour from escalating. A health professional also gave us positive feedback about this, they said, "The person has been less prone to periods of agitation from the start of her stay". For another person, staff explained their room was minimally furnished for their safety and to avoid harm". Records showed medicines were rarely used to manage people's challenging behaviours and that physical interventions were only used as a last resort. A physical intervention is the minimum reasonable and necessary force used to manage a person who is physically aggressive.

People were protected because risks for each person were identified and managed. Care records had detailed risk assessments which identified measures taken to reduce risks for each person as much as possible. Environmental risks assessments showed what actions had been taken to keep people safe within the home and grounds. People were supported to try new things and staff supported people to manage risks in a positive way.

People had recently enjoyed an adventure holiday at the Calvert Trust, a charity that enables people with physical and sensory disabilities to experience exciting, challenging and enjoyable outdoor activity holidays. People enjoyed a wide variety of activities such as sailing, kayaking, wheelchair crate stacking, rock climbing and abseiling. In preparation for the holiday, staff prepared comprehensive

Good

Is the service safe?

risk assessments for each person. They also made contingency plans to support people in the event of any injuries or staff sickness. These showed risks were managed positively and proactively so people could experience an adventure holiday.

People were supported by enough staff to keep them safe and meet their needs. Each person's support needs was assessed at different times of the day, when they were at home, attending the college or accessing the wider community. From this, the number of staff hours needed to support each person was calculated and agreed with commissioners. For example, some people needed one to one support from staff at all times, and others only needed support with personal care or to go out. One person told us how they appreciated staff working flexibly so they could use some of their staff support hours to go to a night club.

There were some staff vacancies when we visited and additional staff were being recruited but the recommended staffing levels for each person were maintained throughout our two day visit. A group of staff who worked ad hoc hours, known as bank staff were helping out at St David's House.

These staff worked regularly on site and knew people who lived at the home well. Agency staff were also used to make sure the staffing levels needed were maintained to keep people safe and meet their needs.

People received their medicines safely and on time. We looked at the management of medicines at St David's House and at the health centre. We observed four people being given their medicines at lunchtime, looked at medicine records, and talked with staff about people's medicines. Staff were trained to administer medicines and were assessed to make sure they were competent to do so. Controlled drugs in use were being managed in accordance with the legislation and refrigerated medicines were stored at the recommended temperature.

Medicine records were well completed and showed when people received their medicines. Staff had clear guidance and knew when it was appropriate to use 'when required' medicines. Regular audits of medicines were completed, and any actions taken to address issues were recorded. People were enabled to manage their own medicines, if they were assessed as safe to do so. For example, one young person was learning to gradually take responsibility for their own medicines with staff support as part of gaining independent living skills.

Requires Improvement

Is the service effective?

Our findings

People's health care was not always documented in a way that easily identified what care was being provided in response to a particular health need. For example, one person, was assessed as being at risk of developing pressure ulcers. Although this person was being appropriately cared for, it was very difficult to identify clearly where this health care need was documented in the person's care records. Staff were knowledgeable about how to care for this person and reduce their risk of developing pressure ulcers. The person was encouraged to move regularly to improve their circulation and had a pressure relieving mattress on their bed. Staff used protective boots to protect vulnerable areas of the person's skin and a tissue viability specialist nurse confirmed staff had sought advice appropriately and followed that advice. However, the lack of a detailed care plan about this health need meant staff, and external health professionals did not have access to comprehensive written information about how to keep the person's skin healthy and reduce their risk of pressure sores.

A commissioner raised concerns with us about a person's care, particularly in relation to their nutritional needs and recent weight loss. We followed this up and found appropriate actions had been taken in relation to the person's nutritional needs. The person's weight loss had been recognised, an appropriate referral was made to their GP and to a dietician and the advice given was being followed. Staff documented in detail what the person ate and offered alternatives when the person refused their meal. Care records showed the psychological aspects of the person's behaviour in relation to food had also been considered. Although this health issue was being dealt with, it was difficult to identify easily how these health needs were being addressed in the person's care records. We discussed this with senior staff who undertook to arrange further training with staff to improve health care plans and where health needs were documented in the electronic care record.

Before a young person came to live at St David's House, an assessment of their needs was undertaken. Evidence based tools were used to identify people needs, such as, people at risk of malnutrition and dehydration. People's needs were supported by a team of specialist health professionals employed by the provider. Health and therapy teams worked together with the young person, family and other relevant professionals to develop an individual care plan for each person. Care records had detailed step by step plans (including photographs) to remind staff how to use particular pieces of equipment and to assist people to transfer safely from one place to another.

There was a health centre on site, where the local GP held a weekly clinic and other visiting specialists held regular clinics. People's health conditions were monitored by staff at the health centre such as blood and urine testing, if that was more convenient for the person. Nurses provided staff training, support and advice to staff to manage people's individual health care needs. For example, for people who needed their medicines administered by injection, and having their nutritional intake via tube feeding. The lead GP for the college confirmed staff worked well with them and contacted them appropriately for advice. They said, "The nursing team are on the ball, they are proactive". They had installed a computer linked to the surgery which meant the GP could access each person's medical records during clinics and that nursing staff could access advice and request prescriptions.

The environment was adapted to meet the needs of people who lived there. The corridors were wide and smooth so that people in wheelchairs could move easily around. Sliding glass doors were fitted with controls set at the right height so people in wheelchairs could operate them independently. All bathrooms were adapted so people with physical disabilities could use them safely. Each lodge was adapted to meet the sensory needs of visually impaired people and help them move safely around the home. Special trail borders on the walls helped people navigate around the home by touch and signage in Braille was used to help people locate the cooker and rubbish bin in the kitchen. There was a sensory room, designed to develop the senses of people limited communication skills, through special lighting, music, and objects, which staff said was very popular.

Outside, tactile pavements alerted visually impaired people to crossing areas so they could cross the road safely A variety of objects of reference were used to help people navigate around the campus and identify their location. For example, a textured sculpture of bubbles on the outside of the hydrotherapy pool and wall art at the entrance to health centre. The provider had recently installed coloured lights and a bubble blowing system in the hydro pool. Staff

Is the service effective?

explained how these were used these to communicate with people with sensory difficulties. For example, a change in colour of the lights or the bubbles were used to indicate to the person when it was time to move onto the next exercise.

People were encouraged to take responsibility for improving their own health and wellbeing through learning about healthy lifestyles, nutrition and exercise. Staff promoted people to eat a well-balanced diet and make healthy eating choices. They emphasised the importance of people keeping within a healthy weight range in order to maintain their mobility. For example, staff had supported a person to lose weight which had really helped them to do their exercises more effectively. Each person had an individual mobility plan which included a regular exercise programme and details of any specialist equipment they needed. People used the hydro pool, gym, trampoline and the specialist bikes available, such as tandems and adapted tricycles and had physiotherapy.

At St David's House, staff supported people to choose their own food, do their shopping, and help prepare meals. Lots of people enjoyed cooking and a person baked biscuits with staff support. A specialist team helped people complex eating or swallowing difficulties. They provided detailed information and training for staff about how to support each person to eat and drink safely, and reduce choking risks. Care records included very specific information about the support each person needed with eating and drinking and any specialist crockery and utensils needed.

Staff encouraged and prompted people to eat, as needed. Where a person refused to eat, staff tried again a bit later and then offered the person an alternative snack. Where staff were concerned about a person's eating, detailed records were kept about their eating and drinking, such as exactly how much of their meal they ate and any snacks or food supplements offered. Where needed, people's weight was monitored regularly and actions taken in response to any concerns were documented and followed up.

People were supported by staff who had the knowledge and skills needed to care for them. All new staff undertook an induction programme, and had an eight month probation period to ensure they had the required interpersonal skills, values and competencies to work with the people they supported. Staff had regular training and demonstrated a good knowledge of each person's individual care needs and how to meet them. A training matrix showed the training each member of staff role was expected to complete. Training was also provided to meet people's specific needs, for example, medication, nutrition and hydration, epilepsy, autism, diabetes and asthma. Staff received regular supervision, during which they explored any practice issues and had annual appraisals where any training and professional development needs were identified and addressed.

The service had recently reduced the nursing provision on site and these changes meant staff were taking more responsibility for dealing with people's health care needs. Some staff expressed concerns about these changes and said they felt less confident about this aspect. One said, " I know what to do but not so much about health issues". We followed this up with senior managers who explained it was 'early days' and that staff were still getting used to the changes. They had arranged support from the training department of the local hospital to make sure all staff had the appropriate skills to meet people's health needs.

Good

Is the service caring?

Our findings

People were supported by staff who were compassionate and kind and treated people as individuals. Staff demonstrated a positive regard for each person in their interactions with them and in how they spoke about them. One person told us about the emotional support staff had given them recently when they had had a setback and were disappointed. They said staff had been "amazing" and said "They are absolute stars". People and relatives were very happy with the service provided and how the person's views were sought and taken into account. One relative said, "We are very happy with the way our daughter is treated". Another said, "People's feelings and their wellbeing is a key priority here". Parents said they were made welcome when they visited. One person' s parents said, "We are very involved in the person's care, we have a very open and honest relationship with staff and we participate in the annual review meeting. A social care professional said, they found staff helpful, and able to provide information.

Staff at the college had a written agreement with each family about how the person/and staff would communicate with them. This included making sure visits from relatives and other contact with family was arranged around the person's college commitments. For example, staff sent a text to one family following each administration of medication to help alleviate their anxiety. Another family was phoned after a person had been out to assure them the person had enjoyed themselves and was fine. Other parents were phoned weekly as indicated in the care plan. Records showed how staff assisted a person to ring their family and speak with them privately.

Staff were focussed on what was best for people. For example, when a new person approached the home to access day care provision, they were invited for a meal so they could meet other people who lived there and develop a rapport with them. Staff knew people well and understood their needs. They could judge a person's mood by their vocal sounds. When a person had an emotional outburst, staff intervened quickly to comfort and reassure the person. One staff member described how a person used words which did not always have their literal meaning but sometimes indicated something else, such as, by using the word pain to indicate they were feeling down. This showed staff knew people well and understood their needs and their verbal and non verbal communication.

There was a relaxed and friendly atmosphere in each of the three lodges, Maple, Ash and Mulberry and people and staff were chatting happily together. One person was sitting on the couch with a staff member who was asking them about their favourite songs and getting them to sing them. Another person was very excited as they were off to the radio station know as VI (visually impaired) radio to do a broadcast. They said they liked to choose their favourite songs which were broadcast on the radio for everyone to hear. Parents could also e mail their requests and chat to the DJ in residence. Lunchtime was very sociable, people sat down together and ate their meal in a relaxed and unhurried way. Staff told us how one person did not like the noise around the table at lunch time so they ate later when it was quieter.

People who lived at St David's House used an electronic swipe card to access their home. Visitors and other staff could not access the lodges unless they were invited in by people who lived there or by staff who supported them. Each person had their own room that they could lock for privacy and people had made their rooms more homely with treasured possessions. When relatives and friends visited, people could meet them in private in a sitting room provided for them. This meant people's privacy was respected

Care records included detailed information about how to support people with personal care. In one care plan it said, "The person needs to urinate frequently, please be patient and offer me the opportunity to use the toilet before setting off on trips". Several people enjoyed attending their local church services and the school choir and care records included information about people's individual religious and cultural preferences.

People were encouraged to make day to day choices and decisions for themselves, such as about what they wanted to wear and what food they wanted to eat and staff were knowledgeable about people's individual preferences. When a person was using the internet, and we saw how a member of staff was keeping their distance to give them privacy but was discreetly keeping an eye on them, which was in accordance with their care plan.

Good

Is the service caring?

People were supported to express their views and be actively involved in making decisions about their care through daily interactions with staff, review meetings and through regular house meetings in each lodge. They were supported to learn to use a range of technology in order to promote their independence. People had access to computers, iPad, and some people used Skype to stay in touch with family and friends. Other more specialist technology was also provided according to people's individual needs, for example, voice activated technology, and speech and touch screen software was used to assist with communication. A young person and a parent commented that where technology went wrong, things took a while to get repaired, which was frustrating, comments which we fed back to the provider to address.

Good

Is the service responsive?

Our findings

People who lived at St David's House received care which supported them to be independent and to lead fulfilling lives. Staff used a development programme, known as Skills and Knowledge for Independent People (SKIP) to support young people and adults with visual impairment to increase their independent living skills. Following an individual assessment, targets were set for each person to achieve so staff could measure and monitor their progress.

Each person had a personalised programme which included living skills such as: independence at home, mobility, relationships with others, money management, health needs, risk management and workplace situations. For example, one person was working on becoming more independent at making their own breakfast. We looked at their SKIP target for this which showed in detail the steps the person needed to take to achieve this. For other people, SKIP targets were used to identify people's education, training and work related targets.

Each person undertook a variety of educational, work and leisure activities to enhance their learning and to fulfil their individual interests and hobbies. A section of the care record was titled "What I do to bring joy and achievement to my life". Staff explained activities were designed to provide people with great fun, to make new friends, learn about themselves and others and to build self-confidence and esteem. These included simple, everyday activities, with particular emphasis on skills for independent living such as supermarket visits, trips to the beach and the local park and leisure activities such as ten-pin bowling. Staff were encouraged to develop their own areas of interest so they could engage people, for example, one staff member was good at organising art and craft activities and another was musical. This improved people's lives because staff were more resourceful and less reliant on organised activities to engage with people.

In the afternoon, there was a music session where people were encouraged to play instruments such as drums, shakers and bells and to choose a song to sing as they played their instrument. Staff supported people to take part and there was a very happy atmosphere.

People's care records were detailed and about each person's individual needs. Daily records were detailed about how each person spent their day and about their physical and emotional wellbeing. Where people needs changed, these were documented and showed actions taken in response.

Relatives we spoke with confirmed they were very involved in people's care, that staff contacted them regularly to update them on any changes. Parents of one person said staff supported them by giving them structured routines which best suited their needs. They told us how impressed they were that staff had encouraged the person to try new foods which had widened their previously narrow food choices. A care professional said a person who had recently moved to the home had settled very quickly and was enjoying the quiet spacious setting and pursuing her interests of music and cooking. Another care professional said, "The person is encouraged to do things they enjoy like riding and sailing".

One person had recently completed their Duke of Edinburgh bronze award. This involved the person needing to go camping independently. Staff told us how they had supported the person to achieve this and we saw the photographs of them setting up their tent at the edge of the campus. A member of staff remained nearby outside the tent all night in case they were needed, which meant the person could complete the required challenge independently.

People's success was celebrated. Staff told us about a recent award ceremony held at the college to praise people and recognise them for their achievements. One person who lived at St David's House had been awarded 'Personality of the Year' in recognition of their positive and cheerful outlook. Another person had received a 'Mobility of the Year' award. This was for how they had used specialist mobility equipment to help them move independently and swiftly around the campus. This meant the person was always on time for lessons as they were no longer reliant on staff to help them.

One person we met liked to catch the bus into town to go shopping. They carried a card with the bus number on it to indicate to the bus driver which bus they wished to get on. This person's parents said they felt confident about the person travelling by bus because a staff member remained nearby to make sure the person was safe. Another person told us how much they were enjoying their work experience and enjoyed meeting people that came into the shop.

Good

Is the service responsive?

People who lived in each lodge had regular meetings, where people could discuss issues that were important to them and raised any concerns which were dealt with. People and relatives knew how to raise concerns and complaints and said these were swiftly dealt with. There had only been one complaint at St David's House in past 12 months, which had been thoroughly investigated and dealt with.

Before agreeing to live at St David's House, young people and their families were given information about the service, in a format that met their communication needs and their ability to understand. This included information about the college, St David's House, the facilities and support offered. People also had the opportunity to visit and meet staff to see before they moved there so they could check whether the service was suitable for their needs.

One person was being assisted to explore a move to a supported living environment. A supported living service is one where people live in their own home and receive care and support in order to promote their independence. Where people were planning to move to another service, this was organised in a planned and phased way. We looked at the transition arrangements and saw the person had visited the service several times and assessments were undertaken to make sure the service could meet their needs. Staff worked with the person, family and the new provider to ensure their care and support needs were understood. Detailed information was produced for the new provider about their educational achievements, any health needs and risks. This also included behaviour management plans and any physical, sensory and mobility needs and any training for staff about person's moving and handling and equipment needs. This demonstrated the service worked in partnership with other services to co-ordinate people's care and ensure a smooth transition when a person moved to live at another service.

Good

Is the service well-led?

Our findings

There was a positive culture in the service which praised and encouraged people and staff for their achievements. There was a relaxed and friendly atmosphere in all parts of the service we visited and staff worked together as a team. At the daily handover meeting, staff communicated effectively between one another about people's needs. Staff said they felt well supported and were able to seek advice at all times. At St David's House, a support services manager was in day to day charge. They were visible and accessible to people who lived in Ash, Mulberry and lodges and the staff who worked there.

People and staff knew senior management staff and interacted with them in a relaxed way. Staff said WESC Foundation was a good organisation to work for with established values. The service was organised around people's individual needs and managers led by example. Staff said managers were approachable and valued their opinions and suggestions when planning people's care. Staff were kept well informed through regular staff meetings, team briefings and individual supervision

The registered manager role in this service was a job share arrangement between two senior staff. Each had different responsibilities, one was the head of care and a member of the senior management team, who took the lead for safeguarding and for St David's House. The other registered manager managed the nursing and therapy staff. At the time of the inspection, some organisational changes were underway and these arrangements were being reviewed and changes to the current registered manager arrangements were planned.

People were asked on a regular basis whether they were satisfied with the service. This was through day to day interactions with staff and via monthly meetings in each unit. Minutes showed people discussed food choices, reported any repairs or maintenance needed and planned future outings and activities.

Relatives told us staff kept in regular contact with them and consulted them. Each person had a detailed annual review, which the person, relatives and other health and social care professionals attended. This looked at all aspects of the person's care, progress and agreed new goals and objectives and actions needed to make further progress. Relatives were welcomed and visited regularly, and staff took lots of photographs so they could see what the person had been up to and what they had enjoyed. Relatives said any concerns or queries were dealt with and responded to quickly.

WESC Foundation held an annual awards ceremony which people, families and staff attended where people's individual achievements were recognised and praised. Staff also received recognition and praise for their work with individuals whose lives they had made a difference to.

Decisions made about service changes and improvements were based on people's needs and welfare of staff. The provider consulted with staff through a staff forum held several times a year. The rationale for proposed changes were explained. Staff forum minutes showed that staff had been consulted about the changes to the rota and the nursing provision.

The provider had a variety of quality monitoring systems in place to monitor the quality of care people received. Staff undertook regular health and safety and equipment checks and nurses audited the medicine management arrangements regularly. Staff supervision, appraisals, safeguarding and evidence of meeting the requirement of regulations were monitored. Reports of an independent visitor and of trustees showed regular visits were undertaken to each lodge to speak to people and to staff and get their feedback. These visits also monitored the environment of care and checked whether environmental improvements scheduled had been carried out. Any areas for actions were identified and incorporated into an action plan, and a red, amber, green system was used to indicate what actions were completed and those outstanding.

Members of the senior management team also undertook review visits to one another's areas of responsibility, and reported on them, which was good practice. A risk committee met twice each term to consider any risk. Minutes showed these included discussing and agreeing actions to deal with any environmental and health and safety risks. WESC Foundation had an emergency plan, which outlined arrangements for accommodating people in the event of major disruption such as loss of water, gas or electricity.

The provider information return showed improvements made to management information systems. A new human resource database had been purchased to monitor training, staff appraisal and supervision. An online system

Good

Is the service well-led?

had been introduced so staff could report accidents and incidents electronically. Detailed records were kept of each incident, which showed they were investigated thoroughly and actions taken to reduce risks of recurrence. Reports from the database were analysed to identify and any trends or patterns and were monitored by the senior management team and trustees at meetings so that organisational risks were identified and further actions prioritised and agreed. A health and safety manager had been appointed who was currently updating all fire risk assessments.

Senior staff told us about recent improvements had been made in the staff rota system in order to provide better staffing levels at the weekend so people could be supported to go out and socialise more and ensure staff had longer breaks between shifts so they could be rested and refreshed for their next shift. This showed changes were made to improve the service for people and for the wellbeing of staff.

Further improvements planned included the employment of a quality manager to help improve the management information systems to provide more relevant and meaningful information to inform priorities and decision making. The provider also had plans to set up supported living services to enable people to progress to more independent living arrangements whilst retaining the benefits of local access to specialist health and therapy services, facilities and staff expertise. This showed the service was committed to further improvements to meet the changing needs of adults who had completed their formal education.

At our previous inspection in 2013, we raised with the provider about whether their arrangements for a service wide annual survey was suited for needs of people who lived at St David's House. This was because no responses were received to last year's survey from the people who lived there. At this inspection, senior staff told us about work completed to develop a separate survey for people at St David's House in preparation for this year's annual survey. The survey tool used pictures and symbols to assist people to respond and the questions asked would be more relevant to their lives. People would also be given more time to process the information and helped to respond by relatives or others not employed by the service. This showed improvements were being made to how the views of people who lived at St David's House were obtained.