

WESC Foundation

WESC Foundation

Inspection report

Topsham Road
Countess Wear
Exeter
Devon
EX2 6HA

Date of inspection visit:
04 April 2017

Date of publication:
04 May 2017

Tel: 01392454200

Website: www.westengland.ac.uk

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

We carried out this inspection on 4 April 2017. It was an unannounced inspection. When St David's House was previously inspected in September 2014, no breaches of the legal requirements were identified.

St David's House is a residential care home with 21 beds situated within the campus of the West of England School and College (WESC) Foundation. The service is made up of three separate lodges, Maple, Ash and Mulberry. At the time we visited, 15 people lived at St David's House. Three of those people are continuing their on-going education at the main WESC college.

The WESC Foundation provides further education programmes for younger people with visual impairments and other disabilities. People benefitted from a wide range of work experience opportunities as the college had their own retail charity shops and they worked in partnership with local businesses. WESC Foundation also employed other healthcare staff such as a clinical psychologist, speech and language therapists and physiotherapy services as well as mobility services. The people at St David's House had access to all the specialist services and facilities on site, even when they no longer attended the college.

A registered manager was in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission 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 and associated Regulations about how the service is run. On the day of our inspection the registered manager was absent on annual leave. We spent time with the deputy manager and other members of the provider's management team.

People were observed at ease in the company of staff and there was a clear friendship and bond between people and staff. People's relatives said they felt people were safe and spoke very highly of the staff at the service. There were sufficient staff on duty to meet people's needs and recruitment processes were robust. Staff knew how to recognise and respond to actual or suspected abuse. People received their medicines in accordance with their assessed needs and risk assessments were completed when required. Incidents and accidents were monitored and the environment was maintained.

People received effective care in line with their assessed needs. People's relatives spoke highly of the care provision and the staff that provided it. The service had met their responsibilities with regard to the Deprivation of Liberty Safeguards (DoLS). DoLS is a framework to approve the deprivation of liberty for a person when they lack the mental capacity to consent to treatment or care and need protecting from harm. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA).

The service had completed capacity assessments and ensured people had independent advocates when required in accordance with the MCA. However, we found that when a capacity assessment indicated that a person lacked the capacity in a particular area of care, the associated best interest decision was not

consistently completed in line with guidance or fully recorded. We have made a recommendation relating to this. Staff received training and supervision to carry out their roles effectively and an induction was undertaken by new staff. People received the support they required to eat and drink and people had access to healthcare professionals.

We observed caring observations between people and staff. Relatives we spoke with commented positively on the standard of care provided and written compliments received by the service reflected this. Staff understood the needs of the people they supported and a keyworker scheme promoted the delivery of person centred care. Staff were observed responding to people's needs during the inspection and care records were personalised. This ensured people received care that reflected their current needs. The environment of the service was adapted to ensure people's independence was promoted. There was a wide range of activities people could partake in.

We received positive feedback about the management and leadership of the service. The management were actively involved in care provision and staff told us they were well supported in their roles. Staff spoke of a good team ethos and a mixed skill set that brought positive outcomes for people. There were systems to communicate with staff and staff had the opportunity to feedback on their employment. Governance systems monitored the quality of service provided and records relating to people's care delivery were regularly reviewed. People could feedback on their care and there were systems to communicate with parents, carers and staff.

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 at ease with staff and relatives spoke positively.

Staffing levels met people's needs and recruitment was safe.

People received their medicines as prescribed.

Staff knew how to identify and respond to suspected abuse.

Incident and accidents were reviewed and the environment maintained.

Is the service effective?

Good ●

The service was effective.

We have made a recommendation about following mental capacity guidance.

The service met their responsibilities of the Deprivation of Liberty Safeguards.

Staff received induction, training and supervision.

People received the required support to eat and drink sufficient amounts.

People had access to external healthcare professionals.

Is the service caring?

Good ●

The service was caring.

We received positive feedback about the caring nature of staff.

Written compliments had been received at the service.

We observed caring observations between people and staff.

Staff understood the needs of the people they supported.

People had keyworkers and key information was communicated.

Is the service responsive?

Good ●

The service was responsive.

Staff responded to people's needs and feedback was positive.

Care records were personalised and current.

People and their relatives were involved in regular care reviews.

People had a wide range of activities to partake in.

The provider had a complaints procedure.

Is the service well-led?

Good ●

The service was well led.

Feedback about the management and leadership was positive.

Staff said they felt supported in their employment.

There were systems to communicate with staff.

There were systems to seek and act on people's views and opinions.

Governance systems monitored care provision and records.

WESC Foundation

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 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.

This inspection was unannounced and was carried out by two adult social care inspectors. When St David's House was previously inspected in September 2014, no breaches of the legal requirements were identified.

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 service. This included notifications sent to us. A notification is information about important events which the service is required to send us by law.

Some people had complex needs and not all were able to tell us about their experiences. We used a number of different methods to help us understand people's experiences of the home such as undertaking observations. This included observations of staff and how they interacted with people.

On the day of the inspection we spoke with 10 members of staff. This included the deputy manager, support staff and other members of the provider's management team. Following the inspection we spoke with four people's relatives to obtain their views of the service.

We looked at six people's care records and additional records relating to the management of the service such as policies, incident and accident records, recruitment and training records, meeting minutes and audit reports.

Is the service safe?

Our findings

People at the service were evidently at ease with the staff that supported them and there was a clear bond between people and staff. The staff we spoke with, who had the employment title of 'Enablers' were clearly passionate about achieving the best possible outcome for people living at St David's House. We received very positive feedback from people's relatives. One person's relative said, "He is well cared for and well looked after. His needs are always met." Another told us, "I'm always happy because [person's name] is always happy - as a parent that helps. We get a good feeling there."

Safe recruitment processes were completed. Staff had completed an application form prior to their employment and provided information about their employment history. Previous employment or character references had been obtained by the service together with proof of the person's identity for an enhanced Disclosure and Barring Service [DBS] check to be completed. This DBS check ensures that people barred from working with certain groups such as vulnerable adults are identified.

The provider had appropriate arrangements to identify and respond to the risk of abuse. There were appropriate policies in place for safeguarding and staff had received training. Staff understood their duties in relation to reporting suspected or actual abuse. They explained how they reported concerns internally to senior management or to external agencies such as the Commission or the local safeguarding team. Staff were confident that concerns would be acted upon by the management team. One staff member commented, "The safeguarding training is really good here. Safeguarding is included every week during house meetings. We use easy read versions for residents so they can understand safeguarding."

The provider had appropriate policies in place to support staff should they wish to report concerns through whistleblowing. It was noted that although staff knew they could contact the Care Quality Commission (CQC) to whistleblow, within the current policy there were no details of how staff could contact the CQC. The CQC have a dedicated whistleblowing team and this information being made available would ensure staff had all available contact numbers to support them should they not wish to report concerns internally.

Each lodge, Ash, Maple and Mulberry had its own medicine storage facility. Medicines were always dispensed and administered by two members of staff. Staff told us that medicine training included on line training and observing a medicine round three times, assisting with a medicine round three times and then dispensing medicines under observation three times or until the staff member felt confident. Staff also received regular supervised practice for the administration of medicines and we saw written evidence of this.

We observed a master signature and initial list in each of the three lodges and we noted that recently appointed members of staff who had completed their medicines training had been added to the list. Having a master signature list ensured that in the event of a suspected error or omission the member of staff could be quickly identified. At the time of our visit no person was being given medicine in a covert form. Some people preferred taking their medicines with yogurt for ease of administration and in these cases we observed letters from the person's GP.

We checked that fridge and room temperatures had been recorded on a daily basis. We found a small number of omissions in the recording of room and fridge temperatures for the month of February 2017. This was highlighted to the management team during the inspection. All of the medicine rooms had air conditioning. It is important to store medicines at the correct temperature as not doing so can adversely affect their efficiency. Liquid medicines had been dated when opened to ensure they were being used within their recommended storage period. We identified one liquid medicine not dated which was highlighted to the management. Medicines were stored safely and the storage room keys for all of the medicine rooms were also stored securely.

We checked a total of eight Medicine Administration Records (MAR) and found them all to be correct. This meant that medicines prescribed for people had been administered at the correct time in accordance with the prescription. We observed body maps in use for the administration of topical creams and lotions. These body maps are important as they guide staff who were not familiar with people, such as agency staff, to apply creams and lotions to the correct place. We reviewed the recorded medication errors in the service. A total of nine medication errors had occurred since January 2017. All of these errors had been analysed and actions to be taken identified. We saw that medication audits had been completed in all lodges during December 2016.

Within care records we saw evidence of comprehensive risk assessments covering a wide variety of areas. The service has its own in-house Speech and Language Therapist (SALT) team who advised and supported staff how best to care for people with swallowing or choking difficulties. Where risks were identified, there was risk management guidance detailing what the individuals risks were, what modified consistency food should be prepared to and how to support the person with fluids. This aimed to reduce the associated risk to the person. Staff told us they had received dysphagia (swallowing difficulties) training and that if staff members identified a specific training need, the in-house training co-ordinator would arrange training for them.

We found that care plans had personalised, comprehensive risk assessments that had been classified as Red, Amber or Green (RAG) rated. This identified the level of risk and included actions that should be taken to mitigate the identified risk. The assessments detailed goals, objectives and care instructions on how to support people including what method of communication should be used so that people were given instruction in a personally understandable format. A number of people were living with severe epilepsy and we observed detailed emergency treatment responses. Nationally recognised tools for the risk of skin breakdown and nutritional risks were also being introduced where the need was identified.

We also saw records that showed comprehensive risk assessments were completed for external activities such as horse riding, sailing or cycling. The risk assessments included areas such as transportation, supervision, possible behavioural challenges, medical requirements and mobility. This demonstrated that people were supported to live an active and fulfilling life both within the service and in the local area or community.

Staffing levels were appropriate and we made observations to support this. Through our observations of people and speaking with relatives, no concerns were evident with staffing levels. In addition to this, staff we spoke with did not raise any concerns about the current staffing levels. During the inspection people were well attended to, with staff having time to support people with meals, drinks and with time to just sit and talk or interact with people. When staff numbers were at risk of falling below the required set levels, for example through unplanned sickness or current vacancies, agency staff would be used. We reviewed the staffing rotas for a four week period prior to the inspection. These showed that when agency staff were used, the service had, where possible, used the same agency staff to promote care continuity.

There were systems to complete a continual review of reported incidents and accidents. This review was to identify any patterns or trends in incidents and accidents and was aimed at preventing or reducing reoccurrence through intervention and support for people. Recent reviews showed no trends in the reported incidents or accidents. All incidents and accidents were recorded electronically by staff and an automatic email was sent immediately to senior managers to inform them of the incident. We saw that all reported incidents and accidents had been reviewed by senior management.

The provider had systems that monitored the environment and the equipment within the service. From reviewing audit and governance records, and speaking with the estates manager, we saw that lifting and hoisting equipment, electrical equipment, legionella testing and the fire systems were serviced when needed. There was a fire risk assessment for the premises dated November 2016. Supporting records that showed the fire alarms, lighting and fire fighting equipment were checked and tested. Included in all the care records were personal evacuation plans known as PEEPS. These identify how best to support people in an emergency situation such as evacuating them from a building. As each person had their own mobility and communication difficulties, it is important that staff are aware of what they will need to do in order to evacuate people safely.

Is the service effective?

Our findings

Staff received training to support them in providing effective care and we observed good practice from staff during their interactions with people. People's relatives spoke very positively of the staff and management at the service and told us they felt effective care was delivered by competent staff. One relative told us, "They've got it really right there. The staff are really good at recognising his non-verbal communications." Another relative commented, "I do feel it's the best place (for the person to be). I'm very happy and I think it's the next best thing to family." Another relative said, "The place is amazing, everything is thought of."

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.

Where required, the service had ensured they had followed the MCA Code of Practice and appointed an Independent Mental Capacity Advocate (IMCA) when required. An IMCA is a legal safeguard for people who lack the capacity to make specific important decisions. This could include decisions about where people lived and received care or treatment, and also decisions relating to serious medical treatment options or interventions. IMCA's are mainly instructed to represent people when they have nobody independent of the services who currently support them, such as a family member, friend or other suitable representative. We saw that two people at the services currently had an IMCA appointed.

Care records showed that people's capacity had been considered. We saw that capacity assessments had been completed. These clearly showed the steps taken within the process and we found that capacity assessments had been regularly reviewed. We did find that when the assessment indicated that a person lacked the capacity in a particular area of care, the associated best interest decision was not consistently completed in line with guidance or fully recorded. For example, in regards to people's seasonal flu vaccinations we saw good evidence of decision making processes. We identified that recording in relation to people's epilepsy monitoring required improvement and we highlighted this to the service management.

We recommend the service refers to guidance in the Mental Capacity Act 2005 Code of Practice in reference to reviewing mental capacity assessments and recording best interest decisions.

The service had met their responsibilities with regard to the Deprivation of Liberty Safeguards (DoLS). DoLS is a framework to approve the deprivation of liberty for a person when they lack the mental capacity to consent to treatment or care and need protecting from harm. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). 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.

Applications for people living at the service had been made and most were currently being processed by the

local authority. Five people at the service currently had an approved DoLS application in place. Of these five, only one person had a condition attached to their DoLS authorisation. We found the conditions specified within the authorisation were being met. Care records documented how the conditions were being met.

New staff completed an induction aligned with the Care Certificate. This was introduced in April 2015 and is an identified set of standards that health and social care workers should adhere to when performing their roles and supporting people. The certificate is a modular induction and training process designed to ensure staff are suitably trained to provide a high standard of care and support. We spoke with a senior member of staff who told us the induction involved mandatory training and familiarisation with the people, the service and policies. They told us new staff shadowed more experienced staff initially to enable new staff to learn about the people they would be supporting and how people preferred their care and support to be given. A record of induction was maintained that showed what aspects of the induction the new staff member had completed and that they had received the required training and been familiarised with the relevant policies.

Staff said they had regular supervision and appraisals and this was confirmed in the records we reviewed. A senior manager told us that staff supervision was completed approximately six times a year. We reviewed a sample of supervision records that showed topics such as the goals set at the last supervision, the staff member's welfare, people's care and support needs, performance and training and safeguarding were discussed. The staff member also had the opportunity to set further goals for the next supervision. One staff member commented, "I have a supervisor, I see her every six weeks. The managers are approachable. We go into our HR (Human Resource) system to see what training is available. I have just done three days first aid."

Staff received regular training to carry out their roles. Staff at the service had the benefit of an 'on site' trainer to support them with their training needs. We reviewed records that showed staff received regular training throughout the year to ensure they could meet the needs of the people they were supporting. We saw training was delivered in safeguarding, first aid, medication, swallowing and choking, epilepsy and manual handling. Training was also delivered in matters such as visual impairment to support staff with understanding the people they supported. One staff member commented, "We get enough training, it's amazing. We have just had autism, emergency medicines and Non-Abusive Psychological and Physical Intervention (NAPPI). We have in-house trainers."

During term time the service had food delivered from the main WESC college campus and people could choose from a menu what they would like to eat. During holiday times, staff in the three lodges cooked food for the people and we saw evidence that during a weekly house meeting people made requests and gave ideas for meals and this had been incorporated into the holiday menu. Only one person was having all their fluid intake and output measured during at the time of our inspection and we noted that this had been thoroughly recorded. It was observed that a fluid intake target had not been identified on the fluid balance chart. This could help staff encourage fluids to meet the fluid intake objective and ensure adequate hydration for the person at risk.

Snack foods were available for people who needed supplementary foods in order to gain or sustain weight. Staff we spoke with told us that seating during mealtimes was arranged to ensure adequate personal space for people and that background noise was kept to a minimum in accordance with known preferences of the people. This level of consideration ensures as far as possible that eating and drinking was a pleasurable experience for people and did not cause unnecessary stress.

We observed within care records that photographs were used to show what a person was capable of undertaking and achieving at meal times with staff support, such as whisking food and pouring fluids. This helped newly appointed and agency staff understand a person's capability level. Staff we spoke with clearly

valued the photographic information contained in the care records and felt that it helped them to do their job in accordance with people's abilities. These photographs were also shared with people's family members to show them the various activities that people had been involved with.

One person had a Percutaneous Endoscopic Gastrostomy (PEG) feed. This is a way of feeding someone via a tube into their stomach that passes through the abdominal wall. We spoke with a staff member who had just fed the person via the PEG feed. They told us that they had received training from the health team to undertake the PEG feed and had not felt under any pressure to do it until they felt both confident and comfortable in doing so.

The majority of people at St David's House were registered with a local GP practice and the service had a GP visit on a weekly basis. This meant that any concerns regarding physical or mental health were quickly addressed. Care records we reviewed had evidence of external professional involvement and prompt onward referrals were made to secondary healthcare in the event of physical or psychological needs. A staff member commented, "We get good support from physios, mobility and speech and language team. People who live here are safe and well cared for. I'm confident action would be taken if needed."

Is the service caring?

Our findings

People at St David's House were comfortable in the company of staff. We observed positive interactions between people and staff and received very positive feedback from people's relatives that we spoke with. One relative we spoke with told us, "The staff there are amazing, they really care about what they do and who they are doing it for. [Person's name] calls it home and is happy." Another relative we spoke with said, "They (staff) are so lovely, they treat people as individuals. I cannot sing their praises enough for what they do." Further positive feedback from a relative was, "I can describe it as a whole world in a small place. It really is outstanding care."

We reviewed a selection of the compliments the service had received from people's relatives. These echoed the positive responses we had from people's relatives when we spoke with them. We recorded an extract from some of the cards and letters we looked at. One read, '[Person's name] is doing better than I ever might have hoped and has learnt to read. The advice from WESC was invaluable.' Another compliment was, 'Without their (staff) help, support and hard work, our daughter would not be what she is today.' Another compliment read, 'Words cannot express our gratitude for your commitment to our son.'

People could be visited by their friends and relatives at any time of day. There were no restrictions on people's relatives or friends visiting the service and relatives were welcomed. This meant that people living in the service were not isolated from those closest to them. It was clear from conversations we had with relatives that they knew the staff well. People told us they felt welcomed at the service.

People were not always able to tell us about their experiences, so we observed people and staff interacting and listened to them speaking with each other. It was clear there were good relationships between people and staff. People were at ease with staff and there was a relaxed atmosphere in the service. We saw staff had sufficient time to sit down with people and engaged with people in conversation or support. We observed staff supported people outside of the grounds within the main WESC campus area on walks and other activities. Staff were always on hand to offer assistance to people and people were smiling with staff. All interactions appeared genuine and unhurried, with all support and intervention being done at a pace suited to the person receiving it.

During our conversations with staff they demonstrated a very good understanding of people's care and support needs. The staff we spoke with were able to provide an in depth knowledge of people, their personalities and behaviours. Staff spoke about people's behaviours and told us how they supported them in a manner they knew the person liked. Staff told us how they managed some people's behaviours by ensuring the environment was calm and relaxed. Staff understood people's current and historical health needs and concerns. Staff could explain how people had been supported with hospital visits and other healthcare support which indicated they knew the people they cared for well.

Bedrooms promoted people's privacy and people could have a key card to their room if they wished. Each person's bedroom was personalised with their own possessions, for example photographs and mementoes. This helped to make each room look personal to the people living in them. Some people had computers in

their rooms, others had musical instruments and we saw people using these both with and without staff support during the day. Relatives we spoke with were happy with the environment in which people were cared for, with one relative telling us how they had worked with the service to decorate the person's room to a standard and style suitable shortly after they moved in.

People had an allocated keyworker to help ensure the service could be responsive to people's identified needs. We spoke with senior management and support staff about the keyworker role. They explained the keyworker oversaw care and support and ensured people's care needs were being fulfilled. People's keyworker provided emotional support and developed people's physical welfare needs whilst promoting their independence as much as possible. People's keyworkers were also responsible for communicating with people's relatives or representatives. One family member we spoke with was very positive about the keyworker who supported their son. They told us, "The keyworker is brilliant and communicates things to other staff." This demonstrates the keyworker scheme had a positive effect on people and their families.

People and their families had a 'Welcome Pack' available to them when they moved into the service. This gave people important information about the service, commencing with what happened when people moved in, how to stay in contact with people, how the service aimed to keep people safe, an explanation of the keyworker scheme, activities people could be involved in and healthcare. A statement of purpose was also given out, and information for parents and carers on personnel at WESC and the facilities available was communicated via a leaflet. This meant people and their relatives received important information about the service.

Is the service responsive?

Our findings

We observed that staff were responsive to people's needs and care records showed how care had been assessed and planned to achieve this. Relatives we spoke with told us they felt the service was very responsive to people's care and support needs. They told us the service was also responsive with them and that they were involved in care reviews. One relative said, "I always attend for meetings and to meet the local authority." Another commented, "They always let me know if there are any issues, the communication is good." A further comment from a relative was, "I'm happy to address anything with them, we have meetings for everything."

Care records reflected the changing needs of the people they were written for. For example, we saw that a resident had lost weight and they had been referred to the GP who had prescribed a nutritional supplement. The care records indicated this had a positive outcome and the person had gained weight. During our review of the records we did note that people's weights had not been recorded since January 2017. Staff told us that the scales had been out of order for some time and had only just been repaired.

We saw with care records that people had 'Hospital Passports.' These documents help hospital staff understand how best to interact and support people who had a learning and visual disability. This ensured that in the event of a person needing admission to a general hospital, their needs and how best to support them can be identified via the passport. When we spoke with relatives they told of how staff were responsive to people's needs during hospital admissions. They informed us that a member of staff always stayed at the hospital with people during an appointment or admission to ensure people were in the company of a familiar person. One relative told us how on one occasion, the deputy manager of the service stayed with someone for a significant period of time to support them in hospital.

Care records also contained behaviour management plans to guide and support staff during episodes when people displayed behaviour that may be challenging. The behaviour management plans included behaviour scales with detailed descriptors of what staff should do and say in the event of behaviour that may challenge. The scale included descriptions of behaviour under a variety of headings such as, 'I'm Distressed,' 'Pay Attention,' 'Losing Control' and, 'Out of Control.' We saw these were different for each person showing that the assessments were unique and personalised to the people they referred to.

Visual impairment profiles for each person had been included in the care records. These profiles contained a visual dynamic of how the person was affected by their visual impairment. Staff told us that they found these profiles very helpful in supporting people as it clearly showed their visual limitations and level of required support. Communication guidance was also contained within care records to help and support staff in recognising people's non-verbal communications. Detailed descriptions of facial expression meanings and body language gestures were documented. These records were also different for each person showing that the assessments were unique and personalised.

Care records included personalised information on people's daily and leisure activities, safety at night, manual handling requirements, care and wellbeing and emotional and social wellbeing. Reading the care

plans gave staff a distinct understanding of the person's unique needs and contained detailed guidance in how to best support them. The care records were reviewed on a monthly basis to ensure accuracy and to confirm they were still reflective of people's individual needs. People and their relatives were actively involved in care reviews. All newly appointed staff were required to sign to confirm that they had read the care plans. This ensured that staff supporting people were aware of the individuals likes and dislikes and understood how best to support the person.

The service was responsive to people's needs through the adaptation and design of the environment and equipment. The kitchen areas had specially adapted equipment including cupboards, ovens and hotplates that could be lowered so that people who were wheelchair users could access facilities under supervision. The service had adapted kettles that dispensed hot water to a measured amount to avoid scalding risks. Specialised equipment was in evidence and staff showed us non slip place mats, plate guards, specially adapted cutlery and easy to apply tabard style aprons to ensure dignity when eating and prevent food spillage onto clothes which could cause distress and discomfort.

Staff told us that they used a variety of tools to help people express themselves and showed us an 'I talk' machine that had two brightly coloured buttons. Staff recorded onto the machine the choices available and then enabled people to press the button in accordance with their preferred choice. We observed some staff using Makaton sign language to aid communication and some of the signage in the service was in both braille and 'Moon' which is a system of raised shapes that can assist visually impaired or blind people of any age to read by touch. Audio books were also used. There was a sensory room within one lodge that all of the people in the service could use. This contained items such as lighting, mirrors and soft chairs. This demonstrated the service focused on enabling people to live as independent life as possible.

People were able to express their views about the service and give feedback about their care. House meetings were held with people. We saw that during the meetings, the staff aimed to capture people views and opinions. The minutes also showed that people's achievements were celebrated, for example if they were feeling better following illness or had achieved new levels of independence in different aspects of mobility or personal care. Also discussed were matters such as food choices, activities, keyworkers, complaints and fire procedures. This demonstrated how people were involved in choices about their care and that their achievements were celebrated.

People at the service had a significant amount of internal and external activities they could participate in to allow them to lead a fulfilled life. Staff we spoke with took pride when describing the activities available for people to participate in. Staff showed us photographs of recent activities including creating a Holi festival and St David's day celebrations. There were organised disco's and minibus trips to a disco in the local area. People had access to church groups, craft sessions, singing, music, a drumming group, wheelchair dancing and also pantomime company visits. The WESC campus had a full size swimming pool with specially adapted hoisting equipment. There was also a trampoline within the campus for 'rebound therapy.' Preferred individual leisure activities were clearly recorded in all people's care records.

External activities were available and ensured people at the service had positive experiences. There was a holiday for people in October 2016 to a local holiday camp. People were involved in horse riding and trike riding. One relative we spoke with told us how the service had involved them and had trained them in the use of the trikes to allow them to take their daughter on the trikes. Some people at the service had attended the concert of Sir Elton John in June 2016 and there were also regular outings with the local sailing club in specially adapted boats. The service worked in conjunction with the Calvert Trust who provided holidays for people with disabilities and their families. People at the service had the opportunity to take part in activities such as archery, rowing and climbing.

People had access to the provider's complaints policy and felt able to complain should they need to. The provider's policy was within people's welcome packs and explained the process to undertake. From reviewing the complaints log it showed the service had not received any complaints relating to St David's House within the past 12 months. It was noted the current policy in place for complaints did not contain information on how people could contact the ombudsman should they wish to escalate their complaint.

Is the service well-led?

Our findings

We received positive feedback about the leadership and management of the service. On the day of our inspection the registered manager was not on duty so we spoke with the deputy manager and other members of the provider's management team. It was evident the deputy manager understood the needs of the people and had an active involvement in care provision to people at the service. People at the service knew the deputy manager well. When asked about the management of the service, relatives were positive. One said, "She's [deputy manager] very good, and she's also very good at supporting me with things." People also spoke positively of the registered manager, who was also the provider's Director of Care and Support Services for the entire WESC campus.

Staff spoke positively of the support they received in their roles. All of the staff we spoke with were positive about the management and leadership of the service and told us there was a strong team ethos throughout the service. One staff member we spoke with said, "People are absolutely safe here. The staff all bring something different to the team. We have a brilliant staff team. Parents tell us how well their children are cared for here." Another said, "The manager is so helpful and supportive." A further positive comment was, "I feel supported by managers, they are approachable."

There were systems for staff to feed back on their employment experiences and incentive schemes for staff. The staff survey completed for the WESC campus showed positive results. Staff were asked for their views on matters such as their employment satisfaction and understanding of the organisation, communication and change together with staff views on their relationships with managers. Employee incentive schemes operated by the provider included being involved in the 'Cycle to Work' initiative, an employee shopping discount scheme, and a car leasing scheme that was run in conjunction with a national supplier.

There were systems to communicate key messages to staff. The service held daily handovers to communicate key matters about people's care needs and other key staffing issues. In addition to this, staff meetings communicated additional information. Meetings were held between senior staff and all support staff. From reviewing the senior meeting minutes it showed that matters such as discussions about people's care and support needs, safeguarding, mental capacity, and staff communications were discussed. General staff meetings discussed people's care and support needs, accidents and incidents, team skills, living skills and observations made within the service. The provider's health team met monthly and discussed staff training needs, activities, medicines, equipment checks and staffing levels.

There were governance systems to monitor care delivery and people had the chance to feedback on the service. We saw there was an auditing system that ensured people's care records, behavioural support plans and personal emergency plans were reviewed. This ensured the documentation within the care plans was accurate and relevant to the person it belonged. There was an innovative way to monitor these audits, as a 'peer review' of the audit would be completed by a second staff member effectively ensuring the care records were reviewed twice. We saw from records that these audits had been effective, with reviews highlighting additional information was needed in some care records and that others needed amending to show they were written in the preferred format.

People's views of the service were sought via a questionnaire. The last annual survey completed in October 2016 sought people's views on activities, if people accessed the community enough, if they had regular contact from people and if they liked where they lived. Additional questions included if people felt safe, if they enjoyed the food and if they had sufficient choice in their daily lives. The survey results did not raise any concerns. People also completed a bedroom audit with staff. This focused on asking people if they liked their bedroom, if they enjoyed spending time in it and if there was anything they wanted to change. In addition, staff were also asked for their views on people's bedrooms to ascertain if staff believed changes could be made to improve people's rooms. Where suggestions had been made, we saw that action had been taken such as the purchasing of a new chair.

Internal governance reports were produced. We saw a report was produced three times a year by the Principal of the WESC campus. This report reviewed all aspects of care and support throughout the campus and was based on the regulatory standards and requirements of The Office for Standards in Education, Children's Services and Skills (OFSTED) and the Care Quality Commission. We saw that the most recent annual review, completed in March 2017 was positive. The report highlighted some areas for improvement in relation to embedding quality assurance processes and ensuring best interest decision recording was improved. This was also identified in our inspection and has been reported on under the 'Effective' domain of this report.

The provider communicated with people's parents, carers and staff through regular newsletters. The most recent newsletters for parents and carers contained information including an invite to attend the next national visual impairment conference. In addition to this, information of achievements made by people on the WESC campus were highlighted, together with information being communicated about new trustee appointments and information about the provider's charity shops. Information communicated to staff within the newsletter was human resource updates, staff schemes, staffing appointments and celebrations. Information about trustees and annual conferences was also communicated. An additional fundraising newsletter invited people to fundraising events and gave information about volunteer appointments.