

Bridgewood Trust Limited

Well Royd House

Inspection report

Roils Head Road
Highroad Well
Halifax
West Yorkshire
HX2 0LH

Tel: 01422350109

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Ratings

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

Summary of findings

Overall summary

Well Royd House is a residential care home in Halifax. The home provides accommodation and personal care for people with learning disabilities. At the time of inspection there was 10 people living at Well Royd House.

People's experience of using this service:

The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways. There was a strong focus on promoting choice, control and independence. People's support focused on taking positive risks to ensure they had as many opportunities as possible for them to gain new skills and become independent.

People received good care and support which met their individual needs. A relative told us, "[name of person] is very well looked after and has become more independent through accessing opportunities in the community."

People and relatives praised the home and the way in which care was provided. People were supported in a safe environment. Risks to people's health and safety were assessed and mitigated. The service learnt lessons and improved the safety of the service following incidents.

There were enough staff deployed to ensure people received their required care and support. Staff were kind and caring and treated people well. Staff knew people well and had developed good, caring relationships with them.

Staff had received bespoke training to enable them to care for the individuals living within the home. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The service was well managed. The acting manager had a clear focus and continued to work alongside staff. Staff told us they felt the acting manager was working with them to ensure the home was maintained and were looking to continuously improve the service. We spoke to the acting manager about ensuring people's (PRN) records evidenced how staff would know if a person was in pain. This information was completed and sent to us after the inspection.

Rating at last inspection: Good (August 2016)

Why we inspected: This was a planned inspection based on the previous rating.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Well Royd House

Detailed findings

Background to this inspection

The inspection: We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection Team: The inspection was carried out by one inspector and an assistant inspector.

Service and service type: Well Royd House is a residential care home providing accommodation and personal care to people with learning disabilities.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of inspection there was an acting manager supporting the home with support from the Area manager.

Notice of inspection: The inspection was unannounced.

What we did: Before our inspection, we looked at all the information we held about the service. We asked the provider to complete a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We viewed information we had received about the service, for example, from the local authority safeguarding and commissioning teams, and notifications and action plans from the provider.

During the inspection we spoke with the acting manager and two support workers. We spoke to three people and observed staff interacting with them. We also spoke with a relative. We reviewed three people's care records. We also reviewed records and audits relating to the management of the home. We asked the acting manager to send us further documents after the inspection. These were provided in a timely manner and this evidence was included as part of our inspection.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Using medicines safely.

- Medicines were managed safely and effectively. However, we identified (PRN) protocols could be improved to support staff recognise when people needed these. These records were actioned and completed after the inspection.
- People were supported with medicines by trained staff.
- Medicines were stored safely and securely.
- Medicine Administration Records (MAR) were well completed indicating people had received their medicines as prescribed. Checking and audit systems were in place, so any errors or discrepancies could be quickly identified.

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

- People were protected from abuse and improper treatment.
- People and relatives said they thought the care provided to people were safe.
- People appeared comfortable and relaxed in the company of the staff who supported them. One person asked to write on the lap top. They typed, 'this is my home'.
- Safeguarding was promoted throughout the service giving people and staff many opportunities to raise concerns. Staff had received training in safeguarding and were able to clearly describe how they would identify and report allegations of abuse.
- Safeguarding incidents were taken seriously, fully investigated and action taken to learn from them to further improve the safety of the service.

Assessing risk, safety monitoring and management.

- The staff took positive risks to ensure people's independence and personal freedom was promoted. This included ensuring people had opportunities to go out into the community and live as normal life as possible.
- The home's environment was safe, secure and suitable for its intended purpose. It gave people a good mixture of personal freedom and the security they needed to keep safe.
- Staff were aware of the risks which affected each person. One relative said, "They are good at managing safety. I feel comfortable knowing [name of person] is in their care."

Staffing and recruitment.

- Safe recruitment procedures were in place.
- There were enough staff deployed to ensure people received appropriate care and support. Staffing levels were monitored by the management team and ensured contracted hours required for people's support were in place and recorded.
- People were supported by small teams of staff which enabled them to build up the skills to care for the

individual.

Preventing and controlling infection.

- The home was kept clean and tidy and staff adhered to good infection control principals.
- People were encouraged and supported with hand washing in their home. Posters were in place to support people to be reminded of these to promote their independence.

Learning lessons when things go wrong.

- Incidents were logged and investigated. The acting manager told us these would be used to improve the service.

Is the service effective?

Our findings

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- The staff team were very experienced in working with people in learning disabilities care. This helped ensure effective care was provided to people.
- Relatives told us they felt people had good outcomes. One relative said, "[name of person] does more now than they ever did. They know what [name of person] is capable of and they encourage that."

Staff support: induction, training, skills and experience.

- Staff received supervisions. The manager was completing training on this, so they could continue supervising staff in their role.
- New staff received a full induction to the service which included shadowing experienced staff, learning about policies and procedures and completing detailed induction. New staff completed the care certificate.
- Staff told us they felt well supported by the management team and morale was good. They said they received good training and development opportunities.

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

- People had menus based on their own individual choices and preferences. Nutritional care planning was in place to identify any specific needs. People's weights were regularly monitored to identify and act on any changes in weight.
- Staff encouraged people to help prepare food and drink to develop their independence and life skills.

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

- The service supported people to maintain good health and to attend health appointments.

We saw evidence people's healthcare needs were met and the service worked with a range of professionals. Health professionals' feedback was very positive about the service and said the service had helped them to achieve good health outcomes.

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

- The building was designed appropriately, to enable people to have as much independence and personal freedom as possible.

Ensuring consent to care and treatment in line with law and guidance.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to

take decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People were involved in making every day decisions and choices about how they wanted to live their lives.
- Capacity assessments had been carried out when required and decisions had been made in people's best interest for those who lacked capacity.

Is the service caring?

Our findings

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

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and relatives said they were well supported and provided positive feedback about staff and the home. Comments included, "The staff are lovely." They are helpful," and "The care is really good."
- We observed staff being kind and caring. One person was going for an appointment we saw staff reassure the person.
- People's religious, spiritual, and cultural choices were met and recorded in support plans.

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

- People told us they were involved in making decisions about their care and were included in their care planning. One staff member said, "We talk to people and ask them what they would like to do rather than assuming. Everyone has a choice."
- An advocate is a person who can support others to raise their views, if required. The manager told us that should anyone wish to have an advocate they would support people to find a local service.

Respecting and promoting people's privacy, dignity and independence.

- Staff understood the importance of respecting people's privacy and dignity. One staff member said, "We knock on people's doors. Make sure curtains and doors are shut when carrying out personal care. We reassure people that they are ok." One person told us, "They do not come in my room unless I say they can. I have a key."
- There was a strong focus within the service of promoting people's independence. People were encouraged to do as much as they could for themselves. This included assisting with cooking, cleaning and personal care. Care and support planning focused on building people's confidence and improving their independence in and out of the home.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People had clear care plans in place which provided staff with detailed information on people's needs. Staff were clear on the plans of care for each individual, giving us assurance, they were followed. Care plans were subject to regular review.
- People had access to a good range of activities and social opportunities. People undertook any activities they wished to participate in. For example, going on walks, shopping, going to the pub, football or doing arts and crafts. People were supported to go on holidays with family and staff.
- The service had developed good links with the local community with people actively participating in events in their surroundings.
- People's communication needs were assessed and recorded in care plans. These provided staff with guidance on the most effective ways to support the person to communicate. The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. We found the service had met this standard.

Improving care quality in response to complaints or concerns.

- There was an appropriate complaints management system in place. The provider had policies and procedures in place to guide staff in how to manage complaints. The acting manager told us they would investigate and responded to complaints appropriately. The service had received no complaints.
- People told us they knew how to complain. One person said, "I would just tell any of the staff, or you [pointing at the inspector]."

End of life care and support.

- The home supported some people with end of life care. We found end of life care plans were in place for people who had chosen to do so and included people's funeral arrangements, cultural and religious beliefs.

Is the service well-led?

Our findings

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- Staff and management were had clearly defined roles and responsibilities which supported the service's vision for delivering highly personalised care and support. The acting manager was very experienced and knowledgeable about their area of care and support, caring for people with learning disabilities. They were passionate about providing the best possible outcomes for people.
- The manager and staff demonstrated a commitment to provide person centred, high-quality care. They placed people using the service at the centre of everything they did. One staff member said, "The manager is hands on here, we all work together."
- There were effective systems and processes in place to monitor and improve the service. Audits were carried out on a regular basis which provided an insight into the service and if any improvements were needed.
- The manager was clear about their responsibilities for reporting to the CQC and the regulatory requirements. Risks were clearly identified and escalated where necessary.

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

- The provider used surveys to seek people's views about the service. These were positive.
- Resident meetings took place with people living in the home. People were asked about their preferences for activities and what they wanted to do.

Working in partnership with others. Continuous learning and improving care.

- The provider encouraged staff to continue their learning.
- The provider worked in partnership with other services and had positive community links. Some of these included, the local church, charities and schools.