

Advinia Care Homes Limited

West Ridings Care Home

Inspection report

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Ratings

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

Summary of findings

Overall summary

West Ridings Care Home is a residential care home providing personal and nursing care to up to 180 people with various health conditions, including dementia. At the time of the inspection there were 94 people living at the service. West Ridings Care Home is a purpose-built care home consisting of 4 single storey buildings with disabled access.

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

People and staff told us West Ridings Care Home was a safe place to live and work. The building was clean and hygienic, and staff were seen to wear appropriate personal protective equipment (PPE). Sufficient care and domestic staff were deployed to meet people's needs. Staff received safeguarding training and were aware of the processes to follow to enable people to keep safe. Risks were assessed and carefully monitored to ensure the safety of people. Staff were employed following a thorough recruitment process. Staff deployment was effective to ensure people's needs were met in a timely and consistent way. Systems were in place for people to receive their medicines in a safe way.

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. Mental capacity assessments had been carried out to establish whether people were able to make informed decisions about their care.

People were supported with activities and engagement that met their social needs. People were supported in a personalised way that was responsive to their needs. People's communication needs had been assessed and staff were supporting these. People felt confident that any issues or complaints would be dealt with to their satisfaction. Planning for people's end of life support was thorough and compassionate.

The home's management and leadership were visible with a culture of openness, positivity and honesty. The registered manager ensured that quality assurance systems were completed to monitor people's safety and care, and to drive improvement. The registered manager encouraged feedback from people, staff and professionals involved in people's care. Staff worked closely with health professionals and external agencies to promote good outcomes for people. People spoke positively about the registered manager.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 16 July 2022) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

West Ridings Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by 1 inspector.

Service and service type

West Ridings Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. West Ridings is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection we reviewed the information we held about the service and the service provider. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We used all of this information to plan our inspection.

During the inspection

We spoke with 6 people to gather their views about the care they received. We looked at 10 people's care records. We checked recruitment, training and supervision records for staff and looked at a range of records about how the service was managed. We also spoke with the registered manager, regional director, care manager and 7 care and ancillary staff.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- People told us they felt safe at West Ridings. Comments included, "It's very nice here. All the staff are lovely" and, "Yes I feel very safe. They [staff] are all very good."
- The service had safeguarding systems in place and staff had received regular training. Staff we spoke with had a good understanding of what to do to make sure people were protected from abuse.
- Staff were confident the management team would take action to keep people safe if they raised any concerns. Staff were also aware how to raise concerns directly with external agencies if they needed to.
- The service had worked with the local authority to investigate safeguarding issues when concerns had been raised.

Assessing risk, safety monitoring and management

- People had comprehensive risk assessments in place which explored their known risks and gave staff clear guidance to reduce these risks. For example, people at risk of falls had falls risk assessments in place with actions taken to reduce future falls.
- The service environment and equipment were maintained. Records were kept of health and safety and environmental checks.
- The fire alarms and other emergency aids were regularly tested and serviced.
- Where people experienced episodes of distress, there was guidance in place for staff to enable them to safely support the person and mitigate any risks or further distress. For example, during our inspection we observed a staff member supporting a person experiencing distress in a sensitive way. Following this interaction, the person was visibly calmer and more relaxed.

Staffing and recruitment

- Systems were in place to ensure the safe recruitment of staff. This included references and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions so only suitable people work with those who are vulnerable.
- There were enough staff to meet people's needs.
- People told us there were enough staff on duty to meet their support needs. One person commented, "When I've used my buzzer they are always pretty quick."
- Staff were visibly present throughout this inspection providing people with the care and support they needed, and we observed staff respond quickly to people's requests for assistance or to answer their questions throughout this inspection. Staffing levels during our visit; matched the rota and enabled people's needs to be met safely.

Using medicines safely

- There were suitable arrangements for storing, and disposal of medicines, including those needing extra security. Temperatures were monitored to make sure medicines would be safe and effective.
- When people were prescribed medicines 'when required' there were protocols in place, some of these required additional information to guide staff when doses might be needed. Staff spoken with were able to explain how these medicines were used. The daily notes also recorded the reason for administering these medicines and the outcome of the administration.
- Staff received training in safe handling of medicines and had competency checks to make sure they gave medicines in a safe way.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider was supporting people to have visitors in line with the most recent government guidance. Visitors were able to see people in various parts of the home, including in people's rooms. Visitors were able to visit at any time without appointments.

Learning lessons when things go wrong

- Accidents and incidents were reported and recorded. These were reviewed to observe any patterns or trends and to ensure actions taken had been effective. The registered manager had oversight of all accidents and incidents. Appropriate action was taken to prevent incidents reoccurring such as contacting relevant health professionals for support.
- Staff told us they were made aware of any accidents or incidents via handovers.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Applications to authorise restrictions for people had been made by the service. People's needs were kept under review and if their capacity to make decisions changed then decisions were amended.
- Staff understood the importance of assessing whether a person had capacity to make a specific decision and the process they would follow if the person lacked capacity.

- The registered manager had a record of all DoLS applications that had been made, the outcome of the application where that was known and a record of any conditions on the authorisations.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care and support was centred around their individual preferences and how they wanted to spend their time. Staff supported people whilst promoting equality and diversity and respecting people's choices. One person said, "Staff always treat me with respect and listen when I tell them how I want things done."
- The registered manager and staff developed person-centred care plans to help people to meet their requirements and preferences. Those we spoke with confirmed they were involved in this process, including reviews of their care.
- The registered manager and all staff made themselves available to people and their relatives to discuss any wishes or concerns they might have. People said staff met their needs and wishes in a timely way. One person said, "The staff are always very helpful."
- People had been supported to develop care plans specific to them. Plans included information about people's life history and what was important to them. The care plans had been regularly reviewed with people and their relatives and had been updated where necessary.
- Staff knew people's likes, dislikes and preferences. They used this detail to provide support for people in the way they wanted.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The AIS was being followed by the provider and staff with easy to understand written information provided for people and their families.
- The provider met people's communication needs by providing staff with training and information about people's communication preferences, which were recorded in their care plans and guidance on how best to communicate with them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People who chose to engage in the activities told us they were happy with the activities. One person told us, "I really like quizzes and bingo."
- People's choice was respected. One person said, "I don't always join in, but I'm always asked if I want to."
- There were a range of activities on offer to meet the needs of people living with dementia. During our

inspection we observed people were engaged and enjoying these.

- There was a schedule of activities available, these included additional activities advertised for Christmas including, carol singing.

Improving care quality in response to complaints or concerns

- There was a complaint system in place and clear complaints policy. The registered manager had a system in place that recorded all concerns, what action had been taken and the outcomes. These were regularly audited to look for patterns in complaints and how they could make improvements.
- People told us they could raise a complaint if needed. One person said, "Yes, I know how to complain if I needed to. I would tell the manager, but I have never needed to."

End of life care and support

- People and their relatives were supported to make decisions about their preferences for end of life care. This information was used in developing care plans. The service worked with health professionals where necessary, including the palliative care team.
- Staff understood people's needs and received training and guidance in end of life care. People's religious beliefs and preferences were respected and included in care plans.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the provider had failed to maintain effective systems and processes in place to assess and monitor their service. The provider did not respond appropriately and without delay when audits highlighted areas of the service were being compromised. The provider did not seek the views of people who used the service. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There were a range of formal systems, which ensured people had choice and control over their care. People participated in regular reviews, surveys and meetings.
- The registered manager had promoted a person-centred approach in the service. This was evidenced through the feedback from people who use the service and staff, and the way records were completed.
- Staff told us the management team worked in a supportive way, that helped to ensure there was a focus on improving outcomes for people.
- Staff commented on how morale was good, and everyone worked well as a team. One staff member told us, "Morale is good, it's a happy place to work." Comments from staff also included, "The care manager is very supportive" and, "Management are very approachable."
- The registered manager was present and approachable throughout the home. They were well supported by the provider and wider management team to ensure improvements were ongoing.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Quality assurance systems were effective in ensuring the quality of the care and support provided. These systems monitored areas such as health and safety, people's medicines, falls and incidents and accidents. The manager was supported in their oversight of the home with monthly audits by the provider that focussed on areas such as governance and safeguarding management.
- The manager was clear about their regulatory responsibilities and had continued to work with local authorities and the Care Quality Commission (CQC) to ensure that legal requirements were met. Statutory notifications had been submitted to CQC appropriately. Statutory notifications are information the provider is required to send us about the home.

- Staff were clear about their roles and responsibilities, and their duty to report incidents and concerns to the management. The registered manager stated they felt well supported by the provider in their oversight of the home.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager ensured there were robust systems in place to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- Staff knew how to whistle-blow and knew how to raise concerns with the local authority and the CQC if they felt they were not being listened to or their concerns acted upon.
- The registered manager worked in an open and transparent way when incidents occurred at the service in line with their responsibilities under the duty of candour.
- People and their relatives were told if things went wrong with their care and support and provided with an apology. This was due to the registered manager and staff contributing a positive and proactive attitude.

Continuous learning and improving care

- The manager told us they kept themselves up to date with current practice via a variety of online resources. They also had access to the providers lessons learned and improvements from other locations within the group.
- Staff told us learning from incidents was discussed and shared amongst the team.

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

- People told us they were happy with the care provided. They told us they were asked for their views about the care and were aware of ways to make suggestions. They felt confident to raise concerns and that the registered manager would listen to them and act immediately. One person told us, "I have no concerns, if I did I would tell them straight away."
- People were supported to participate in regular meetings to seek their views and keep them informed of developments about the service and provider.
- The staff team received regular supervision and felt this was beneficial. Staff told us they felt supported by the registered manager.

Working in partnership with others

- The registered manager worked successfully with a wide range of stakeholders involved in people's care which included health professionals and safeguarding authorities. Staff had developed positive working relationships with a range of health and social care professionals.
- Staff regularly sought guidance and made specialist referrals to ensure people received the support they needed. Partnerships had been formed with professionals such as GPs, Speech and Language Therapists and Tissue Viability nurses.