

Westwood Care and Support Services Yorkshire Limited

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Inspection report

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Tel: 01482629506

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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

Westwood Care and Support Service Yorkshire Ltd is registered for the regulated activity 'personal care'. At the time of this inspection the service provided support to children, younger and older people who may have dementia, learning difficulties or autism in their own homes. They also supported children or adults with physical, mental health or sensory support needs because of a disability. This included social support during the school holidays to support families and carers of children.

This inspection took place on 12 November and was announced. At the last inspection on 17 March 2016 we rated this service Good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Not everyone using Westwood Care and Support Services Yorkshire Ltd receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

A registered manager was in place 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 2008 and associated Regulations about how the service is run.

The provider had policies and procedures in place to support staff to administer medicines safely. We identified minor concerns in relation to auditing of medicines administration which was addressed by the provider during this inspection. Risk assessments were in place, and the provider was in the process of updating some of these records to include additional detail to guide staff when mitigating risks to people. Staff received training to safeguard children and people from potential harm or abuse and could explain the services procedures for dealing with any safeguarding concerns. Recruitment processes were robust and included pre-employment checks to ensure people were suitable to work with children and older people.

Staff felt that communication could at times be improved in certain areas. The provider told us this was a work in progress and had measures in place to address any issues raised. Staff received regular supervisions. Some of these were brief in detail and not fully completed to utilise all sections such as feedback from other staff and people receiving services. The provider told us this would be immediately addressed and further training had been provided to staff following this inspection to promote a consistent approach. Appraisals

were scheduled.

Inductions were comprehensive and included training that supported staff to deliver effective care and support to people. Staff were encouraged to work towards further qualifications to develop and maintain their knowledge and skills. 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.

Staff worked with health professionals to build productive relationships which encouraged good outcomes for those people receiving services. People told us that their views were sought and suggestions for improvements actioned. People felt their diverse needs were accommodated by all staff.

Care plans were personalised and included information about people's likes, interests and preferences. The provider was in progress of improving information around people's specific health conditions and how to best support them. Reviews of care were completed regularly and people important to those receiving services were encouraged to participate. Social activities were varied and took into consideration people's likes, dislikes and suggestions. We saw positive feedback from people that received services and their parents and carers.

The service engaged people and their relatives or carers through regular review of their needs, home visits and satisfaction surveys. Management meetings supported staff to address any concerns and share best practice guidance.

Feedback about the leadership and management of the service was overall positive. People described the registered manager as approachable and supportive.

Further information is in the detailed findings below.

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 remained Good.

Is the service effective?

Good ●

The service remained Good.

Is the service caring?

Good ●

The service remained Good.

Is the service responsive?

Good ●

The service remained Good.

Is the service well-led?

Good ●

The service remained Good.

Westwood Care and Support Services Yorkshire Ltd

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 checked 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 took place on 12 November 2018 and was announced.

We gave the service 7 days' notice because the registered manager can be out of the office supporting staff and we needed to be sure that they would be available to speak with us.

The inspection team consisted of one adult social care inspector. An assistant adult social care inspector supported the inspection by contacting people by telephone to ask for feedback about this service.

Before the inspection, we checked for any notifications made to us by the provider and reviewed the information we held on our database about the service. Notifications are sent to us by the provider to inform us of important events that happen within the service, such as safeguarding incidents.

There were 85 people receiving a service and of those 53 were receiving a regulated activity at the time of our inspection. Providers are required by law to register for each of the regulated activities they carry out. This provider was registered to carry out personal care.

During the inspection we spoke with five people receiving a service, five relatives and two health professionals, the registered manager and their support manager. Following the inspection we contacted six

staff for their feedback about this service.

We reviewed care records for five people, recruitment and training records for five staff, records of safeguarding incidents and complaints and compliments. We looked at records relating to the management of the service, including satisfaction surveys, management meetings and audits.

Is the service safe?

Our findings

People and their relatives told us they felt safe in the presence of staff. One relative advised, "Yes I think [Name] is safe in their care I have no issues, I wouldn't leave if I felt [Name] was unsafe." Staff had completed safeguarding training to protect children and older people from harm. Staff knew the providers policies and procedures to ensure safeguarding concerns were reported immediately. Records showed these had been recorded in detail and referred to the appropriate external agencies.

Risk assessments were in place to guide staff on how to mitigate potential risks to people. We found that some records could be more detailed to guide staff to reduce or remove risks to people. However, staff had awareness of people's needs and actions to take in the event of an emergency, which mitigated any potential risks. The provider took measures to improve this area during the inspection.

Accidents and incidents were recorded in the accident book which captured important information including a summary of the incident, actions taken and any recommendations for improvement.

All staff received infection prevention and control training during their induction period. One relative told us, "They [staff] all wear personal protective equipment." This meant that staff took appropriate precautions by wearing gloves and other protective clothing to minimise risk of infections.

Staff told us they had enough time allocated for travelling, which allowed them to spend the allocated time with people they supported. Staff told us they had a regular group of people that they supported and that management helped to cover shifts when staff were absent at short notice. This maintained consistent levels of care and support to meet people's needs.

Pre-employment checks such as references were obtained prior to staff being offered employment. This meant that the provider had checks in place to ensure staff were of suitable character to work with children and older people.

Staff received training in the administration of medicines and were competency assessed before administering medicines alone. The service had policies and procedures in place to support the safe administration of medicines. One relative told us, "Staff regularly check the medicines administration charts, we have no issues."

Staff were confident that management would maintain their confidentiality, should they need to use the whistleblowing policy.

Is the service effective?

Our findings

Records showed staff received supervisions. We found these were inconsistent in the details noted and some were quite brief. The provider was in the process of updating staff training to support more consistent supervisions. Following the inspection, the provider forwarded dates of scheduled supervisions and appraisals for the next 12-month period. The registered manager advised these would be more in-depth and fully completed to include feedback from people receiving services and other staff. Following the inspection, we received confirmation that staff responsible for completing supervisions had received mentoring on 16 November 2018 to support them in making the necessary improvements.

Meetings were held for staff to share experiences to learn lessons, and to support continual professional development. Management also shared any updates such as improvement required for supervisions and any changes in legislation.

People were supported by staff who understood their needs. One person described how they had been struggling with certain aspects of their health condition and advised that staff were responsive and proactive when supporting them. A health professional told us, "[Name of registered manager] is very responsive and genuinely cares."

Records confirmed that staff completed an induction which included a period of shadowing. All new staff worked towards the 'Care Certificate' which is an agreed set of standards expected from people that work in health and social care roles. One member of staff told us, "The training is really good, I have nearly completed my Care Certificate and then I have agreed with my manager to work towards further qualifications." Specialist training was accessed through health professionals which meant staff felt confident when supporting people's complex needs.

People's care needs had been assessed and documented. Regular carers were allocated to children and older people to promote trusting and proactive relationships. One person told us, "I have absolute confidence in all the carers and have no concerns."

Support plans detailed; 'what people like about me', 'what is important to me now and in the future', 'known allergies' and 'religious beliefs'. People's dietary requirements were noted and systems that may be required to support adequate nutrition and hydration. For example, staff supported with Percutaneous Endoscopic Gastrostomy (PEG). PEG is a system used where people are having difficulty swallowing foods and fluids.

People's rights to make their own decisions, where possible, were protected. The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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.

Staff had a clear understanding of the MCA and their responsibilities to ensure people's rights to make their own decisions were promoted. Staff told us they always asked people for their consent before they completed duties such as personal cares. People's care records contained signed documents of consent, such as for photographs to be taken for care records. This ensured decisions were made in the best interests of people.

Is the service caring?

Our findings

Communication care plans detailed any sensory impairments or communication difficulties. We found that some records were lacking detail. For example, one person's care plan stated their communication difficulties and any sensory impairments. However, no preferred methods of communication or details of how best to support them were in place to guide staff. They also advised that some staff were trained in sign language to support people and explained how they had completed a home visit for someone with complex communication difficulties to look at alternative ways of supporting them. The registered manager took steps to update records that required further detail to guide staff.

Overall people and their relatives were happy with their carers and found them to be attentive and caring. Comments from people included, "They [staff] are very courteous", "The staff that come to me are brilliant" and "I'm very satisfied. To me, they [staff] are good to me and they are kind to me. They talk with me. They're just great with me." Relatives and people felt involved in the planning of their care and support needs.

Staff encouraged people to be as independent as they could be and care records supported this practice. One person told us, "I'm a very independent person, they [staff] just say do you need any help and that. When they are going they always say is there anything else you want." This showed us that staff took time to make sure people's needs were met and consider their preferences.

Staff knew how to treat children and older people with dignity and respect. One relative told us, "We give [name] a wash morning and night. They [staff] always cover [name] personal areas and they always say I'm just going to wash here, they do what they can do."

People told us that occasionally staff may be late, but the majority advised they were contacted by office staff to inform them. One member of staff said, "Communication could be improved as sometimes messages don't get passed on such as changes to times of calls due to absences at short notice." We discussed this with the registered manager who informed us that they do normally contact people to inform them and will do their best to ensure people are kept informed at all times when changes occur.

The service also responded positively to equality, diversity and human rights. Care plans captured detailed information about people's religious beliefs. Staff received training in this area and had good knowledge of how to support people's diverse needs.

One person who had been receiving services for some time advised, "The staff are great, they're absolutely brilliant, we have a right laugh. I have one [name] that is my main carer and they are fantastic, I love them to bits. Because [name] is around my age and has the same personality as me. [Name] understands what it is that I need and picks up when I'm not myself and asks me. They go above and beyond their job which is brilliant."

Is the service responsive?

Our findings

Care plans were person-centred and included information about people's preferences. For example, one person's care plan stated the time they preferred to go to sleep. A second person's care plan included information about their health conditions and how they affected them. Care plans were in place for all aspects of care such as, dental activity and how best to support people to maintain oral hygiene. This level of detail supported staff to provide care and support tailored to people's specific needs.

People and their relatives were encouraged to attend regular reviews of care planning and staff carried out home visits to ensure people were included. One person told us they regularly spoke with staff on the phone and were happy any changes to their needs was reflected in their care plan. Records showed people with complex health conditions received specific reviews in line with their needs, health checks and regular reviews of medicines when required.

Care plans also included information important to people, such as relatives they would like to be contacted in the event of an emergency. People and children were supported to access local services in the community as they had chosen in line with their interests. Posters were displayed in the providers office to show local community events or exercise classes so that staff could inform people of events in their local area. This ensured people were free from social isolation and encouraged to participate in activities to promote their health and well-being.

Records detailed people's choices in terms of whether they had a 'Do Not Attempt to Resuscitate (DNACPR)' in place. The purpose of a DNACPR decision is to provide immediate guidance to those present (mostly healthcare professionals) on the best action to take (or not take) should the person suffer cardiac arrest or die suddenly. We discussed end of life care options with the provider and how these would be recorded in more detail so it could be seen that these discussions had taken place and people's preferences considered.

People and their relatives told us they had no issues discussing concerns with the management team or staff. One relative told us, "I did have one complaint some time ago about the timing as they send me a schedule every Saturday for the following week. Some were quite late, as [name of person receiving a service] wants to be up earlier. So, I did complain to the office that I didn't mind the odd one but if it was going to be all the time I didn't want it. And I must say they responded well. It also seems to be working reasonably well." Records showed that complaints were managed in line with the providers complaints policy and actions taken clearly recorded.

Is the service well-led?

Our findings

The registered manager advised us that a new management structure was in place and that they were in the process of making some changes. Records showed that the service had actively sought feedback from both staff and people receiving services. Suggestions and ideas had been considered and a 'You said – We did' feedback style document included any actions completed because of the comments made. This created a positive and inclusive culture within the service so that people felt valued and involved in the running of the service.

Staff we spoke with felt supported by the provider. One member of staff advised, "My main point of contact is my care co-ordinator and they are really helpful. I can contact them at any point for help or advice." The service operated an out of hours service and staff told us their calls were returned quickly if the duty person was not available immediately to answer their call.

We received positive feedback regarding the management of the service from parents and carers. Comments included, "If I have a problem whilst I'm here on my own I can ring up and they [management] have a word with me straight away. [Name of registered manager] sorts any problems out straight away", "I speak with management frequently, never had any issues but would tell them if I had" and "[Name of registered manager] is lovely and really good. Any problems they sort them." People felt that they could approach staff and/or the management team to talk with them at any time. The registered manager told us that following the changes brought about by the restructure more time would be free to visit people in their homes to increase their accessibility.

The provider had systems in place to check the quality of the service. Action plans were in place to ensure any issues were addressed and this was discussed during meetings with staff to ensure lessons were learnt. We identified some minor issues in relation to medicines, supervision and end of life care records. The provider was proactive during the inspection to investigate medicine records and make changes to supervision forms. In addition, they were looking at ways of recording more detail for end of life care provision. The provider carried out regular checks in the community to monitor the quality of the service delivered by staff.

The service had received the 'Dementia friendly recognition symbol' for the organisations work towards becoming dementia friendly. Staff were dignity champions to promote awareness around dignity in care throughout the organisation. Posters were displayed reminding staff of the dignity challenges and how to best promote people's human rights and their dignity. Westwood Care and Support Services Yorkshire Ltd is 'Disability Confident Committed' which support equality and inclusion for those people living with disabilities. Various incentives were in place to encourage good practice and value staff for their hard work.

Records showed management had liaised with the local authorities when services were commissioned to them and sought advice from the safeguarding teams when needed. The service was extremely proactive during our inspection and the registered manager forwarded numerous pieces of evidence to reflect

improvements that had been made as a result of our feedback.

The registered manager had notified the CQC of all significant events, changes or incidents which had occurred at the service in line with their legal responsibilities.