

United Health Limited

West Dean Care Home

Inspection report

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Date of inspection visit:
11 December 2019

Date of publication:
13 January 2020

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

About the service

West Dean Care Home is a residential care home that provides accommodation and personal care to 16 people who need support in order to maintain their mental health or who have a learning disability. At the time of our inspection visit there were 15 people using the service all of whom had mental health support needs.

The service accommodates up to 16 people in one adapted building. There are 16 bedrooms arranged over three floors and a variety of communal areas. The service is a large home, bigger than most domestic style properties. The service was developed in line with the principles of Registering the Right Support. It is larger than current best practice guidance; however, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size.

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

People felt safe at the service and protected from the risk of abuse. Staff assessed risks to people's health and safety and took action to keep them safe while maintaining their freedom. Sufficient staff were available to provide a timely response to people and provide safe care. People received their medicines as prescribed and medicines were managed safely.

Staff worked closely with other services to provide effective care and achieve good outcomes for people. A person said, "There's a willingness to understand and to take up your problems and help you overcome them."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected these principles by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Staff were well trained and were given regular opportunities to review their work and identify their learning and development needs.

People were cared for by staff who were kind and showed empathy and understanding towards them. The

atmosphere within the home was friendly and welcoming and staff were warm and considerate towards the people they cared for. People's privacy was respected and their dignity maintained.

Staff were responsive to people's individual needs and wishes and had an in-depth knowledge about each person. People were supported to access services outside the home and to pursue their own interests.

The service was well led by an experienced registered manager who was well regarded and respected by people using the service, staff and external professionals. Processes were in place to monitor and improve the quality of care. People were encouraged to be involved and given opportunities to provide feedback and put forward their ideas for the service.

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 Good (published 9 April 2017)

Why we inspected

This was a planned inspection based on the previous rating.

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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring 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 Dean 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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed information we had received about the service since our last inspection and sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used all of this information to plan our inspection.

We spoke with the four people using the service and a visiting social care professional. We spoke with four members of staff including the registered manager, the deputy manager and two care workers. We reviewed a range of records. This included three people's care records and all the medication records. A variety of records relating to the management of the service were also reviewed.

After the inspection

We reviewed additional information sent to us by the registered manager.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Processes were in place to protect people from abuse. Staff received training in safeguarding vulnerable adults and were aware of their responsibilities.
- People using the service were encouraged to complete an information and training package on, 'Keeping Safe,' which was provided in easy read format and enhanced by pictorial images to make it accessible for a wide variety of people.
- People felt safe living at the service and said staff supported them to stay safe. One person said, "I feel very safe here; yes, there's no threats or pressures." The telephone numbers of the local authority safeguarding team were displayed on the noticeboard and they said they could ring them if necessary.

Assessing risk, safety monitoring and management

- Staff identified risks to people's safety, associated with their mental and physical health conditions and environment. Measures were in place to reduce the risks and were documented in people's care plans. For example, when people went out on their own, staff asked them to let them know when they were expecting to return. They agreed to staff contacting them to check on their well-being if they did not return as expected.
- Staff were knowledgeable about each person's individual risks and how to reduce them. This included actions to support people who could sometimes behave in a way that could be challenging for others.
- Contingency plans were in place in the case of an emergency disruption to the service. Staff understood the safety procedures to follow in event of a person being missing from the service or the need to evacuate the building in an emergency. Fire drills were carried out regularly.

Staffing and recruitment

- The registered manager and the provider followed established processes to ensure the safe recruitment of staff and to ensure sufficient staff were recruited to meet people's care and support needs.
- People generally felt there were enough staff available to meet their needs in a timely way. A person said, "There's staff here all the time and if we need to go to appointments there's always someone to go with us."

Using medicines safely

- Staff followed safe practice in the management and administration of people's medicines. Medicines were stored safely in line with requirements and records of administration were consistently completed. We observed staff administering people's medicines safely.

- People told us staff gave them their medicines regularly and they did not miss any medicines due to lack of availability.

Preventing and controlling infection

- Staff completed training in infection prevention and control and the housekeeper attended external infection control network meetings.
- Audits of staff compliance with hand hygiene procedures were completed, in addition to general infection prevention and control audits. Audit results showed good compliance with procedures and when areas of improvement were identified, actions were taken to address them.

Learning lessons when things go wrong

- Staff told us they were encouraged to report incidents and accidents. They were able to identify improvements taken to reduce the risk of them happening again. For example, staff told us a protocol had been put into place for staff to follow when a person came back to the service under the influence of alcohol.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant 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

- Staff had access to up to date policies and procedures and best practice guidance. The management team had developed a comprehensive folder of information for staff, which included the latest guidance from national bodies such as the National Institute for health and Care Excellence (NICE) and local bodies such as the county council.
- Staff assessed people's care and support needs prior to admission to the service when possible. Staff explained sometimes people were admitted as an emergency for respite care. In these situations, staff initially used the assessments completed by the commissioners of the placement and they developed their own assessments and care plans as they gained a more in-depth knowledge of the person's needs.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and knowledge to support them effectively.
- Staff were provided with an induction when commencing work at the service. They completed mandatory training and shadowed an experienced member of staff initially. A recently recruited member of staff said, "There is always someone to check with if I am unsure. I feel I can always ask questions."
- Staff told us they were reminded when their mandatory training was due and they were informed about additional training that was available. We noted from the training matrix, that staff had completed a range of additional courses relevant to their roles.
- Staff told us they received regular supervision and appraisal. These provided staff with the opportunity to discuss any concerns or training needs.

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

- People were provided with a varied, nutritious and balanced diet based on their preferences.
- People praised the quality of the meals and food provided. One person said, "I am well impressed; it's cooked well and well presented and we can choose what we want to eat." Another person said, "The food is brilliant."

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

- Some people using the service had complex mental health needs. Staff worked closely with other health and care professionals to meet people's needs and ensure care was consistent and effective. A visiting professional said they were confident in placing people with complex risk histories at the service. They said,

"We have placed people with restrictive orders and the staff manage them well." "They have very good links with the community teams; I have confidence in them."

- People told us staff supported them to attend healthcare appointments and we saw evidence in people's care plans of consultation with a range of professionals as required.

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

- The service was adapted to meet people's needs. It provided a homely environment and a variety of communal areas for people to relax and spend time with each other. People's rooms were individually furnished and provided space for personal possessions.

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 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).

- People using the service at the time of the inspection, were able to make their own decisions on a day to day basis. Staff documented when some people may need support to make major decisions and in this case, they would consult with the mental health professionals and complete a mental capacity assessment if required.
- Staff obtained consent from people for their care and support. People signed a community agreement when they were admitted and provided consent to support such as their medicines being managed and administered by staff.
- At the time of the inspection there was no one who was deprived of their liberty and required a DoLS authorisation.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant 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 told us they received good care and support from staff. A person said, "Staff go out of their way to make you comfortable." Another person said, "People vent off and get angry but they [staff] are very forgiving. They don't hold it against you."
- Staff understood and respected people's diverse needs and individual differences. People told us staff acted as their advocates with other people and services. A person said, "Staff have sorted a lot of things for me; they take on board what's upsetting you and sort it out. They stick up for you."

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

- People were encouraged to express their views. They chose how they spent their day and where they went. We observed staff involving people, asking their views and offering choices.
- Information on advocacy was available for anyone who required this and was displayed on the noticeboard. An advocate is someone who can help people say what they want and make sure their rights are protected.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity. They said they could spend time on their own if they wished and staff knocked on their door and checked they could come in before entering their bedroom.
- People were encouraged to participate in daily activities in the service and to undertake activities of daily living with support from staff when needed.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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

- Staff knew the people they cared for well and used this knowledge to provide personalised care. They were able to give a detailed history of each person, including likes, dislikes and the best way to approach and support the person. They put people at the centre of all decisions and worked alongside other professionals to achieve the best possible outcomes for them.
- A person said, "Staff are used to me and they can read the signs." They went on to say they when they showed signs of anxiety or agitation, staff suggested how they might manage it and offered them choices.
- Support plans were in place for people, showing their needs, things they could do for themselves and actions for staff. They contained personalised information. People were involved in developing and reviewing their care plans. Goals and aspirations were identified and people's progress towards these were recorded.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager and staff were aware of the accessible information standard. Most written information was available in different formats, such as easy read and pictorial versions, to make it easier for people to understand. For example, the complaints policy and procedure was available in a standard version and an easy read format, supplemented in pictures.
- The people using the service could communicate verbally although their mental health conditions sometimes impacted on their ability to communicate effectively. This was documented in their care plans. For example, one person's mental health care plan stated that at times, the person chose not to talk, mouthed words and used signs instead.

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 were offered opportunities to engage in social activities. A list of events in the locality were posted in the communal areas each month and staff also organised social activities.
- People were encouraged to develop activities that interested them. For example, one person said they wanted to build up their fitness, so went to the gym several times a week and went walking. They were

gradually increasing the distance they walked. Another person had been supported to obtain an allotment and spent time tending to their allotment each day.

- Staff supported people to undertake meaningful work when appropriate. They had provided a job opportunity within the service, with paid domestic work for a person.
- Staff supported people to maintain relationships with family and friends. A person said staff supported them to visit a parent every two weeks and staff told us another person had developed a friendship with a person using a neighbouring service and enjoyed going to the cinema and other activities with them.

Improving care quality in response to complaints or concerns

- All the people we spoke with were aware of how to raise a concern or make a complaint. They told us staff were quick to act on any issues raised and they had no need to make a formal complaint. They were also aware they could contact external agencies such as the safeguarding team, their social worker or the CQC if they needed to.
- The provider had a complaints policy that was displayed within the service and maintained an overview of complaints. No complaints had been received over the last year.

End of life care and support

- The service was not supporting anyone with end of life care at the time of the inspection. The registered manager said they would liaise with healthcare professionals including the palliative care team if a person was identified as having a life limiting illness or were reaching the end of their life.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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

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

- The culture within the service was open, welcoming and friendly. Staff worked well together and told us there was good team working. People were happy living at the service. One person said, "It is my home." They went on to praise staff for their willingness to understand and work with them to resolve their problems.
- A visitor said the registered manager and the staff had a lot of invaluable experience of the local population of people with ongoing mental health disorders. They said this enabled them to access community resources and helped them to achieve good outcomes for people.

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 was aware of their responsibilities under the duty of candour. They said they always discussed incidents with the person and were open and transparent. They would apologise to the person and discuss with them measures to prevent similar incidents occurring in the future.

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

- The registered manager and staff were clear about their role and responsibilities. They were professional and open when speaking with us about their role and the people they supported.
- The registered manager and deputy manager were well known to people using the service and staff felt well supported. Staff said they could contact them at any time, and they frequently assisted in providing care and support when needed. Staff said the management team treated everyone fairly and were approachable.
- The registered manager and staff completed a range of audits to monitor the quality of the service provided and took action to address issues identified in the audits. The registered manager provided a monthly report to the provider to enable them to monitor key performance indicators.

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

- People were involved and asked for their views on the care they received. Satisfaction surveys, one-to-one

conversations and residents' meetings were all used to gain information. We reviewed the notes of meetings for people using the service and for staff meetings and saw a wide range of topics were discussed and people's views were obtained.

- Staff were engaged and involved in a variety of ways. For example, they were asked to identify areas of best practice and also provided testimonials that were used when the service was recruiting new applicants.

Continuous learning and improving care

- The registered manager and the staff we spoke with were committed to continued learning and improvement in the quality and safety of the service provided for people. When we identified a way in which the management of some medicines could be more closely monitored, the registered manager and staff took immediate action to identify how this could be incorporated into practice.
- The registered manager and staff attended external meetings which provided opportunities to discuss practice and further improvements. There were weekly staff meetings and notes of the meetings showed evidence of ideas for improvements being encouraged and discussed.

Working in partnership with others

- The service worked effectively with other services including the community mental health services and social services. We saw a letter from a community psychiatric nurse thanking staff and complimenting them on the care they provided for a person.