

WCS Care Group Limited

Newlands

Inspection report

Whites Row
Kenilworth
Warwickshire
CV8 1HW

Tel: 01926859600
Website: www.wcs-care.co.uk

Date of inspection visit:
11 June 2019
14 June 2019

Date of publication:
17 September 2019

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

Newlands provides accommodation for people in a residential setting and is registered to provide care for up to 26 people with physical disabilities. The home was divided into three separate 'households', each with their own lounges, dining and small kitchen areas. The home had several communal spaces which people could enjoy. There were 25 people living there when we visited including one person who was staying on a short respite visit.

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

People felt safe around staff who knew how to support people safely. Staff understood the importance of raising concerns and understood the process for doing so. People's risks were reviewed and documented for staff to refer to. Staff understood the risks to people's health and how to minimise risks to their health. People received support with their medicines. Any learning from people's care was shared with staff to improve people's experience of care.

People's care was assessed and planned in line with best practice and staff received training to support people's individual health and support needs. 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. People liked and enjoyed their food and received support where appropriate. People saw additional health professionals and received help to attend appointments.

People liked the care staff supporting them who understood their needs. Staff understood the importance of valuing individual needs and how to care for people with dignity and respect.

People were involved in planning and reviewing their care to meet their needs and preferences. People were encouraged to pursue interests and hobbies. People understood they could complain if needed. Staff understood how to support people with End of Life care.

People and staff liked and felt supported by the registered manager. Systems were in place to review and monitor people's experience of care and ensure practices were safe and centred around people's changing needs. The registered manager was supported by a management team that knew people at the home and worked together to develop people's care so that they overcame barriers. The registered manager worked with a number of stakeholders to improve people's care.

Rating at last inspection.

The last rating for this service was Outstanding [the report was published 06 October 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 reinspection programme. If any concerning information is received, we may inspect sooner.

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

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 ●

Newlands

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

There was one Inspector in the Inspection and an Expert by experience.

Service and service type

Newlands 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with six people who used the service and one personal assistant about their experience of the care provided. We spoke with three members of care staff, registered manager, assistant manager, and two members of the management team.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at systems for recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We reviewed information sent to by email from the management team.

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 remains Good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they were safe from harm and discrimination. One person told us, "I feel safe here, everything makes me safe, the staff are decent."
- Staff understood systems in the home for recording and escalating any concerns they had. Staff felt certain that the management team would act upon any concerns raised. The registered manager understood the need to notify stakeholders such as the CQC where appropriate.

Assessing risk, safety monitoring and management

- One person told us, "They use the hoist to move me". People felt confident staff could move them safely.
- People could take part in activities of their choosing, maintain their independence and receive care and support safely because detailed risk assessments were carried out.
- Staff understood guidance for moving people safely and could explain the risks people lived with and the measures in place to minimise such risks. For example, ensuring people who were at risk of choking were supported correctly during mealtimes.

Staffing and recruitment

- We saw people had access to staff when needed and staff told us there were enough staff to support people safely. The registered manager told us they used a dependency tool to ensure staffing levels were in accordance with people's needs.
- Staff recruitment records showed checks were completed on staff before they worked with people in the home to assure the provider of their suitability to work there.
- The DBS is a national service that keeps records of criminal convictions. Systems were in place to ensure staff completed these checks before commencing work at the home.

Using medicines safely

- People received support to take their medicines. Systems were in place to monitor people's medicines and check that staff were competent to support people correctly.

Preventing and controlling infection

- The home was clean, and staff understood and practiced infection control techniques. Staff told us they had access to equipment such as gloves and aprons. Where areas of the home required deep cleans due to odours, this was scheduled and completed.

Learning lessons when things go wrong

- The registered manager monitored people's care and ensured where care could be improved, information was shared with staff to support this.

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 remains Good.

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

- Assessments of people's needs were made following input from health and social care professionals.
- People and their families were invited to participate in the assessment process and contribute their ideas to enable staff to understand people's needs.

Staff support: induction, training, skills and experience

- Staff told us they had access to training and supervision. Systems were in place to monitor staff training to ensure training was planned and monitored. Where staff required additional support specific to people's needs, this was provided. For example, staff told us about how they had received very specialised training to support one person which a rare condition.
- New staff told us they received support during induction and shadowed more experienced staff to understand people's needs.

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

- People liked and enjoyed the choices of meals they were offered.
- Special diets, preferences and allergies were known to staff who ensured people received the correct support.

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

- People told us staff helped them to attend and arrange appointments. Staff supported people to access additional support where appropriate. For example, people saw the GP, dentists and physiotherapist.
- Regular handovers took place to ensure staff received information about people's most up to date needs. Care plans also detailed information about important appointments staff needed to support people with.

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

- Additional services had recently been added to the home. A walk-through sensory area had been added to support being that required additional sensory relief. A hot tub had been installed to help people, some of whom lived at the provider's other locations. The lounge also had areas dedicated to people's interests where they could enjoy their activities.
- General redecoration was ongoing and had been highlighted by relatives as a priority.

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).

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.

- Systems were in place to monitor applications to ensure they were current and covered people's needs.
- Staff understood which person had a DoL in place. Care plans we reviewed clearly detailed information about each person's DoL for staff to refer to.

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 Outstanding. At this inspection this key question is rated as Good.

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

- One person said of staff, "They are always so kind and caring."
- We saw demonstrate warmth and kindness towards people. Where people required tactile reassurance this was given. For example, we saw people respond positively to a gentle touch of the arm and staff bending down and speaking to them at eye level. Some of the staff had worked at the home for a long time and knew people very well. They told us they had developed a friendship and that people responded warmly to this.
- Staff understood people's needs and helped celebrate their individuality. For example, where a person attended a social event to meet people from the same community, staff supported the person and their family member to attend. This was important to the person as it enabled the person to maintain important friendships.

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

- People were involved in day to day decisions about their care. We saw staff ask people where they wanted to sit, the activities they wanted to be involved with and what they wanted help with.
- Where appropriate, family members and advocates were involved to help support the person to make decisions and develop the person's care. Staff knew what family involvement each person preferred.

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff who understood how to support people with respect and dignity.
- People were supported in ways that were important to them. For example, one person was very independent and preferred staff not to fuss over. We saw staff respected their wishes whilst also understanding the importance of being available to them if needed.
- Staff had received training on supporting people with dignity and could give examples of how they did this. For example, one staff member told us it was about empathy and demonstrating an understanding of the person's life.
- Staff understood the importance of maintaining confidentiality and keeping records locked.

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 Outstanding. At this inspection this key question is rated as 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

- The activities lead discussed how they ensured people received individual support to pursue activities of interest to them. For example, one person had an interest in trains and received individual support with this. Another person, who visited on respite, enjoyed sewing and was supported to maintain this. Group activities and outings also took place.

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.

- Staff understood which people required additional help and how to support them. For example, one person had a vision impairment. Staff ensured they always communicated close to them, so they could be seen by the person. Information was also available in easy to read/pictorial format where appropriate.
- One person maintained important links they had with their community centre and were supported by staff to attend weekly

Improving care quality in response to complaints or concerns

- One person told us, "I've never had a problem or complaint, but I would talk to a carer if I did." People felt assured if they had a complaint, it would be resolved by the registered manager.
- A complaints system was in place to review and respond to complaints. Copies of any complaints were also shared with the registered provider for review.

End of life care and support

- Staff understood the need and support people plan their end of life care. Discussions had taken place where appropriate.

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 Outstanding. At this inspection this key question is rated as Good.

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

- One person told us, "We're happy here, it is well run." People felt comfortable approaching the registered manager and discussing things that were important to them.
- One staff member we spoke with told us, "I love every day of it." The atmosphere at the home was calm and people and staff were positive about the environment within the home and felt at ease there.

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 provider had a duty of candour policy. The management team understood their responsibility to be open and honest with people and others in the event things went wrong with the care and support provided. The registered manager understood the requirement to report significant events to the Care Quality Commission when necessary.

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

- Managers had a clear framework within which they worked. Managers had access to key performance data (dashboards) that they used to monitor people's care. The registered provider was able to check how each home within its group performed as well as troubleshoot for any issues by comparing the data across the service.
- The Registered Manager worked on an Improvement plan for the home so that the registered provider could track identified actions for the home.
- Care plans were in the process of being overhauled to reflect an "I like..." perspective. This was to make them even more person centred and have the person at the centre of the care plan.

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

- The registered manager understood each person's preferences and background. One staff member told us, "We don't look at their disability." They told us they supported people to achieve goals and overcoming barriers.
- Staff had attended Equalities training and understood how to support people.

Continuous learning and improving care

- The registered provider explained the management team were continually striving to review and improve practices at the home. Regular audits and reviews of practices took place. The registered manager met with the management team to review aims and plans for the home. The registered manager explained they fully understood the registered provider's expectation and strived to achieve them.

Working in partnership with others

- The registered manager and management team worked with a number of other partners in order to improve people's experience of care. For example, the registered manager worked with the local university and benefitted from post graduate students working with the team.

- The home had also been visited by Age UK who visited the home and gave feedback on the home, so that the registered manager could benefit from independent feedback on the home, which was largely positive. The local authority had also visited and given a positive feedback.