

# United Health Limited







## West Dean Care Home

### Inspection report

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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?		Requires Improvement	
Is the service well-led?		Good	

#### Overall summary

We inspected West Dean Care Home on 27 January 2015. The inspection was unannounced. The last inspection took place on 12 December 2013 during which we found there were no breaches in regulations.

The service is located near to the centre of the city of Lincoln. It provides accommodation for up to 16 younger adults who have support needs associated with their mental and physical health. At the time of our inspection there were 15 people living at the service.

There was a registered manager in post. 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.

People's rights were protected by staff who understood the Mental Capacity Act 2005 Code of practice and the Deprivation of Liberty Safeguards, and followed the correct procedures.

# Summary of findings

The Care Quality Commission is required by law to monitor how a provider applies the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find.

DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way. This is usually to protect themselves. At the time of our inspection no-one who lived at the home had their freedom restricted.

People were supported to maintain their privacy and dignity. Staff had a good understanding of people's needs and they were kind and respectful to people when they provided support.

The registered manager and staff promoted an open and inclusive culture within the home. People had the opportunity share their views and opinions and were involved in planning and reviewing their care. People also understood how to raise any complaints or issues they had and were confident the right actions would be taken to resolve issues.

We found that people's health care needs were assessed, and met. People had access to other social and healthcare professionals such community psychiatric nurses and social workers when they needed them.

People were given choices about what they wanted to eat and about when and where they had their meals. They were supported to eat and drink enough to keep them healthy and where people had special dietary requirements we saw that these were provided for.

Staff were recruited, trained and supported to meet people's needs appropriately. There were enough staff on each shift to meet people's needs. Staff had a good understanding of how to manage risks and protect people from avoidable harm. They also knew how to raise any concerns they may have and report them appropriately. The registered manager ensured there were clear arrangements were in place for ordering, storing, administering and disposing of medicines.

People had been consulted about the development of the service. The provider had completed quality checks to make sure that people received the care they needed in a consistent way.

The service encouraged people to maintain their community hobbies and interests. However, they did not always enable people to carry out person-centred activities within the home on a regular planned basis. We have made a recommendation about providing more meaningful activities within the service.

# Summary of findings

## 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.

People's health and safety were protected by staff who understood how to identify and report any concerns and to manage any risks they identified.

There were enough staff available with the right skills to meet people's needs.

Medicines were stored securely and administered as required.

Good



### Is the service effective?

The service was effective.

Staff had been supported to care for people in the right way. People were helped to eat and drink enough to stay well.

People had access to health and social care professionals when they need to see them, which ensured they received appropriate care and treatment.

People's rights were protected because the Mental Capacity Act 2005 Code of practice and the Deprivation of Liberty Safeguards were followed when decisions were made on their behalf.

Good



### Is the service caring?

The service was caring.

People said that staff were caring, kind and compassionate.

Staff recognised people's right to privacy, respected confidential information and promoted people's dignity.

There was a homely and welcoming atmosphere in the home and people could choose where and how they spent their time.

Good



### Is the service responsive?

The service was not always responsive.

People were involved in planning and reviewing their care. Care plans reflected their assessed needs and staff had a good understanding of people's wishes and preferences.

People were consulted about their needs and wishes and had been supported to pursue their community interests and hobbies.

People knew how to raise a concern or complaint if they needed to and the provider had arrangements in place to deal with them.

People were supported to pursue their community interests and hobbies; however there was a lack of meaningful activities within the service.

Requires Improvement



# Summary of findings

## Is the service well-led?

The service was well-led.

There was a registered manager in post and staff were well supported.

The provider had completed quality checks to help ensure that people reliably received appropriate and safe care.

People had been asked for their opinions of the service so that their views could be taken into account.

Good



# West Dean Care Home

## 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 was planned to check 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 27 January 2015 and was unannounced.

The inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements in this report.

As part of our planning for the inspection we reviewed other information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies.

We asked the local authority, who commissioned services from the provider for information in order to get their view on the quality of care provided by the service. During our visit we looked at feedback given to the provider by a social care professional. After we completed our visit to the service we also spoke with a healthcare professional in order to obtain their views about the service.

During our inspection we spent time talking with eight people who used the service. We also spoke with the registered manager and three members of the care staff team.

We observed care and support in communal areas and looked at the care plans of three people. A care plan provides staff with detailed information and guidance on how to meet a person's assessed social and health care needs.

We looked at a range of records related to the running of and the quality of the service. This included staff training information, staff duty rotas, meeting minutes and arrangements for managing complaints.

We also looked at the quality assurance audits that the registered manager and the provider completed which monitored and assessed the quality of the service provided.

# Is the service safe?

## Our findings

People told us they felt safe living at West Dean. One person said, "I am happy with things here. I feel very safe and well looked after." The person added that people who lived at the service also supported each other. The person commented, "I am happy here and I have never felt under any pressure to do anything."

Information was available on a notice board in a communal part of the home to inform people and staff about how to report any concerns about the safety of people who lived at the service. Staff said and training records showed that staff had received training in how to maintain the safety of people and were clear about the contact details of the external agencies they would report their concerns to. This included the local authority safeguarding team, the police and the Care Quality Commission.

The registered manager showed us people who lived at the service had also received training about how to recognise and report any concerns for the safety of people. One person we spoke with told us they completed their training in September 2014 and that it covered keeping people safe from harm and health and safety. The person told us, "The training helped tell us what to do if there was a fire so we would always look out for each other and know our responsibilities in living here."

The registered manager showed us a letter they had received from a member of the local authority social care professional in July 2014 which gave positive feedback about the support provided by the whole staff team to one person in order to maintain their safety. The information highlighted how approachable, informative and accommodating the manager and staff were in relation to one person's challenging and complex needs.

Records showed that before new staff were employed the provider carried out checks about things like their work history, whether they had a criminal record and what skills they had gained. Staff confirmed this process had taken place before they were employed.

People said they always felt there were enough staff on duty to make sure people's care needs were met. During our inspection we saw staff were available in communal areas for people to speak with at all times. People's requests for assistance were met in a timely manner.

Staff told us that they worked together well as a team and were able to cover any sickness or other absences within the team so that staff numbers were kept consistent. The staff numbers on duty matched the duty rotas in place and the manager told us staffing numbers were dictated by the amount of people living in the home and their individual needs.

When we looked around the home we saw the home environment was clean and tidy. Staff we spoke with told us they understood the importance of keeping the home clean in order to protect people from infection. We saw the kitchen area of the home was open for people to use together with staff and that they worked together to maintain the hygiene levels. The registered manager showed us the local environmental health officer had visited the service in February 2014 and awarded service five stars out of five for the cleanliness of the kitchen and how it was maintained.

We looked at three peoples' care plans and found appropriate risk management processes were in place. We saw risk assessments were in place for health and safety and decision making.

Where any accidents or incidents had occurred there was a system in place for recording the actions taken by staff in response to them. Individual incident and accident records were checked and reviewed regularly by the registered manager. Information we looked at showed appropriate action had been taken in response to incidents when they occurred and that when required, we had been informed about these. Staff also told us lessons learned from accidents and incidents would be discussed at staff meetings so any learning could be shared.

People told us staff helped them to take their medicines safely. One person said, "The staff look after my medicines when I am unwell. When I feel good I do it myself with support." The registered manager told us they had a range of policies and procedures in place to guide staff who had been trained to undertake this role. The policies included a homely remedies policy. We also found the provider followed national guidance related to the storage and administration of controlled medicines and there were clear arrangements in place for storing medicines.

## Is the service safe?

We saw regular local pharmacy audit checks were also undertaken in order to give the provider feedback on how medicines were being managed and administered. The last report provided in January 2015 showed that medicines were being managed in the right way.

# Is the service effective?

## Our findings

People we spoke with told us they felt staff were understanding and had knowledge, which they applied to care for them in the right way. One person said, “[staff] are alright” another person said, “I feel calm here. It feels more like one family and the staff understand our ways of being and help with that.”

Staff told us they had completed an induction when they started to work at the home which ensured that they had support in place until they felt confident to carry out their role without direct supervision. Staff said that they had access to regular training which equipped them with the skills they needed and that the training provided covered a range of subjects.

Training included topics such as; infection control, fire safety, mental capacity and equality and diversity. The registered manager also told us staff had received training in regard to supporting people who had challenging behaviours and further training in this subject had been scheduled. Staff also told us that they held or were working towards a nationally recognised care qualification. This meant staff were appropriately trained and supported to meet people’s individual needs.

We saw that the registered manager had a training plan in place which detailed when staff were due to receive their training. Some of the training was completed using computer based learning. The manager showed us how they used this type of training to test staff learning and that if there were any areas for development they would be highlighted and discussed as part of supervision. Staff said this helped their overall learning and one staff member said it made the training more “meaningful.”

Staff received regular supervision sessions which reviewed their performance. We saw that the registered manager had a timetable for all staff so that they could monitor when these supervision sessions and reviews were due and had taken place. The registered manager also confirmed that, although not all completed, staff had an annual appraisal scheduled in order to review the progress they had made during the last year. These processes gave staff an opportunity to discuss their performance and helped staff to identify any further training they required.

We saw that that staff were aware of the need to take advice if someone who lived in the service appeared to be

subject to a level of supervision and control that may amount to deprivation of their liberty. People told us if they got angry or upset staff knew how to provide support and help to keep them safe. One person said, “If someone gets angry the staff are very good and they evacuate the area so the rest of us are safe.” When we spoke with staff they told us they used their training to de-escalate situations where people got angry or upset. One staff member said, “We don’t use restraint at all. Our policies tell us this approach is not allowed and we wouldn’t do it.”

The registered manager and staff had an understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and had received training about the MCA. They knew what steps needed to be followed to protect people’s best interests. In addition, they knew how to ensure that any restrictions placed on a person’s liberty were lawful.

DoLS authorisations are put in place when they are needed in order to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves. At the time of the inspection no-one who lived at the home had their freedom restricted.

People said that staff made sure they had access to healthcare professionals whenever it was necessary. One person told us. I go to my doctor when I need to and I have meetings with my mental health worker which help me to review where I am at and what I need. It’s regular contact I like and that happens here.”

We spoke with a local health care professional who told us staff at West Dean worked with them well. They said communication was effective and the manager and staff picked up on wider issues and shared these with them they could respond. The professional also told us about how the registered manager, “Flagged up one issue which led to a doctor making a referral to a specialist consultant to make sure the person got the help they needed quickly.”

Staff told us about people’s dietary needs and that one person was a vegetarian and another person was supported to be on a low salt diet for their health. They also described the support another person needed to monitor their diet as they had needs related to diabetes. One staff member commented, “We encourage all people to eat healthy but it is always their choice and we support that always.”



## Is the service effective?

One person told us the service provided, "Very good meals and you get good portions." Another person said, "I have no problem with the food." One person said staff sometimes tried to encourage them to eat healthier food which they did not like. The person told us they were still supported to eat what they wanted and they said, "I don't like a lot of the meals so I have a jacket potato or sandwiches."

A set menu was available in the communal dining area for people to see and choose from. People told us they were often out during the day so had sandwiches for lunch and a

main meal at night. If they went out they told us they took their lunch with them or money to buy their own. The meal set for the day of our inspection included pies for tea. People said they looked forward to the evening meal and one person commented. "It's good to eat together and talk about the days we have all had." One person said they would like more variety with their meal choices but did add they had the opportunity to talk about the food they liked at residents meetings and direct with staff.

# Is the service caring?

## Our findings

One person said, “The staff here care very much about what they do. I have got to know the staff and feel they offer me the respect I need to build my confidence.” Another person commented, “I don’t always agree with what staff ask me to do but one thing is certain, they respect my views and I wouldn’t have it any other way. I like it here because we can speak the truth.”

We observed there was a good rapport between people and staff and it was clear they had built good relationships between them. Staff were sensitive when they responded to people and spoke calmly when they engaged with them. We saw that where some people did not have family or friends as part of their lives, staff encouraged a sense of belonging within the home. This generated calm and relaxed atmosphere which people said helped them to feel cared for.

Staff we spoke with understood about the care people required and the things that were important to them in their lives, such as how people liked to spend their time, what they liked to eat, the music they liked to listen to. One person told us. It’s not just about having my care needs met. I need the [staff] to know about and care about me as an individual. I think they are successful in this respect.”

One staff member we spoke with was very thorough in their knowledge of each person and described the triggers that might upset individual people and the group as a whole and how they used their knowledge to reduce and manage incidents by talking gently and taking time to just listen to what people felt or needed to say.

A community psychiatric nurse [CPN] we spoke with after we completed our inspection visit told us staff were always caring, friendly and welcoming when they visited the service.

All of the people who lived in the home had their own bedroom that they could use privately whenever they wished. People told us they were supported to have their own keys to their rooms and that this helped them to choose when they wanted privacy. People also said that staff always asked for their permission before they went into their room and knocked on their door before they entered.

Three people offered to show us their rooms. We looked at the rooms together with the person and the manager. People told us they had been encouraged to bring in their own items such as small items of furniture and pictures in order to personalise their rooms. One person said, “This is my space and I have it how I want it.” The person told us they had chosen how they wanted to have their room decorated and that they picked the colours on the walls. Another person who showed us their room said, “I have a cabinet with a key so I can keep things private if I want to.”

In addition to details about people’s preferences and lifestyle choices, care plan information showed that people were asked about any communication and advocacy needs they had when they first moved into the home.

Advocates are people who are independent of the home and who support people to make decisions and communicate their wishes. We saw the local lay advocacy service had also previously held meetings at the home with people when needed and that the information about how to contact them was available for people to use. The manager told us further meetings had been planned and that these would be continuing.

# Is the service responsive?

## Our findings

People's needs were assessed when they moved into the home. One person told us about their experience of moving to the home and said, "The staff asked me all the right questions and gave me good information about what they offered here. I felt confident they could care for me and I signed all of the papers to show I had made my own decision to move here."

We found that the assessments completed by staff were used to create a care plan for each person which was personal to them. We looked at four people's care plans. The information clearly demonstrated how individual needs such as their mental and physical health, communication, nutrition, religious and social needs were met. The information included details about people's individual goals and aspirations. The manager told us this helped the staff to work with people in order to identify people might achieve these.

Care plan reviews were completed on a regular basis in order to check if there had been any changes in people's individual needs. The care plan was then updated to show any changes agreed. A staff member told us about the frequency of reviews and commented that, "We do them [reviews] every six weeks unless we have a need to bring this forward." We also saw people had been involved in the reviews and had been kept at the centre of any decisions that needed to be made about how they received their care.

People said that the registered manager and staff responded to any issues they raised. We saw this was the case when one person showed us their room together with the manager. They told us they would like a new mattress. The registered manager ordered this immediately.

One person said they liked to help out with preparing meals and we observed the person doing this and talking openly with staff who provided support only when it was requested or needed. This helped promote the persons independence. We also saw people had access to drinks and snacks whenever they wanted them and we saw people making drinks both with and without support from staff.

People told us they were free to go out to pursue their own community interests. Two people we spoke with told us how they liked to go to a local antiques market and this

was something they were planning to do more of with staff. One person commented, "I like romantic poetry such as Shelley and Keats and I go to the library and read the books I want."

Another person said, "I am an avid reader and I also go to the library. We are free to come and go as we choose." The person took us outside to show us how they were supported to pursue their keen interest in gardening. The person said, "I have a real love of being outside and gardening. The staff let me do what I want out here and I enjoy making the garden fit in with the local surroundings." The registered manager told us how another person had a keen interest in forestry work and had gone out to undertake this activity on the morning of our inspection.

We asked another person how they spent their day. They told us they enjoyed doing art and said, "They [staff] are supportive as much as they can be I even got paint by numbers for Christmas." Another person told us, "I get on well with a certain member of staff and would often chat with [staff member] if I am worried." The person also mentioned that the staff member they got on with took him them to Lincoln cathedral as their interests included art and history.

During our inspection we noted that people sat in one of the two communal areas available in the home speaking with each other, watching television, or drawing. We saw there was a pool table, television and games available in the other communal room in the service. People said they were free to use the room if they wanted to but they tended not to because they didn't feel motivated enough to plan and undertake their own games or activities in the room.

One person commented they might benefit from staff having more one to one time with them to do activities inside the home. Another person told us they used to have games at the homes but these had not continued and they wanted to see more indoor activities taking place.

Although there was evidence people were supported to pursue their community hobbies and interests there were no structured and planned activities in the home for people which would help to further motivate and stimulate them. We spoke with the registered manager about this and they said that this was an area which needed to be

## Is the service responsive?

addressed. The registered manager told us they were exploring ways of further developing time for staff to support people either through one to one support or group activities in the home.

People told us they understood the service had a formal process which was there to support them with any concerns or more formal complaints they might have. People said the registered manager was always free to speak with and one person said, "Their [staff] door is always open. I would go to the registered manager if I was

concerned but I can still raise concerns with the staff here and I know they would take it seriously." The registered manager confirmed they had not received any formal complaints for us to review.

**We recommend that the provider and registered manager seek advice and guidance from a reputable source about providing meaningful activities in the home based on current best practice for people whose needs are associated with their mental health.**

# Is the service well-led?

## Our findings

The service had a registered manager in post who was well established and we observed there were clear management arrangements in the home so that staff knew who to escalate any queries or concerns to. Staff told us the manager was always contactable directly or by telephone for advice when needed, when they were not working at the home.

The registered manager was available throughout the inspection and we observed they were actively involved in supporting people and staff with their needs and requests. People sought the registered manager out when they wanted to speak with them and we saw when this happened the interactions were very positive. When we spoke with the registered manager they were able to speak about people's individual needs in an informed way and knew the skills and talents of each member of the staff team.

People told us they were comfortable with approaching staff and had good relationships with the manager. People said they were supported to have opportunities to meet and described resident's meetings they said were held at the home and how they were encouraged to attend and take part in these. Records showed five formal meetings had been held during the last year. One person said, "We have ad-hoc meetings as well as more formal forums to meet. I like the meetings because we get to say what we want and things get sorted when we get together to talk like that." The last formal meeting had been held in January 2015 and topics discussed included keeping people safe from harm, food and menu requests and day trips.

People also told us they were asked for their views about the service through an annual survey. The manager showed us that the survey forms were sent to the provider for analysis and that the overall feedback from people was positive. The next survey was due to be sent out in February 2015.

Staff told us they were well supported by the manager and there was low staff turnover at the home. One staff member said, "Its good here. We rely on our work colleagues and the fact there are few changes helps with the day to day flow. It is a very stable staff team."

Through our discussions with staff it was clear they understood how to escalate concerns they may have and they were confident to use the providers whistle blowing procedure if needed. One staff member told us they would have no problem with reporting any unacceptable behaviour that they observed or heard about.

Staff told us they were kept up to date with events in the home and current good practice through regular staff meetings. Records showed topics such as staff deployment and training needs were discussed at the meetings in order to ensure people's needs were met appropriately by a skilled staff team.

We saw the registered manager had an audit system in place to highlight additional areas that needed to be improved on in regard to the environment. The audit had resulted in the production of a maintenance action plan for decoration and some refurbishments of the home. Timescales had been set for the work to be completed during 2015. We saw some improvements had already been completed and showed us a new carpet had recently been fitted to the stairway leading to the upper floor of the home. Other work had been scheduled for completion with timescale's set.

On the day of our inspection people told us the outdoor halogen heaters in their smoking area were not working. We raised this with the manager and it was repaired immediately. After the repair was completed one person told us, "Its brilliant now." Another person commented, "What a difference. It's good to have it working."

Regular visits were undertaken by the provider to support the manager in monitoring the quality of the care provided. For example, we saw regular audits were carried out in regard to medicines management, kitchen hygiene and care planning. This demonstrated the home had an approach which was based on a culture of continuous improvement in the quality of care provided.