

Newfound Care Ltd

Wasdale Court

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 well-led?	Good ●

Summary of findings

Overall summary

About the service

Wasdale Court is a residential care home providing support and accommodation for up to nine younger adults with a learning disability or with autistic spectrum disorder, Physical disability, or mental health. On the day of inspection there were eight people at the service.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance Care Quality Commission (CQC) follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Care:

Staff understood how to protect people from poor care and abuse. There were enough appropriately skilled staff to meet people's needs and keep them safe. People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs. We observed positive interactions between people and staff. People's care and treatment support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life. Relatives told us they were involved in care planning and could attend meetings. Staff assessed people's risks appropriately and encouraged and enabled people to take positive risks.

Right Support:

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 were supported by staff to pursue their interests and achieve their aspirations and goals. The service gave people care and support in a safe, clean, well-furnished and well-maintained environment. People were supported to make decisions following best practice in decision making and staff communicated with people in ways that met their needs.

Right Culture:

Staff knew and understood people well and were responsive, supporting their aspirations to live a quality of life of their choosing. Staff told us they enjoyed their job and making a positive difference to someone's life. Staff turnover was low, which supported people to receive consistent care from staff who knew them well. People and those important to them were involved in planning their care and staff evaluated the quality of care supported to people, involving the person, their families and other professionals as appropriate. Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity. Relatives told us when they visited the service the atmosphere was good; staff were always pleasant and caring and that they would recommend the service to others.

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 16 June 2021).

Why we inspected

We received concerns in relation to staff training and staff and management conduct. As a result, we undertook a focused inspection to review the key questions of Safe, effective and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Wasdale Court

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector, a medicines 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.

Service and service type

Wasdale Court is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Wasdale Court is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

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

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we received about the service since the last inspection. We sought feedback from

the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with two people who used the service and five relatives about their experience of care provided. We spoke with seven members of staff, including the registered manager, a senior care worker and five care workers.

We reviewed a range of records. This included four people's care records and eight people's medication records. We looked at three staff files in relation to recruitment and supervision. We reviewed a variety of records relating to the management of the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- Staff had training on how to recognise and report abuse and they knew how to apply it.
- Staff told us they were confident the registered manager would address any concerns reported to them and make the required referrals to the local authority.

Assessing risk, safety monitoring and management

- Risks associated with people's care were assessed and monitored.
- Risk assessments and care plans were detailed and provided guidance for staff to respond to and manage risk effectively.
- People were supported to manage risks to themselves and in making decisions about how to keep safe.
- All restrictions of people's freedom were documented, monitored and triggered a review of the person's support plan.
- Staff assessed people's sensory needs and did their best to meet them.

Staffing and recruitment

- The service had enough staff, including for one-to-one support for people to take part in activities and visits how and when they wanted. One staff member said, "We are a good team and cover for each other if needed, we have enough staff."
- Staff recruitment and induction training processes promoted safety, including those for agency staff. Staff knew how to take into account people's individual needs, wishes and goals.
- Every person's record contained a clear one-page profile with essential information and dos and don'ts to ensure that new or temporary staff could see quickly how best to support them.

Using medicines safely

- Medicines were managed safely. Staff followed effective processes to assess and provide the support people needed to take their medicines safely. This included where there were difficulties in communicating, when medicines were given covertly, and when assessing risks of people taking medicines themselves.
- People received support from staff to make their own decisions about medicines wherever possible.
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines.
- Staff received training to administer medicines and had their competency checked.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using Personal Protective Equipment [PPE] effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider had a system in place to support people to receive regular visits from family and friends, this included providing PPE if necessary.

Learning lessons when things go wrong

- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned.
- Staff raised concerns and recorded incidents and near misses and this helped keep people safe.

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 our last inspection we rated this key question good. The rating for this key question has remained 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

- People had care and support plans that were personalised, holistic, strengths-based and reflected their needs and aspirations and included physical and mental health needs. People, those important to them and staff reviewed plans regularly together.
- Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant and good quality training in evidence-based practice. This included training in the wide range of strengths and impairments people with a learning disability and or autistic people may have, mental health needs, communication tools, positive behaviour support, trauma-informed care, human rights and all restrictive interventions.
- The service checked staff's competency to ensure they understood and applied training and best practice.
- The service had clear procedures for team working and peer support that promoted good quality care and support.
- Staff felt supported within their role. One staff member said "We are a good team and you can always go to someone to ask for support if needed. The manager is always there to help, and the seniors are great too."

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

- People received support to eat and drink enough to maintain a balanced diet.
- People were involved in choosing their food, shopping, and planning their meals.
- Staff supported people to be involved in preparing and cooking their own meals in their preferred way.
- Mealtimes were flexible to meet people's needs and to avoid them rushing meals.

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

- People had health actions plans/ health passports which were used by health and social care professionals to support them in the way they needed.
- People played an active role in maintaining their own health and wellbeing.
- Staff from different disciplines worked together as a team to benefit people. They supported each other to make sure people had no gaps in their care.
- People were referred to health care professionals to support their wellbeing and help them to live healthy

lives

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

- People's care and support was provided in a safe, clean, well equipped, well-furnished and well-maintained environment which met people's sensory and physical needs.
- People personalised their rooms and were included in decisions relating to the interior decoration and design of their home.
- The environment was homely and stimulating.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Principles of the MCA were followed. Staff empowered people to make their own decisions about their care and support where appropriate.
- Staff knew about people's capacity to make decisions through verbal or non-verbal means and this was well documented.
- For people that the service assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any best interest decisions.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained 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

- The registered manager worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish.
- Management were visible in the service, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say. One relative told us, "I would recommend this service, they work with us to support [family member's] needs and make good choices."
- Staff felt respected, supported and valued by senior staff which supported a positive and improvement-driven culture. One staff member said, "We are encouraged and supported in our work and I feel listened to and respected by seniors and management." Another said, "I love working here, I feel respected and supported by everyone."

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 service apologised to people, and those important to them, when things went wrong
- Staff gave honest information and suitable support, and applied duty of candour where appropriate.

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

- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs/ oversight of the services they managed.
- Governance processes were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support.
- The provider invested in staff by providing them with quality training to meet the needs of all individuals using the service.
- Staff delivered good quality support consistently.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The provider sought feedback from people and those important to them and used the feedback to develop the service. Relatives confirmed they had spoken with the manager when they had concerns and had completed questionnaires to give their feedback on the service.
- Staff encouraged people to be involved in the development of the service. One relative said "Staff have a

kind and caring nature and the people they care for are at the heart of everything they do. [Family member's] quality of life is good."

- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.

Working in partnership with others

- The service worked well in partnership with advocacy organisations/ other health and social care organisations, which helped to give people using the service a voice/ improve their wellbeing.
- The provider was involved in provider engagement groups organised by the Local Authority which aimed to help improve care services in the local area.