

## Westwood Care Group Limited

# Dales House

### 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?

Outstanding ☆

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Dales House is situated in a residential area in Hull and can provide accommodation and personal care for up to seven people who have primary needs associated with learning disability. The service has seven single bedrooms, two sitting rooms and a dining room. There are sufficient bathrooms and shower rooms to meet people's needs and all areas of the service are accessible to people with mobility difficulties. One of the seven bedrooms is available to accommodate people who require respite care.

At the last inspection on 22 and 23 April 2015, the service was rated Good. At this inspection, we found the service remained Good although, due to the strong person-centred culture apparent within the service, we judged the fundamental standards had been exceeded when we asked the question, "Is the service Responsive" and the overall rating for the responsive domain is outstanding.

Personalised care plans and flexible staffing enabled people to develop and lead very fulfilling lives. The staff team had an excellent understanding of people's complex needs. The way staff responded to people's needs, and approached them with care and compassion, had led to them having an outstanding quality of life, being able to participate in meaningful activities and being part of the 'family' at Dales House. The staff team were responsive to people's individual needs and had been flexible in organising a wide range of community-based activities to enable people to feel part of the wider community. All staff described working together as a team. They were dedicated to providing exceptional person-centred care and helping people to achieve their potential; in discussions, staff knew people's needs really well. The environment was very tailored to people's individual needs; there was colourful signage throughout the service, a homely atmosphere and a wide range of equipment to ensure people's safety, accessibility and wellbeing.

The service was a safe place for people to live. Recruitment procedures were thorough and there were sufficient staff, used in a flexible way to support people's needs. Staff knew how to safeguard people from the risk of abuse and harm, had received training and also had procedures to guide them. There were procedures in place to manage risk which helped to ensure people were safe whilst not being too restrictive.

People's health and nutritional needs were met. People were supported to attend appointments and access community health care professionals for advice and treatment when required. Medicines were managed effectively and staff ensured people had their medicines as prescribed. The menus provided people with nutritious meals and alternatives were available. Staff told us the menus could change dependent of people's choices each day.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. Staff approach was observed as kind, caring and compassionate. They treated people with dignity and respect whilst still maintaining a friendly and professional manner. There were very positive comments from people who used the service, relatives and visiting health and social care professionals about the registered manager and staff team.

We saw from records that staff had received training appropriate for their development, supervision and appraisal. Staff told us the registered manager led by example and were supportive of them. They felt listened to, able to make suggestions and were confident in supporting people who used the service.

There was a quality monitoring system in place which consisted of audits and checks and obtaining people's views about the service. Surveys were carried out and results of quality monitoring were displayed in an easy to read format so people could see what action had been taken to address their suggestions and comments.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was Safe.

Additional measures have been put in place and we found staff were recruited safely. There was sufficient staff deployed to meet people's needs.

Staff knew how to safeguard people from the risk of harm and abuse. They had received training and had policies and procedures to refer to if required.

People received their medicines as prescribed.

The service was clean and tidy and staff knew how to prevent and control the spread of infection.

### Is the service effective?

Good ●

The service remains good.

### Is the service caring?

Good ●

The service remains good.

### Is the service responsive?

Outstanding ☆

The service was very responsive.

People's care was based around their individual needs, preferences and aspirations. Care and support needs were kept under review and staff responded very quickly when people's needs changed.

Staff had an excellent understanding of people's needs and found creative and flexible ways of ensuring people led fulfilling lives. We saw staff had worked very hard and, by using a patient, caring and compassionate approach, had ensured the quality of people's lives had been improved.

People were encouraged to take part in chosen activities and accessed a wide variety of local community facilities on a daily basis. People were supported to make choices, have control of

their lives and to be included in how the service was managed.

**Is the service well-led?**

**Good** ●

The service remains good.

# Dales House

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the registered 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 comprehensive inspection was unannounced took place on 5 May 2017. The inspection team consisted of one adult social care inspector.

Before the inspection, we looked at information we had received about the service. The registered provider had completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also checked our systems for any notifications that had been sent in as these would tell us how the registered provider managed incidents and accidents that affected the welfare of people who used the service. We spoke with the local authority safeguarding, and contracts and commissioning team, about their views of the service. We also received information from two social care professionals who visited the service.

During the inspection, we observed how staff interacted with people who used the service throughout the day and at mealtimes. We spoke with two people who used the service and four relatives. We spoke with the registered manager, the deputy manager, a senior support worker and four care support workers, one of whom was completing a shadowing shift as part of their induction.

We looked at various care records for five people who used the service. We also looked at other important documentation relating to people who used the service. These included medication administration records (MARs) for nine people and monitoring charts for people when they may become anxious or distressed. We looked at how the service used the Mental Capacity Act 2005 to ensure that when people were assessed as lacking capacity to make their own decisions, best interest meetings were held in order to make important decisions on their behalf.

We looked at a selection of documentation relating to the management and running of the service. These included recruitment files for two new staff, training records for all staff, the staff rota, menus, minutes of

meetings with staff and people who used the service, quality assurance audits, complaints management and maintenance of equipment records. We looked at comments from recent quality monitoring surveys and we completed a tour of the environment.

# Is the service safe?

## Our findings

Two people who used the service said they liked living at Dales House and felt safe there. Relatives also told us people were looked after well and there was sufficient staff on duty. They said, "I absolutely love it [the service], they are really happy there", "I am so pleased with the service and level of care" and "I think it's a fantastic service."

A health and social care professional said, "I am aware that the manager considers any implications to existing residents before admitting a new resident, for example checking care needs and behaviours can be managed and will not put others at risk" and "I would say that people are safe and all potential risks are considered and plans are in place to manage any potential risky situations."

At the last inspection in April 2015, we saw there were minor improvements to make regarding recruitment of staff and in the flushing of unused water outlets to help prevent the spread of water-borne infections. Since the inspection, measures have been put in place to resolve these issues and during this inspection we saw the improvements had been sustained.

Staff were recruited safely and additional checks were in place regarding decisions about employment. Potential candidates completed an application form so gaps in employment could be explored, references were obtained and interviews took place. Checks were made with the disclosure and barring service (DBS) to ensure the candidate had not been excluded from working in care settings. This was confirmed in the recruitment records we looked at and in the Provider Information Return (PIR).

Rotas showed us there was sufficient staff on duty at all times to meet the needs of people who used the service. This was confirmed in discussions with staff. One member of staff said, "There are enough staff and everyone who has one to one time, really does have this." The registered manager told us staffing levels were increased at specific times to meet people's individual care and support plans.

The registered provider had effective systems in place to safeguard people from the risk of harm and abuse. Staff had received training and in discussions, they were knowledgeable about what constituted abuse, how they would manage incidents between people and what they would do if they had concerns or abuse was disclosed to them. Comments included, "We don't have any incidents between service users; we know who gets on with each other" and "I'm very confident service users are looked after well here and not abused."

We saw people who used the service had risk assessments completed. These included guidance for staff in how to minimise risk whilst still enabling people to make their own choices and limiting unnecessary restrictions. Any accidents people had were recorded, and the registered manager monitored them as part of learning to help prevent a reoccurrence.

We found medicines were managed well and people received them as prescribed. The medicines administration records (MARs) tallied with the medicines available and were completed consistently. There were protocols in place when people were prescribed medicines 'when required' (PRN); we found these

could contain more detailed guidance for staff and this was mentioned to the registered manager to address. Medicines were ordered in a timely way, stored securely and disposed of appropriately.

The environment was very clean and tidy whilst still retaining a 'homely' appearance. Care support staff completed cleaning tasks, some of which involved people who used the service as part of their activities of daily living plan. Staff had received training in infection prevention and control and had access to personal, protective equipment when required. Since the last inspection, there had been a new washing machine installed which had a sluice wash facility for use when required.

Checks were completed to ensure the environment remained safe and equipment was ready for use when required. These included hot water outlets, fire equipment, monitors and sensor mats plugged in, wheelchairs placed on charge, electrical appliances, and moving and handling equipment. There was a business continuity plan which detailed guidance for staff in emergencies such as floods and failure of utilities.

## Is the service effective?

### Our findings

We saw people who used the service received care and support that was effective and which met their needs. Staff monitored people's health and contacted appropriate health care professionals in a timely way. We saw people accessed a range of community health care professionals when required; following visits to them, staff made clear records of advice and treatment in people's care notes. We saw people had health action plans which documented their health care needs, who was responsible for oversight of them and detailed important contacts. A relative told us how pleased they were that staff had supported them in making referrals to health professionals and ensuring access to dental treatment for their family member. Staff had recorded important information about people who used the service to assist nursing and medical staff during any hospital appointment or admission; the information was in pictorial form with an easy read text.

In discussions with staff, it was clear they knew people's health care needs well and could describe how they monitored them and the action they would take if they had any concerns. For example, they accurately described how they would support epilepsy management and care of PEGs (a process of ensuring people received nutrition directly into their stomach).

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). There were a number of restrictions in place based on maintaining people's safety and well-being. Appropriate applications had been made to the local authority for DoLS assessments, including when existing authorisations were due to expire. Staff were clear about how they gained consent prior to the delivery of care. A relative said, "They [staff] find different ways to make sure they [people who used the service] have the freedom to make decisions."

Staff told us they received appropriate training, appraisal, supervision and support to enable them to feel confident when supporting people who used the service. Records confirmed staff received a range of training considered essential by the registered provider and also related to the health conditions of people who used the service. These included autism, mental health, epilepsy, sign language, and managing anxious and distressed behaviours. A new member of staff confirmed their induction helped them to gain confidence and experience, and enabled them to observe and ask questions of staff before they supported people on their own.

People we spoke with told us they were happy with the meals provided to them. We found people's nutritional needs were met, their weight was monitored and staff took appropriate action when required. Staff recorded people's dietary needs and preferences so that menus could be planned to reflect them. The menus were consistent with the type of meals young adults preferred, included a variety of meals and alternatives, and were in written and pictorial format to help people with choices.

## Is the service caring?

### Our findings

Staff treated people with dignity and respect and supported them in a kind and caring way. This was observed during the inspection and confirmed in discussions with people who used the service and their relatives. The registered manager told us that last year one of the people who used the service spent several weeks in hospital; they arranged a rota to provide support at the hospital when relatives were not able to cover. Comments about the staff approach and how they developed caring relationships with people were very positive. People who used the service said, "I like them" and "They're good; they look after you and they are all nice."

The four relatives spoken with confirmed they were kept informed about important issues and they all felt involved in the care of their family member. They said, "The staff are all approachable and very caring people. We feel welcomed when we visit and made to feel at home; it really is seen as their home", "They are really friendly and keep in touch", "The staff are lovely and do an amazing job; I think they are fantastic" and "The staff are brilliant and create a nice atmosphere. They don't treat [Name] as if they are disabled; they have a laugh and a joke with [Name]."

Feedback from a health professional in a quality monitoring survey stated, "I can honestly say I have not been in a more friendly, welcoming home in my entire nursing career."

People who used the service each had their own bedroom, which helped them maintain their privacy and dignity; bedrooms were treated as people's own personal space and we observed staff knock on doors and wait before entering. Two of the bedrooms had an en suite shower and toilet facility whilst other people shared communal bathrooms. In discussions with staff, they described how they promoted core values of privacy, dignity, choice and independence.

We saw care plans contained information about how people preferred to be cared for and how their privacy and dignity was to be respected. They also provided information to staff on how to help maintain existing skills and how to assist in the development of new skills. The care plans were colourful, pictorial and in an easy read format. This helped people to be involved in decisions and choices and to contribute to what was included in the care plans.

We saw people were provided with information throughout which was in an appropriate format. For example, there were colourful signs about the service, notice boards, menus, photographs, a family tree (this included people who used the service and their key workers) and weekly activity planners. There was also a 'Members Handbook' which was in an easy read and pictorial format. This described the service, the choices that people could make, for example decorating their bedrooms, what services they could expect, how they would be listened to and how staff would support them to maintain contact with family and friends. It also provided pictures of the staff team to help people recognise them.

Personal information such as people's care plans and medication administration records, and staff personnel records were held securely. Computers were password protected for additional security.

## Is the service responsive?

### Our findings

Relatives told us the service was particularly responsive to people's needs and this had made an impact on their quality of life. A relative told us about transition arrangements for respite care and how well these had gone. They said this had made them feel confident in future respite stays.

One person who used the service had a shared care arrangement. We spoke with relatives about this and they were exceptionally pleased with the service. They said, "[Name] really gets out and about a lot. [Name] wanted to learn to do their washing so now it has been put on their plan and they put it in the washing machine; they [staff] are teaching [Name] to separate out colours" and "Sharing the care really works well; they involve me in activities like trips to East Park and pick me up if necessary."

There was a range of very positive comments collated via quality monitoring. These included "The change in [Name] since they have been at Dales House has been incredible to say the least. I cannot express the amount of time and effort and understanding the staff at Dales House has done. The staff have all worked so hard getting to know [Name] and understanding their complex needs", "Just wanted to say thank you again to you and your staff for all the hard work you've put in with [Name], they look like a different person and it is incredible to know that you and your staff go the extra mile" and "I certainly was impressed with the environment and the care being provided at Dales House – and with your obvious passion for getting it right for the people living at the home."

A social care professional told us the care and support offered to people was excellent and stated, "They are very responsive. Things are chased up if health appointments are cancelled. Both physical and mental health needs are monitored and any changes or concerns acted upon appropriately." The social care professional went on to explain the persistent lengths the registered manager went to obtain accurate information about a person's needs.

We saw staff had made a significant impact on the quality of life for people who used the service. For example, one person had very complex needs including those related to their health and safeguarding them from harm. The staff team worked hard to gain the person's trust and they lead a more fulfilling life, their health and weight have improved and they felt confident to return to education and also access community facilities. The person was supported to have control of their finances, purchase a mobile and now is able to shop independently on the internet. The registered manager told us, "Staff worked hard to build their trust, starting with just getting them outside the front door and then increasing this by a few steps each time. [Name] has attended a Chelsea football match, watched an ice hockey game, visited a wild life park, and goes to the cinema and local discos. These have been huge achievements and have changed the quality of their life dramatically" and "[Name] still likes to have their 'bed days' but they now also have an active and meaningful life."

Another person had severe autism and, until support provided by staff at Dales House, was cared for in isolation due to their complex needs. The registered manager and staff team developed creative and thoughtful ways of 'playing to the person's strengths' which were a need to organise and sort objects into

places where the person felt they belonged. The registered manager purchased a variety of materials of different textures and colours, and several containers in which to store them. The person engaged in an activity of collecting the items and storing them away. This led to activities in the garden, engaging with another person who used the service and painting. The registered manager said, "I observed them and took off my shoe and painted my foot to leave a footprint then I asked [Name] if I could paint their foot and they nodded; this was ground-breaking as [Name] let me paint and then wash their feet. They had not been able to tolerate touch."

The staff team continued to build on this success and explored other creative ways of engaging with the person such as baking. Staff found the person would eat the food they made when initially eating had been a difficult task for them. The person now tried and tolerated a wide variety of food. The registered manager told us how they had met with health and social care professionals to request the person accessed community facilities and following several best interest meetings this was agreed. The registered manager said, "We chose a park not near any roads and devised a nature trail in pictures so that [Name] could find objects on the list. This was a huge success and the smile on their face made it all worthwhile. Although it had not been an easy journey we have managed to identify through trial and error the activities that [Name] benefits positively from such as cooking, grooming horses, trampolines and the East Park cycle scheme. I believe we have made a huge positive impact to the quality of [Name's] life."

We reviewed the care records for five people and found them to be very person-centred. The records detailed the levels of support each person required, were colourful and written in a clear easy to read format. We saw the care planning process was based on several key documents such as an assessment, information obtained from other health and social care professionals and risk assessments. There was also other personalised information such as what was important to the person, who their friends were, what a good day looked like, preferred routines and how best to support them. Each person had a section titled, 'Who am I' which provided information such as family history, medical needs and preferences; the information had been updated when significant changes had taken place. There was information about what people liked to do, the kind of music and films they preferred and what made them happy, sad, angry or annoyed. The assessments and care planning process included involvement of relatives which helped to make support plans detailed and individualised.

A care plan document supported the identified assessed needs and provided clear information for staff on aims and objectives and how to deliver the care and support to meet them. Sections included personal care, health and wellbeing, eating and drinking, decision-making, maintaining relationships, maintaining independence, communication, sleep and emotional support. There was clear direction for staff in how to operate specific equipment required to maintain people's health and wellbeing. We saw staff had received training from specialist nurses in how to operate the equipment. The registered manager had developed positive behaviour plans based on a traffic light system. These were to assist staff in recognising when a person was calm, when they were beginning to feel unsafe or have a sensory overload and when they could potentially hurt others. Each traffic light zone stated the behaviours people may have, what it meant and how staff were to respond. The care plans were kept under review and we saw entries made which detailed important changes. The review looked at what was working or not and what recommendations were made to improve the care and support to people.

In discussions with staff, they told us they read care plans and it was clear they knew people exceptionally well. The way they spoke about people evidenced they knew how to tailor care and support to meet their very different and individual needs. Staff were able to describe in great detail how they supported one person with epilepsy and another person with severe autism. They had an excellent understanding of the triggers which could cause the person anxieties and how they needed to respond to allay them. We

observed staff interacted and supported the person in a very individual way.

The environment people lived in was very homely. People who used the service had their own pets which included a rabbit, a guinea pig, geckos and fish. The garden had a raised bed for vegetables. Some of the people who used the service had autism and benefited from vestibular (specific sensory) activities. To facilitate this, the registered provider had been proactive and purchased an adult special needs swing and adapted the garden to accommodate it; there was also plans to buy attachments so this can be used by people in wheelchairs.

We saw people had weekly activity plans in their care files and also in the dining room. These included a range of activities of daily living in the service such as baking, shopping, laundry, tidying bedrooms, pet care, watching television, playing musical instruments, games and using sensory equipment. The registered manager told us that initially they held community events within the service such as firework displays and a summer fayre, however it became apparent that these caused additional anxieties for some people. As a result, the staff became more creative in ensuring people accessed the local community. People accessed the community for bowling, swimming, trampoline sessions, discos, social clubs, the cinema, pubs, and cafes. Three people attended a work link college to complete City and Guilds training courses in horticulture, catering and woodwork. Three other people attended an adult education centre to participate in an accredited course in Life and Living. The registered manager facilitated a Makaton and music session at a venue for the local community to participate in. The registered provider had purchased a minibus and a car so that people who used the service could go on trips out together to attractions such as local parks, The Deep and Hessle Foreshore. People who used the service were assisted to feel part of the local community. Staff entered an 'It's a knockout' competition to raise money for a local hospice. The people who used the service came to watch the staff and enjoyed the day out. The staff team were flexible and responsive when organising community activities and took into account school holidays and areas which would be overcrowded for specific people.

The service played a key role in the local community. The registered manager and deputy manager were part of the Hull Learning Disability Partnership Board and were involved in the transforming care workshops with commissioners for Hull, East Riding and North East Lincolnshire. Other workshops they participated in have included accessibility of information when people are admitted to hospital and also of transport around the city. The service worked with a specific charity group and was involved with information days where they had a stall and met with the public and other service providers. This was to demonstrate what the service offered and also to seek views about what people wanted from the service.

We found the registered manager had been proactive and worked well with other agencies involved with people's care, treatment and support. Following the last inspection, training was arranged for staff in 'Health Action Plans' with a 'Wellbeing Service' in order for them to understand the importance of co-ordinating people's health care needs. The registered manager told us it became clear that the GP surgery were unsure about what was required of them so they liaised with the 'Wellbeing Service' who contacted the GP surgery and organised further training for them as well. The staff team had a good relationship with health care professionals involved in people's care and treatment. A health professional said, "I have supported a number of clients at Dales House. I particularly like how, as services, we have fostered an open and honest working partnership, where we collectively work through concerns on behalf of individuals to gain the best possible outcomes" and "Staff have always called upon me for advice and support and have followed my guidance with a prompt response."

The environment was very accessible for people who used wheelchairs and had been adapted to take people's specific needs into consideration. There was moving and handling equipment such as a lift, ceiling

track hoists and mobile hoists. Bathrooms and toilets had grab rails and assisted baths and showers.

There was a complaints policy and procedure on display and in documentation such as the 'Members Handbook'. This was in an accessible format for people and told them how to complain, who to speak to and that complaints would be investigated in a timely way.

## Is the service well-led?

### Our findings

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was aware of their responsibilities in relation to informing CQC and other agencies of incidents which affected the health and welfare of people who used the service. We received notifications about any incidents in a timely way.

The registered manager kept up to date with current learning disability research by regularly participating in local workshops in Hull which looked at issues affecting adults with profound and multiple learning disabilities. The registered manager attended the 'Kidz to Adultz up North' exhibitions on an annual basis to remain aware of innovations and equipment. They were also an ambassador for a specific charity which has a research centre in Cardiff and shared information regarding all areas of disability, including upcoming changes in legislation.

Relatives spoken with told us they felt the service was very well-managed. They all knew the names of the registered manager and the deputy manager and said they felt able to raise issues with them. Comments included, "There is very good communication; the manager is very involved and hands-on" and "They [registered manager] have created a lovely home and the staff are very well-trained."

Comments from two social care professionals were, "The manager goes over and above and is very focussed, professional and committed to providing exceptional care and support to people living there" and "My experience with the manager is that she is very knowledgeable about each individual client. She has always attended each review and takes the lead with any complexities involving the clients."

We spoke with the registered manager about the culture and values of the organisation. They were very focussed on the needs and wishes of the people who used the service. The staff had a 'company handbook' which detailed what was expected of them as employees and also what they could expect from their employer. The registered provider's statement of purpose described care objectives and values such as respecting the uniqueness of individuals, upholding citizenship rights and promoting dignity, respect and independence. We found these values were carried through to staff practices. The service user guide described people who used the service as 'members' meaning they were part of the Dales House family; the service was seen very much as people's own home. The registered manager told us they were committed to never using agency staff to support the people who used the service; they said using a consistent staff team helped to build trust and a feeling of safety for people.

The registered provider's PIR highlighted an open-door policy and encouraging staff to learn from issues rather than having a 'blame culture'. Staff told us they felt supported by the registered manager, worked well together as a team, could make suggestions and were listened to. Comments included, "It really is a fantastic place to work. It feels like a family and we are a good team", "We have all our meals together with service users; the staff get free meals" and "Management is very good; there is an open-door policy and they

are approachable. They are very supportive and always contactable out of hours."

We saw communication between the registered manager, the staff team, people who used the service, their relatives and other agencies was very good. Team meetings were held and the minutes detailed what had been discussed and any actions required. There were 'member's forums' where people who used the service could make suggestions and be involved in the running of the service. Questionnaires were sent to relevant people and information collated to add to suggestions from the forums. There was a 'You said, we did' newsletter completed each month which provided people with information about the actions taken; this was colourful and in an easy-read format.

We saw there were audits and checks carried out such as medicines, care files, the environment, cleaning and safety issues. The audits helped to improve the quality of the service and make it a safe place for people.