

## West Park Care Harrogate Limited

# West Park Care

### Inspection report

The Rookey, Spa Bottom Farm  
Haggs Road  
Harrogate  
HG3 1EQ

Tel: 01423594142

Website: [www.westparkcare.co.uk](http://www.westparkcare.co.uk)

Date of inspection visit:

24 March 2022

30 March 2022

Date of publication:

01 June 2022

### Ratings

#### Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

West Park Care is a domiciliary care agency providing regulated activities to people living in their own homes. The service is registered to provide support to both younger and older people, some of whom may be living with dementia.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection there were 33 people who used the service, with 15 people requiring support with their personal care.

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

People who used the service gave positive feedback about continuity of staff and staff approach.

People received support to safely take their medicines and creams and staff competency was ensured. Risk assessments were completed for areas of identified risk.

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. Staff had access to PPE and had completed infection prevention and control training to ensure they had the required skills and knowledge.

Staff completed mandatory training. We discussed with the provider about ensuring training was completed specific to people's needs. People who used the service and their relatives told us staff were skilled and knowledgeable in their approach. Staff received ongoing support and spot checks were undertaken to ensure they adhered to safe working practices and provided good quality care.

We received very positive feedback about staff approach. Staff were kind, caring and compassionate towards people and promoted people's dignity. The management team understood the importance of protecting people's confidential information. People were involved in discussions about their support.

Care plans were in place and guided staff about the support people required. Staff were familiar with people, which enabled them to deliver person-centred support. People's communication needs were assessed, and information was provided in an accessible format. The service had received positive feedback about the support provided to people at the end of their lives.

Staff felt supported in their role and able to ask for support or advice. The management team were keen to promote a high quality and professional service, a vision the staff team were engaged with. Systems and processes were in place to monitor the quality of the service and drive improvements.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for the service at the previous premises was good, published on 15 February 2020.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service

#### 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 caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# West Park Care

## 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

One inspector visited the service on both days. An Expert by Experience telephoned people who used the service and their relatives. 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

This service is a domiciliary care agency and provides care to people living in their own homes.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

#### Notice of inspection

We initially gave the service 24 hours' notice of the inspection. This changed to 48 hours' notice, as the inspection was postponed by one day to ensure the provider could support the inspection. We gave notice of the inspection because it is a small service and we needed to be sure the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and health agencies who worked with the service. We used the information the

provider sent us in the provider information return. 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 10 members of staff including the registered manager, managing director, service development manager, care supervisor, deputy manager, four care workers and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with three people who used the service and four people's relatives to gather their feedback about the support received.

#### After the inspection

We received feedback from three professionals who have worked with the service. We received further information relating to complaints, appraisals and other evidence to support the work being undertaken by 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

- There were systems and processes in place to protect people from the risk of abuse.
- Staff undertook safeguarding training to help them identify potential signs of a person being at risk of or experiencing abuse. Staff understood the importance of sharing any concerns with the management team and felt confident to do this.
- The management team were knowledgeable about safeguarding processes and procedures.
- Safeguarding concerns had been raised with the local authority when required.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Detailed risk assessments were completed for areas of identified risk. This information helped guide staff about the support people required to maintain their safety and reduce potential risks.
- The management team understood that people had the right to make their own decisions about risk management. They had worked closely with a person to consider ways in which they could mitigate risks together.
- We discussed the benefit of using recognised risk assessment tools, including arounds such as skin integrity etc, to aid the risk assessment process. This was acknowledged by the management team who started to review this during the inspection.
- Accidents and incidents were monitored, and actions were taken in response. Consideration was given to any potential patterns or trends for incidents which had occurred.

Staffing and recruitment

- Recruitment procedures continued to be safe.
- People and their relatives confirmed they received support from a consistent team of staff. Staff were noted to be reliable and punctual. If care workers were going to be late, people were telephoned and informed of this.
- People told us care was provided in an unrushed way with one relative noting, "They take their time with [person's name]."
- Care workers had time to travel between people's homes and knew in advance the people they would be supporting.

Using medicines safely

- People's medicines were managed safely. People who used the service and their relatives felt confident in staffs' understanding and practice relating to medicines and prescribed creams.
- Staff undertook training and their competency was assessed to ensure they had the skills and knowledge

to safely support people with their medicines.

- Checks were completed of medicines administration records and actions were taken if records were not properly or fully completed. The management team considered ways in which medicines practices and records could be improved to promote people's safety in this area.

#### Preventing and controlling infection

- Staff had access to personal protective equipment to ensure they could help to reduce the spread of viruses.
  - Testing was completed in line with current national guidance.
  - Staff undertook infection prevention and control training to enhance their understanding.
  - Risk assessments, specifically relating to COVID-19, were completed for people who used the service to consider any additional risks and actions that needed to be taken.
- any additional risks and actions that needed to be taken.



# 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

- Assessments were completed prior to people commencing their support with the service. This helped to ensure their needs could be met by the service and that staff were aware of their needs, preferences and circumstances before delivering care.
- Assessments were completed with other professionals to provide joined up care and ensure the service had the relevant information.
- The management team had different employment backgrounds and experience. They could draw upon this and their understanding of relevant guidance to ensure care was delivered in line with best practice.

Staff support: induction, training, skills and experience

- Staff undertook training in areas such as moving and handling, dignity in care and first aid. Staff had not consistently completed specialist training, in areas such as dysphagia and Parkinson's Disease. The management team were in the process of reviewing their training package.
- Prior to supporting people, staff undertook an induction to the service which included shadowing more experienced staff. This enabled new staff to begin establishing a rapport and understanding of people's needs.
- Spot checks were completed to ensure staff adhered to safe working practices and had the right skills, knowledge and approach to their job role.
- People confirmed staff were knowledgeable and skilled in their approach. A relative described a situation whereby a care worker arrived and de-escalated a challenging situation with a calm and skilled approach.

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

- For people who required assistance with eating and drinking, information was recorded about their likes, preferences and needs.
- Risks relating to eating and drinking had been considered and staff were provided with the relevant information to support them.

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

- Changes in people's health or circumstances were shared with the relevant people to ensure a joint approach to support.
- People fed back that care workers and the management team worked well with other agencies.
- The provider used an electronic system which enabled groups of care workers to share information,

confidentially, about any changes to a person's support or needs.

- Information was recorded within people's care files about their health conditions, what staff should observe for and when to report changes or deterioration.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The registered manager and members of the management team understood their responsibilities in accordance with the MCA.
- It was understood that people had the right to make their own decisions.
- Mental capacity assessments and associated best interest decisions were completed where required.

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

- People who used the service and their relatives praised staff interaction. For example, a relative told us, "They have a good laugh with [the person], they make him laugh. They ask what has he been doing, have you had your friends around? It's lovely." Another relative noted, "They are very kind – they all love [person's name]. They are easy going and very flexible."
- The service had received lots of written compliments about the care provided. This included, 'Everything is absolutely fantastic and [person's relative] is really enjoying all their carers. I cannot thank-you enough as it has taken a huge weight off my mind to know that [person's name] is being looked after so well.'
- The management team and care workers had formed good relationships with people who used the service and / or their relatives.
- Care workers spoke about people they supported in a respectful manner and with warmth.
- Staff had undertaken training around equality and diversity to help inform their practice.

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

- There was an understanding as to the role of advocacy and how this could support people.
- People and, where appropriate, their relatives or representatives were included in discussions about their care.

Respecting and promoting people's privacy, dignity and independence

- People were treated as individuals and staff understood the importance of providing dignified care. A person who used the service said, "Carers recognise I have a right to a private life; they give me dignity and total respect."
- Consideration was given to technologies and equipment which could be utilised to further promote people's independence.
- People were sometimes supported on a short-term basis following a period of ill health or change in circumstances to help regain their confidence and independence. A compliment had been received which stated, "The care provided has been exceptional. It was just what [person's relative] needed to get them back on track following their operation."
- The management team understood their responsibilities to protect people's confidential information.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

### End of life care and support

- Information was not consistently recorded about people's preferences and choices towards the end of their life. The management team were looking at ways' records could be developed and how to sensitively approach this.
- The service had received compliments about the support provided to people at the end of their lives. This written compliment was shared by a relative, 'We are writing to express our appreciation of your care for [person's name] in the closing stages of their life. Your staff were both professional and compassionate and are a credit to their calling.'
- A professional shared their feedback about the support provided, "In my experience, West Park Care has taken a proactive approach to furthering the education and training of the clinical team. They have reached out with a view to enhance their training package with specific programmes around end of life care."

### Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were in place which provided detailed information to support staff in caring for people's individual needs. People's care plans were updated when there were any changes.
- Staff confirmed care plans reflected people's needs. A care worker told us, "You get to know a lot of information about the person from the plans, you can keep going back to it if needed."
- Professionals provided positive feedback about how the service had supported people as individuals. A professional stated, "The service is extremely responsive when considering the person's needs and how they could best meet this."
- As there was continuity of care, this enabled staff and people they supported to get to know one another. A person who used the service noted, "The carers are very, very good and they know me very well." A care worker told us, "I see the same people and build a relationship with them and get to know them better. I really like that fact that you get to know them."

### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed and recorded within their care plans.
- Information was provided to people in a format most accessible for them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The consistency of support provided had a beneficial impact on family and those who supported the person. For example, a written compliment had been received which highlighted the positive impact care had on the partner of a person receiving support.
- For people who received support to access the community and activities, these were arranged based on their interests..

Improving care quality in response to complaints or concerns

- People understood who to contact if they had any concerns and felt confident these would be addressed. A relative told us, "I would phone [the registered manager] and she would always be there; she's super."
- When complaints were raised these were listened to, investigated and responded to. Complaints were used as an opportunity to develop staff practice.
- The provider had a complaint policy in place to guide their practice in this area.

# 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 management team were passionate about providing high-quality and professional care to people. A care worker stated, "The standards are high, and it pushes you to be good in your jobs."
- The aims and visions of the service were shared with the staff team who were engaged with this. For example, a care worker told us, "I picked West Park Care because I liked the ethos. I think I made the right decision. I have not spoken to any staff who are unhappy."
- The management team listened and responded to people's requests and were flexible in their approach to supporting and meeting their needs. Examples of this included, calls been moved to a later time to accommodate for people wanting to participate in activities or to access healthcare appointments.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Working in partnership with others

- A system of audits and checks were in place to monitor the safety and quality of the service provided. These were effective in identifying and addressing issues that arose for both staff and people who used the service.
- There was an understanding as to the different organisation's responsibilities and remits. This enabled the service to redirect people to the most appropriate place for support or advice. A professional fed back, "West Park Care have a respectful and professional approach, work well with the local authority whilst keeping the person and their needs and wants at the centre of their work."
- On-call arrangements were in place to ensure staff and people who use the service had access to advice or support in an emergency.

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

- The registered manager told us they operated, "an open door-policy". Without exception, the feedback we received confirmed staff felt supported by the management team. For example, a care worker told us, "There is always someone I can talk to. If I was struggling, I could speak with [nominated individual] or the managing director. Everybody is approachable." Another care worker told us, "Absolutely no word of a lie, it is fantastic working here. You can come to the office any time, they don't care, you can ring them at any time. It's like one big family."
- Efforts were made to ensure care workers felt valued and supported, recognising the impact this had on the people supported. For example, a member of the management team had undertaken training to

become the mental health lead.

- People who used the service and / or their relatives noted the responsiveness of the management team and office staff.

Continuous learning and improving care; 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 management team considered ways in which the service could improve. For example, the nominated individual was in the process of developing their governance process system.
- The registered manager and other members of the management team were aware of their responsibilities relating to duty of candour and were open in their approach.