

Derbyshire Care Services Ltd

Western House

Inspection report

211 Western Road
Mickleover
Derby
Derbyshire
DE3 9GU

Tel: 01332230082

Date of inspection visit:
27 November 2023

Date of publication:
18 December 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Western House is a residential care home, registered to support up to 5 people. The service supports people with mental health conditions. At the time of our inspection there were 5 people using the service.

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

People were supported to take reasonable risks, so that they could do things they enjoyed and be part of the local community. Incidents were reviewed to help identify lessons learnt.

People were supported to take their prescribed medicines in a safe way.

The staff's suitability to work with people was established before they commenced employment. Enough trained staff were available to support people.

The service was clean, and people were protected from the risk of an acquired health infection.

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.

The quality and safety of the service was monitored on an ongoing basis. People's views were gathered to help improve the service. The registered manager and staff team worked well with health and social care professionals.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection:

The last rating for this service was good (published 16 January 2018).

Why we inspected

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

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Western House

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.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

Western House is a 'care home.' People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and we looked at both during this inspection.

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

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is

information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we received about the service since the last inspection. This included details about incidents the provider must notify us about. We contacted the local authority who commission services from the provider. We used all of this information to plan our inspection.

During the inspection

We inspected the service on the 27 November 2023. We met with everyone who used the service and spoke in detail with 3 people and 3 members of staff, including the registered manager, deputy manager and a care worker.

We reviewed a range of records including people's care records, risk assessments, and other monitoring records, 3 staff recruitment files and 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 from abuse

- People were safeguarded from abuse and avoidable harm.
- A safeguarding policy was in place and was accessible to staff.
- Staff had received training about how to protect people from abuse and understood the procedure for reporting concerns.
- The registered manager and staff team acted when they were concerned for people's safety and reported to the appropriate professionals.

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

- The registered manager and staff team had been trained in the Mental Capacity Act (MCA) 2005. Everyone that used the service had capacity.
- Staff confirmed they sought agreement from people before carrying out any support and people confirmed this.

Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks.
- People's needs were assessed before admission and a clear criteria was in place to ensure the support they needed could be met at the service.
- Risks were reviewed, and assessments updated on an ongoing basis. The service focused on supporting people's holistic needs, to enhance their day-to-day experiences and quality of life.

Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff.
- People confirmed staff were available to support them. One person told us they were treated with consideration and respect and said, "This is the best place I have been." Another person said, "The staff are like family. I get on with everyone."

- The provider operated safe recruitment processes.
- All the required checks were completed before staff commenced employment. This included disclosure and barring service checks. These provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People were supported to receive their medicines safely.
- People were supported to manage their own medicines independently. This progressed from having staff administer their medicines, to being prompted, to self-medicating.
- Accurate medicines records and audits were maintained to monitor that people had taken their medicines as prescribed.

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- The service was kept clean, and people were protected from the risk of an acquired health infection.
- Staff understood and followed infection control procedures.
- We were assured that the provider was supporting people using the service to minimise the spread of infection.
- We were assured that the provider was using PPE effectively and safely.
- 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.

Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong.
- The registered manager and staff team had a good understanding of each person's mental health needs and the triggers that could impact on their health.
- Incidents were reviewed by the registered manager and deputy, to look for any themes and trends and identify any actions that could be taken to minimise reoccurrence.

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

- There was a positive and open culture at the service.
- Staff and people using the service spoke positively about the culture of the home, and how people were supported to ensure they had a good quality of life. One person told us, "All the staff are lovely." A member of staff told us, "I would say this service is a lovely place to work. The management team are very supportive. The communication is really good."
- The provider had systems to provide person-centred care that achieved good outcomes for people. The recovery model used was person-centred outcome based. This showed the person was involved in their recovery plan to formulate a positive outcome plan for them.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibilities under the duty of candour.
- The provider had systems in place to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements providers of services must follow when things go wrong with care and treatment.
- The registered manager ensured that we received notifications about important events so that we could check that appropriate action had been taken.

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

- The provider had a clear management structure that monitored the quality of care to drive improvements in service delivery.
- Staff were clear on who they would report any concerns to and told us they would feel safe in doing this.
- Staff were supported and able to develop in their role. Staff confirmed they received regular supervisions and support from the management team.
- People confirmed their support was regularly reviewed to ensure it met their needs and preferences. Records seen demonstrated ongoing audits were completed to ensure people's support needs were met.

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

- People and staff were involved in the running of the service and fully understood and took into account people's protected characteristics.
- People told us they felt valued and supported by the management and staff team. One person said, "I am treated as an equal here, it's wonderful."
- Meetings for people were reviewed and demonstrated an inclusive and empowering approach was used in the support provided to people.
- Minutes of staff meetings demonstrated staff were encouraged to develop their skills and knowledge and share ideas to enhance the service provided.

Continuous learning and improving care

- The provider had created a learning culture at the service which improved the care people received.
- Audits were in place to monitor the service and drive improvement.
- Staff felt supported in their role and told us the management team promoted an inclusive culture that delivered a high standard of care.

Working in partnership with others

- The provider worked in partnership with others.
- The registered manager and staff team worked with outside professionals to ensure people were supported in a safe way.