

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

About the service

Dales House is a small residential care home in the city of Hull. It is situated in a residential area which is close to local shops and amenities. The service is registered to provide accommodation and personal care to seven adults who have primary needs associated with a learning disability. The service was supporting seven people at the time of our inspection.

The service demonstrated the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People were provided with exceptional care that was personalised to their preferences and routines, which enabled them to live their lives in the way they wanted. People achieved their goals and positive outcomes through accessing a wide variety of opportunities and activities with the support of dedicated staff.

People's independence was promoted as staff encouraged choice, control and inclusion in the local community in line with the principles and values of Registering the Right Support and other best practice guidance. This enabled people who use the service to achieve the best possible outcomes and live as full a life as possible.

People were happy with the care provided as staff were kind, caring, attentive and respectful. Staff had developed positive relationships with people and their families which were built on trust, honesty and respect.

People were protected from avoidable harm and abuse by trained, knowledgeable staff. Recruitment, induction and ongoing processes helped ensure only suitable staff were employed and that they had the required skills and knowledge. Staff were supported by the management team through supervision, team meetings and annual appraisals.

Staff supported people to access appropriate healthcare services, followed professional advice and provided consistent care. People were encouraged to eat a healthy diet and any concerns were raised with the relevant healthcare professionals. People received their medicines as prescribed.

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 management team promoted a positive and supportive culture, which supported people to achieve good outcomes. Quality assurance systems had maintained the quality and safety of the service. Learning from and working with other organisations helped ensure people got the support they needed.

For more details, please see the full report which is 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 06 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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?

Outstanding ☆

The service was exceptionally 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.

Dales 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 Care Act 2014.

Inspection team

The inspection was completed by one inspector.

Service and service type

Dales House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We looked at information sent to us since the last inspection such as notifications about accidents and safeguarding alerts. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We sought feedback from the local authority safeguarding and contracts team and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service, two care staff, the deputy manager, the registered manager and the area manager. We looked at the cleanliness of the service and the facilities available for people. We observed how staff interacted with people and looked at a range of documentation including two people's care files and medicine records. We looked at a selection of documentation for the management and running of the service and two staff files.

After the inspection

We spoke with three relatives and one healthcare professional. The provider sent us information regarding people's achievements and outcomes, staff training matrix and a medication protocol.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People continued to be kept safe from avoidable harm and abuse. Staff were trained in safeguarding and had the skills and knowledge to raise concerns internally and to relevant professionals.
- Safeguarding referrals were appropriately made, and action had been taken. The management team thoroughly investigated accidents and incidents and shared learning with staff to reduce the risk of them happening again.

Assessing risk, safety monitoring and management

- Risks to people's safety and wellbeing were appropriately managed. Staff understood how to support people safely and in the least restrictive way. Care plans included clear risk management strategies for staff to follow.
- Positive behaviour support plans guided staff to reduce people's distress or anxiety. Strategies were person-centred and were reviewed with relevant healthcare professionals.
- The provider maintained the safety of the building and equipment through regular checks, servicing and maintenance.

Staffing and recruitment

- Staff supported people in a timely manner. The registered manager monitored staffing levels to ensure they were appropriate to meet people's needs.
- Staffing processes promoted continuity of care. All staff worked as a team to cover extra shifts and the registered manager only used a small number of regular 'pool' staff when needed.
- People were invited to take part in staff recruitment. Two people had supported with staff interviews and asked potential staff members questions they deemed important.
- The provider's recruitment processes helped ensure only suitable staff were employed. Staff were only allowed to work with people, once all relevant checks were completed.

Using medicines safely

- People's medicines were administered safely. Medicines were stored appropriately, and systems were in place to ensure sufficient stock levels.
- Staff were patient when supporting people to take their medicines. Staff supported people at their own pace and in a person-centred manner.
- Staff were knowledgeable about people's medicines and when they needed them.

Preventing and controlling infection

- Staff were trained in infection prevention control and used disposable gloves and aprons to help prevent

the spread of infections.

- The home was clean and tidy. Handover records confirmed the home was cleaned regularly and this was monitored by the management team.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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's needs were assessed prior to their admission. Information was sought from the person, their relatives and from care professionals which informed staff about the care people required.
- People were supported in the way they wanted. Care plans were very detailed and clearly informed staff about people's personal routines.

Staff support: induction, training, skills and experience

- Staff had the skills and knowledge to support people safely. New staff completed an induction programme which included mandatory training, shadow shifts and reading people's care plans.
- Staff were trained to meet people's individual needs. Staff regularly completed a wide variety of mandatory training and training specific to people's healthcare needs.
- Staff were supported in their roles. Staff received regular support through team meetings, appraisals and supervision which considered their development. A staff member said, "You can go to the management team at any time, with any issues. They will talk you through anything."

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

- Positive working relationships between staff and healthcare professionals had resulted in improvements to people's health. For example, two people led healthier lives through appropriate support with bladder and bowel care.
- Staff supported people to access healthcare services and followed professional advice. Care plans were up to date, detailed and contained important information, which supported staff to provide effective care.
- Staff were knowledgeable about people's needs and informed of any changes to people's needs through handover meetings and communication books.

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

- People's dietary needs were met. Staff provided appropriate support for each person with eating and drinking. They were knowledgeable about people's specific diets, personal preferences and ensured suitable options were available for people.
- People had healthy, balanced diets which helped improve their health. A relative said, "They've done great with the food. [Person's name] has a healthy diet, no processed food and staff keep accurate records."

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

- People decorated their rooms in the way they wanted. People were supported to decorate their rooms with

wallpaper, furniture, pictures and items which showed their personalities and interests.

- The building was accessible and communal areas were homely. The registered manager advised us of plans to further adapt the building and the garden to make the home more accessible for people.
- Pictorial signage was used to help people find their bedrooms, bathrooms and communal areas.

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 Act 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 , and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff sought people's consent. Staff responded to people's verbal communication and body language to determine if they consented to or refused support.
- People were supported to make their own decisions. Staff respected people's choices and their right to make decisions.
- Where people lacked capacity, decisions were made in their best interests with the involvement of their family and relevant professionals. Best interest decisions were appropriately recorded.
- Staff recognised restrictions on people's liberty. DoLS applications had been made and systems were in place to monitor these once authorised.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Staff had positive relationships with people. They spoke with people in an appropriate manner about topics that interested them. People and staff shared jokes, laughed and smiled when interacting with each other.
- People were valued and treated with respect. A relative said, "[Dales House] has a nice atmosphere, they call people members, treat them like adults and give them choices. I'm happy with [Person's name] being at Dales House and I get on with the staff there."
- People's individuality and diversity was respected. Staff were trained in equality and diversity and supported people to attend religious and social events to meet people's needs.
- People led a full a life as possible. People went on holiday with appropriate staff support and accessed a wide range of community facilities and services.

Respecting and promoting people's privacy, dignity and independence

- Transition arrangements were done with sensitivity and care for people and their relatives. Transitions were arranged at an appropriate pace for people and their families. Relatives said, "We knew it had to happen, but it was difficult for us to let go. Staff were there if we needed them, they asked how things were at home. I wasn't expecting anything like that" and "Dales House was by far the best place for [Person's name]."
- Staff promoted people's independence through providing encouragement and appropriate support where it was needed. A staff member said, "We encourage people to do as much as they can. [Person's name] would let you do everything for them but if you encourage them they will respond well. Another person when eating will leave their meal but if you encourage and praise them then they will do it on their own."
- People's privacy and dignity was maintained. Staff were knowledgeable about how to do this and care plans supported this.
- People's personal information was stored securely which helped to maintain their privacy.

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

- People had choice and control of their care. Staff respected and implemented people's decisions about who provided their support. One person had asked the registered manager to accompany them on holiday and plans were made for this to happen.
- People were supported by their families or could access independent professional support with making decisions.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as outstanding. At this inspection this key question has remained the same. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- People continued to be supported to set and achieve their goals which improved their independence and quality of life. Staff supported people to open bank accounts and manage their finances independently which meant people had more choice and control of their lives. One person worked with the local authority to showcase the positive outcomes they had achieved with the right support.
- People were empowered to live their lives in the way they wanted. Staff supported one person to get a tattoo, which they were very proud of. Another person was being supported to attend an adventure holiday, so they could take part in a wide variety of new activities and sports.
- Care continued to be exceptionally tailored to people's needs. People were fully involved in the planning and delivery of their care and support. Care plans were extremely detailed and included people's likes, dislikes, goals, thorough routines and lived experiences, which supported staff to provide extremely personalised care, meeting people's needs and preferences. Care plans were regularly reviewed and updated with people and their relatives ensuring people's current needs and preferences were recorded.
- Since the last inspection, staff had maintained their skills and excellent knowledge of people's needs and preferences. People and their relatives were confident in the care provided, a relative said, "They've far exceeded my expectations."
- Technology was used in creative ways to promote people's independence. One person used an adapted laptop and voice-controlled technology to maintain their relationships with family and friends, request support and play games. Another person was being supported to use a health app (software application) to record information about their health needs to promote their views when meeting with healthcare professionals.

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

- People were valued members of the local community. Staff promoted equality in the service and local community. Two people had become ambassadors for a local charity. This role included attending events, collecting money and awards for the service. One person had agreed to promote the charity, which included their photograph being used on posters and leaflets. They had attended a photo shoot and were proud of representing the charity.
- People led fulfilling lives through taking part in activities and new experiences. When people chose to, staff supported two people to play football in their powered wheelchairs as part of a local football club. Staff supported one person to attend a music concert. The person had commented, "Oh my God! It was the best thing ever, I was so excited to be there."

- People were supported to pursue their, hobbies, interests, access local facilities and participate in community events. Social activities were tailored to people's interests and included shopping, swimming, museums, discos, cinema and a wide variety of sports events. A relative said, "They take [Person's name] out more than we ever could." The registered provider continued to ensure the minibus and car was available for people to use to help them access activities.
- Staff went out of their way to support people with their relationships. Staff took people to visit their families and friends and visitors were welcome at any time. A relative told us, "I can go anytime. When [Person's name] was poorly, I could pop round and even slept there with them."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff were very considerate of people's communication needs. Staff took their time communicating with people to ensure they understood what people said. Staff were trained in a wide variety of communication techniques which included Makaton and visual items. They used communication tools and techniques appropriately for each person and altered their approach when needed in line with people's care plans.
- People chose how they wanted information presenting. Information was available in different formats and people were consulted on how it should be provided.

Improving care quality in response to complaints or concerns

- People and their families were happy with the quality of the care, knew how to make complaints and were confident they would be addressed. One relative said, "[Person's name] loves it there and I can't say anything bad about them."
- Complaints were investigated and responded to in line with the provider's policy. The management team learnt from complaints and made positive changes. For example, a complaint was made regarding set tasks not being completed before a person went out. The management team worked with the relative to come to an arrangement to help ensure they were happy with their relative's care. A record of set tasks was created and went with the person when they went out. This record was also signed by their relative, so they were assured of tasks being completed. The registered manager also provided their direct number so the relative could raise any issues quickly.

End of life care and support

- End of life care plans considered people's wishes and how to maintain their comfort. They allowed for detailed, person-centred information to be recorded when people and their families were ready to discuss this.
- Staff completed end of life training to ensure they could continue to support people at all stages of their life.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People were empowered to have control of their lives and live a full a life as possible. Staff supported people to set and achieve goals. These included attending a music concert, getting a tattoo and taking control of their own finances.
- Equality, diversity and inclusion were promoted through a positive culture. The registered manager told us, "I want to promote people's independence and inclusion into the community. Though, I'm not sure the community is fully ready for us yet... we don't limit ourselves to disability groups, we go everywhere."
- The provider valued their staff. Staff were rewarded for their hard work through an employee of the month and annual parties.

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

- Systems were in place to monitor the quality of the service. Audits were completed regularly and had identified and addressed most shortfalls in a timely manner. However, the medicine audit had not identified the lack of guidance for specific medicines.
- The registered manager understood the regulatory requirements and reported information appropriately. Processes were in place to respond appropriately if something went wrong and meet their legal obligation to let people know.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and staff were included in the development of the service. Feedback systems included questionnaires and regular meetings which were designed with people and focused on different areas of the service. The provider respected people's views and improved the service in the way people wanted.
- The management team developed close working relationships with other organisations. This included local working groups and charities, through these relationships two people had become ambassadors for a local charity and one person promoted positive transitions for the local authority.
- The service gave back to the local community. Each year a calendar was made for a chosen charity. These were donated and all proceeds went to support the chosen charity.
- The management team and staff worked closely with relevant professionals to ensure people got the support they needed.

Continuous learning and improving care

- Accidents and incidents were analysed within the service to look for patterns and trends. Learning was shared with staff at team meetings to help reduce the risk of them happening again.