

# New Foundations Care Limited

# Wasdale Court

## Inspection report

Wasdale Avenue  
Hull  
HU9 4HZ

Tel: 01482014366

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

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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?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Wasdale Court is a care home providing support and accommodation for up to nine younger adults with a learning disability or with autistic spectrum disorder, physical disability, or mental health, some people may live with multiple conditions at the same time. On the day of inspection there were five people at the service.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture. The model of care and support provided to people living at the home maximised their choice, control and independence. People were involved in all aspects of their care and future planning. Care provided at the home was centred around the person and promoted people's dignity, privacy and human rights. The ethos, values, attitudes and behaviours of the management team and support staff ensured people lead confident, inclusive and empowered lives.

People were kept safe from the risk of abuse and avoidable harm. Staff were recruited safely and there were enough staff to keep people safe. People received their medicines on time and as prescribed and staff followed good infection control practices.

People were supported to purchase, prepare and cook their own meals and snacks. The home was specially adapted to meet people's diverse needs and the décor of individual bedrooms reflected people's different preferences.

People's needs were thoroughly assessed, and staff used this information to provide people with the right care in a way they preferred. Staff supported people to engage in meaningful activities and avoid social isolation.

The home was warm and welcoming, and staff demonstrated a genuine desire to support people to the best of their abilities.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's support focused on them having as many opportunities as possible for them to gain new skills and

become more independent.

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

#### Why we inspected

This was a planned inspection due to this being the service's first inspection.

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 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?

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.

# Wasdale Court

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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

This inspection was carried out by one inspector.

#### Service and service type

Wasdale Court 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

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 reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service.

During the inspection

We spoke with two people who used the service, four relatives, two carers, two team leaders and the operations manager.

We reviewed a range of records. This included five people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse: Using medicines safely

- People were protected from the risk of abuse. Staff were aware of the signs of abuse and how to report safeguarding concerns. They were confident the registered manager would address any concerns reported to them and make the required referrals to the local authority.
- Relatives told us that they were satisfied their relatives were safe and well cared for.
- Information about safeguarding was available to people in a format they could understand.
- Medicines were managed safely.

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

- A set of risk assessments underpinned each person's care plan which provided staff with enough information to support people safely.
- Accidents and incidents were recorded and analysed, which identified any corrective action that might be required. The registered manager looked for any reasons to learn from these and make improvements.

Staffing and recruitment

- There was enough staff to safely care and support people.
- The registered manager regularly reviewed staffing levels to ensure they continued to be appropriate.
- Staff told us they felt there was enough staff to meet people's needs.
- Staff were recruited safely, and appropriate recruitment checks had been carried out to ensure they were of suitable character to work with vulnerable adults.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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

- Care and support was planned and delivered in line with current evidence-based guidance and best practice standards, which achieved good outcomes for people.
- Staff thoroughly assessed people's needs to ensure they received the right care and support.

Staff support: induction, training, skills and experience

- The provider ensured staff were suitably inducted, trained and supported to perform their roles.
- Staff completed a thorough induction at the home and received ongoing training to support them in their role.
- Staff were provided with regular supervision and support. One staff member told us, "The team are really supportive, anything I don't know I can ask anyone and they will help me." Another said, "We have regular meetings, management meetings, supervisions and job chats to ensure everyone is supported."

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

- People's nutrition and hydration needs were effectively met.
- Staff were aware of people's individual needs and preferences.
- People at the service were supported to go shopping to buy their own food and drinks and choose what they would like to eat each day.
- Staff supported people to prepare and cook their own meals.
- Picture menus were available to support people to choose what they would like to eat and plan their meals for the week.

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

- People had access to local healthcare services and staff arranged for doctors and emergency services promptly when necessary.
- People received an annual health check which is best practice for people with a learning disability and or autism.
- Relatives told us they were kept informed when their relatives required any medical care. One relative said, "They [staff] ask me if I would like to arrange a GP appointment or if I would like them to do it, they keep me involved in my family members care."

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



- Individual preferences and support needs were reflected in how people's rooms were adapted and decorated. The provider maintained the property to a high standard.
- People had access to designated areas to take part in their preferred activities. This included lounge areas and a garden with a trampoline.
- People had access to the equipment and aids they needed to move freely around the home.

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 had a good understanding of the principles of the MCA and asked for people's consent before they gave care and support. We heard staff asking for people's consent during our inspection.
- Where people lacked the capacity to make decisions about certain aspects of their care, a capacity assessment was undertaken and a decision made in the best interests of the person.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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

- Staff always treated people with kindness and respect.
- Staff spoke passionately about providing high-quality care and showed genuine compassion for the people they supported.
- People appeared comfortable, relaxed, and happy in the home. We saw kind and meaningful interactions between staff and people.

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

- Staff knew people very well and anticipated their needs and preferences. We observed staff engaging with people and acting on their wishes.
- People and their relatives were involved and supported in making decisions about their care. One relative told us, "The manager will always ask my opinion and keep me informed with any changes in my family members care. I feel really involved."

Respecting and promoting people's privacy, dignity and independence

- Staff maintained people's dignity and privacy at all times and supported them to be as independent as possible.
- Staff supported people's independence to do what they could for themselves. People were encouraged if able, to carry out their own cooking and cleaning tasks.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People received care and support specific to their needs and preferences.
- Care plans were personalised and included information about people's goals, skills, likes and dislikes. Staff used this information to support people in a way they preferred.
- Staff engaged people in meaningful activities. We observed staff supporting people to do what they wished. One person was going out in to the community and another was being supported from a distance to allow them some private, quiet time.

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 communicated with people in a way they could understand. This included the use of body language and pictures.

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 benefited from full and varied lives.
- Staff consulted with people to plan activities they enjoyed. Activities had recently included visits to the shops and one person was supported to go away on holiday in a caravan. One member of staff told us, "People go out nearly every day and family visit people regularly."

Improving care quality in response to complaints or concerns

- The manager welcomed feedback which they used to make improvements to the service. They handled complaints with professionalism and transparency.

End of life care and support

- Staff actively involved people, their families, friends and other carers in developing end of life care and support plans.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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

- Staff had a positive and empowering attitude to supporting people. There was a calm and relaxed atmosphere in the home.
- Care was centred around the needs and preferences of people and staff were led by the pace of the individuals they were supporting.

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; Continuous learning and improving care

- The registered manager worked in an open and transparent way. Staff said the registered manager had a visible presence in the home and people and staff freely approached them if they had any concerns.
- Systems were in place to measure the quality of the service and support continuous improvement. The registered manager carried out regular audits of the service and ensured actions were taken to resolve any issues identified.
- The registered manager understood their responsibilities relating to being registered with CQC and they reported significant events to us as required by law.

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

- The registered manager engaged well with people and their relatives to understand from their perspective how improvements could be made within the service. One relative said, "The manager is approachable and will listen to any suggestions we have about the service."
- Regular people and relative's meetings were carried out. Where meetings were unable to be held in person, the registered manager arranged them via video call.
- Staff meetings were held regularly, and staff felt listened to. One staff member said, "Staff can suggest changes and the manager will let you do them to see if they improve the service. We have just introduced a new activities rota which a member of staff suggested to see how that works."

Working in partnership with others

- The registered manager and staff worked closely to build good working relationships with other agencies. They had established these with local healthcare services and worked with them to achieve the best

outcomes for people.

- The home had good links with the local community and key organisations, reflecting the needs and preferences of people in their care.