

Wycar Leys (Bulwell) Limited

# Wycar Leys Bulwell

## 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?

Requires Improvement 

Is the service well-led?

Good 

### Overall summary

This inspection took place on 22 and 23 April 2015 and was unannounced.

Wycar Leys Bulwell is a care home for a maximum number of 22 people with learning disabilities. It consists of three buildings which are known as The Cottage, The Homestead and Middleton House. There were a total of 19 people accommodated during our inspection.

There was a registered manager in place at the time of this inspection. A registered manager is a person who has registered with the Care Quality Commission 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.

People were safely cared for by staff who knew what action to take to keep everyone safe and the provider used safe systems when new staff were recruited. All risks to safety were minimised and medicines were well managed to make sure people received them safely as prescribed.

# Summary of findings

Staff received regular training and knew how to manage people's individual needs. People received sufficient to eat and drink and they had the support they needed to see their doctor and other health professionals as needed.

The staff were knowledgeable about the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and applications for DoLS had been made appropriately. Staff gained consent from people whenever they could and, where people lacked mental capacity, we saw that arrangements were in place for staff to act in their best interests.

Staff were kind and helped people to keep in contact with their families. People's privacy and dignity were respected and promoted.

The complaints procedure was not robust. The registered manager had not always responded to people who had

tried to contact the service with their concerns, as messages about their attempts to make contact had not been passed on. Also, the outcome of previous complaints was not clear.

People's individual needs had been assessed and full clear plans were specific to people as individuals. Staff were knowledgeable about how to respond to people's individual likes and interests. Staff assisted people to take part in appropriate daily activities and holidays. Any important changes in people's needs were passed on to all staff when they started their shifts, so that they all knew the up to date information.

Overall, the service was well-led and plans were in place to continuously develop the service to meet people's changing needs.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Staff understood what action they needed to take to keep people safe and new staff were thoroughly checked to make sure they could safely work with people at the service.

Action was taken to minimise all risks to people's safety and there were enough staff employed to keep people safe.

Medicines were well managed to ensure people received them safely.

Good



### Is the service effective?

The service was effective.

The staff knew the people they were supporting and the care that they needed. The staff were trained and competent to provide the support individuals required.

People's rights were protected at all times.

People received sufficient to eat and drink and they had the support they needed to see their doctor and other health professionals as needed.

Good



### Is the service caring?

The service was caring.

People were well cared for and staff demonstrated a kind and caring approach towards people.

Advocates were involved to speak on behalf of people and represent their views if needed.

People were treated with respect at all times and their independence, privacy and dignity were promoted.

Good



### Is the service responsive?

The service was not consistently responsive as the complaints procedure was not robust.

The registered manager had not always received messages from people who had tried to contact the service with their concerns and the full outcomes of previous investigations into complaints were not clear.

Care was personalised and responsive to people's needs. People's individual preferences and interests were respected. The staff supported people to engage in their chosen individual activities.

Requires Improvement



# Summary of findings

## Is the service well-led?

The service was well led.

There was a registered manager and other senior staff employed in the home. The staff were well supported and there were systems in place for staff to discuss and continually improve their practice.

People who lived in the home and their relatives and professionals involved were asked for their opinions of the service and their suggestions for improvement were acted on. The quality of the service was well monitored.

Good



# Wycar Leys Bulwell

## 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 was planned to check whether the 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 unannounced inspection took place on 22 and 23 April 2015 and was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection, we reviewed all the information we hold about the service, including the notifications we had received about incidents. A notification is information about important events which the provider is required to send us by law.

Most of the people living at the service were not able to fully express their views by talking with us and some chose not to interact with us at all. During the visit we observed the care of eight people, spoke with four relatives, six care staff, the handyman and the registered manager.

We visited each of the buildings that form the care home and we looked at the care plans for four people, the staff training and induction records for staff, five people's medicine records and the quality assurance audits that the registered manager completed. We also looked at information from surveys and a report from a professional commissioner of services.

# Is the service safe?

## Our findings

Relatives of four people told us they felt that their family member was safe and protected from harm.

Staff told us that they had been trained in how to safeguard people and they knew how to use the whistle blowing policy. There were records to show that all staff had completed this training. Staff gave us examples of how they used their training. This showed us that they understood what action they needed to take in reporting concerns as well as in managing situations where people may become at risk of abuse from others.

We found the registered manager had taken action when there had been concerns and appropriate reports were made to the safeguarding authority to ensure concerns were fully investigated. This meant there were strategies to keep people safe and reduce future risks to their safety.

Staff were highly aware of the risks posed due to the way some people expressed their anxieties. We saw that staff could see where people were at all times, but gave them space and freedom to move around independently. The staff had all received training in the management of actual or potential aggression (MAPA). They told us that this had helped them to encourage positive behaviour, whilst avoiding and preventing aggressive behaviour, which in turn helped them to keep everyone safe. They had developed particular techniques with individuals, so that they could occupy them to ease anxieties. For example, they knew when one person needed freedom to be outside on a trampoline and another was enabled to eat separately. Staff told us of how they regularly redirected some people into alternative activities and we saw there were clear plans for close escorted walking to keep people safe. Staff said that any restrictive holds were a last resort and rarely used. There were records of incidents and these showed that staff had the chance to discuss and reflect on their actions. The way staff met the challenge of some people's behaviour was effective in keeping people safe.

There were assessments of a range of risks within the care plans that we looked at and staff were aware of the action they needed to take to support people in various activities safely. The guidance and direction to staff was detailed to cover all potential risks to personal health and safety.

The premises were well maintained so that any risks related to the buildings were controlled. We saw there were records of the regular maintenance checks that were carried out regarding the fire fighting equipment and water temperatures. There were also fire evacuation practices and staff told us of the procedure they used to help people congregate in a safe area. This reduced the risks to people living there and to staff.

Four relatives said they felt there were always enough staff to provide care and support. One told us, "I've never known there not to be enough staff." We saw arrangements were in place to support people individually as needed, so that they could access activities outside the home. One of the staff explained how they assessed how many staff were needed depending on the individual activities that were planned. The registered manager told us that the aim was to provide sufficient staff to meet people's needs in a flexible way, so that everyone was supported at the times they needed. During the second day of the inspection there was only one person that stayed on the premises and there were two staff available to support this person safely. All others had support from staff to safely attend day centres, college or to go shopping.

Staff told us there were always enough staff available and if any staff were unable to attend their shift at short notice, there were other staff that could step in. This means there were always enough staff to keep people safe.

There had been some recent changes of staff with some new staff commencing and one new staff told us that thorough checks had been made before they were allowed to commence work. We saw records that confirmed there was a robust recruitment process to make sure new staff were safe to work with vulnerable adults.

People's medicines were well managed by staff so that people received them safely. All staff involved in administering medicines had received training. We saw secure storage arrangements in the three different parts of the premises. There were clear records to show when each person's medicines were given. There was a photograph of each person to aid identification and full information was given about the medicines and how to give them. We saw one person receiving their medicines and a second member of staff witnessed that they were given safely. Staff told us that this was regular practice and helped to ensure all medicines were given as prescribed by a doctor.

# Is the service effective?

## Our findings

A relative told us, "I'm very satisfied, the staff are very good and even new ones soon know what they need to do."

The service had commenced a new nationally recognised induction training scheme that covered all the areas new staff needed to carry out their role. A similar scheme had been used previously. The new scheme ensured knowledge and skill was thoroughly assessed before new staff received a care certificate. One existing staff member said they had just finished a national vocational qualification (NVQ) in care at level two. Others had already also attained this and some had attained level three.

Staff told us they had completed a lot of relevant training that was given by outside agencies as well as staff from the provider company. The registered manager told us that training was well organised and the company notified staff individually when they needed to complete the required refresher training. There was a training plan and we saw all the training that had taken place on many relevant subjects, including working with people whose needs were related to autism. Staff gave relevant examples of how they applied their training. Staff told us they could approach the registered manager or house manager should they need support at any time, but they also had regular individual supervision meetings, when they could discuss their training needs. We saw there were records of these meetings held every one to three months. This meant people were supported by staff who were trained and supported to meet their needs.

Staff had received training on the Mental Capacity Act (2005) (MCA) and demonstrated through discussion that they knew when they needed to act in people's best interests. The MCA sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected in relation to consent or refusal of care or treatment. We saw examples of where some people did not have full mental capacity to make some decisions and there were appropriate assessments that led to specific plans to direct staff to act in people's best interests. However, staff told us they always worked with people and encouraged people to make their own choices as far as possible.

Staff were also aware of the Deprivation of Liberty Safeguards (DoLS). The registered manager said all the

people living at Wycar Leys had been assessed and DoLS were in place. DoLS protect the rights of adults using services by ensuring that, if there are restrictions on their freedom and liberty, these are assessed by professionals who are trained to assess whether the restriction is needed. Staff were following the DoLS that had been agreed, so that no one was being unlawfully restricted in any way.

We saw that everyone enjoyed their meals and snacks. We saw that staff kept the kitchen and dining areas clean and well organised. There were clear large photographs of the actual cooked meals and other food being offered so that people could choose what they wanted. Some people were involved in setting tables and all were encouraged to clear away after their meal. There were records of the food eaten that showed a nutritious and varied menu. We saw fresh food was used as well as frozen and fresh fruit was available in the kitchen. We observed snacks at a specific time in the afternoon and saw that people were offered a choice of drinks with salad, fruit and cakes.

Kitchen staff told us about people's nutritional needs and preferences. They had clear information about these. We also saw separate arrangements for people who preferred to eat alone or outside. There was a covered outside area for this purpose.

Meals and drinks times were planned to meet people's needs in a structured way, as some people would continually eat and drink if it was continually available. For example, one person was obsessed with a particular drink and to manage this, staff supported the person to go out and purchase one of these drinks each day. Giving structure in this way was in people's best interest and decreased obsessional behaviour with food and drink. This allowed for other activities to be enjoyed, as well as allowing meals to be monitored effectively so that appropriate amounts were consumed.

People were supported to maintain good health. One relative told us. "They all have access to GPs, chiropractors and opticians. The staff work hard to cater for each individual."

There were health action plans for each person to clarify what a person needed to stay healthy, though not all information was clear for one person. Staff tried to work with people to keep these up to date and also recorded progress in the main care plan files. There were records of health appointments and the involvement of various

## Is the service effective?

health care professionals. Staff described how they helped people prepare for a visit to the doctor, making sure people

knew why they were going. They also talked about how they had followed advice from psychiatrists and psychologists. This showed that people's on-going health was monitored.



# Is the service caring?

## Our findings

One relative told us there had been frequent changes in staff at the service, but added, “They all have been extremely caring and committed to the work in hand.” Two others said that all staff “listen and care”. All four of the family members we spoke with agreed that staff were kind and caring.

We saw positive interactions between staff and people who lived at the service. For example, we saw staff encouraging people with daily tasks and preparing for going out into the community. Staff demonstrated a kind and caring approach. We heard one person shouting and sounding distressed. Staff spoke very quietly to the person and the situation was soon calm and quiet again.

The service encouraged a positive and caring atmosphere. In one dining area we saw a written notice to staff to remind them to sit with people at mealtimes and encourage quiet “chatting” to make the experience pleasant. We saw that staff followed this guidance

We saw one person looking at one of pictures that were displayed on the walls. A member of staff referred to the contents and made it a point of conversation with the person. The pictures throughout the home had been thoughtfully chosen and were all points of reference or conversation. There were city scenes, pictures of transport and nightscapes. There were also large individual canvas photographs of people and these were respectfully displayed to show positive artistic images of the people that lived at the service.

There was a pictorial staff rota, showing all the staff currently on duty and those that would be present later. There was also a section of those staff that were on holiday or ill. We observed one person looking at the rota independently. They were joined by a member of staff who clarified by saying the words: “off sick”, “later”, “on holiday”. In this way people understood where individual staff were and who would be working with them.

We saw examples of individual communication support plans, which gave staff specific guidance about how to communicate with people and how people may express their needs. Pictures, symbols, signing and photographs

were used to help with communication. These were used to help people to be involved in planning their care and support. Several staff had been trained to use the Makaton sign system and two staff told us about how individuals expressed themselves with their own signs. It was clear that staff took time to understand people, so they could respond appropriately.

There was information about advocacy services and named advocates were recorded in people’s care plan files. Relatives told us that the staff communicated with them regularly and they were consulted whenever a change was needed in the way their family member was supported. In some people’s records we saw they had a circle of people who supported them to make decisions. This showed that people consented to their care where they could and that support for making decisions was available where needed.

We saw there was a set procedure to communicate with relatives and others who had an interest in the welfare of individual people. Regular written reports were sent detailing what people had been doing. There were also telephone discussions with relatives and staff respected their choice of how often they wanted these calls.

When relatives visited they felt welcome and could see their family member privately in their own bedroom or another separate room. The environment was important to them. One relative specifically told us, “The home is always clean and tidy.” This contributed to a general feeling of respect being shown to people that lived there and their visitors.

All the people we saw wore their chosen styles of clothing, respecting their individuality. Two staff told us about their training that included respecting people’s dignity in every way they could. One staff said, “It’s always important to keep things private and we make sure we close doors so other people don’t walk in when we are supporting someone with personal care.” Another staff told us frosted glass was in place in windows where people could not tolerate curtains so that their privacy could be maintained. They said they also reminded people to cover themselves when outside their own bedrooms. We heard staff using people’s preferred names and we saw that all confidential and personal information was held securely. This all showed that the service promoted privacy and dignity.

# Is the service responsive?

## Our findings

The relatives we spoke with by telephone told us they knew the complaints procedure and were confident that the manager would address any concerns they might have. One relative said, "If I ever needed to complain, I would tell the manager." Another relative said, "He always gets back to me, never had to wait."

There was a copy of information about making a complaint in the guide for new people and families using the service. Staff told us they knew the complaints procedure and would help people to make a complaint if needed. None of the staff knew of any person making a formal complaint. They were aware that people sometimes expressed their anxieties and they made sure they recorded these in the care plan files.

However, the service was not consistent in the way they responded to other people's concerns. Before we visited the service, two members of the public separately told us they had tried to contact the manager and had left messages with other staff, in person and by telephone, but had not had any further response from the service. The registered manager said he would need to make changes to the telephone answering systems.

We looked at the records of complaints, but these were not clear or complete. They did not give a clear understanding of whether or not a complaint had been thoroughly investigated or whether the complainant was satisfied with the outcome. There was information about the concerns expressed from other members of the public, but there were no conclusions. This meant there that records did not show whether or not clear, satisfactory responses had been given.

The service was responding well to people's individual assessed needs and relatives told us the staff knew how to meet people's needs. One relative said, "I'm very happy they take care of [name of person]. They take care of their needs." Another said, "I'm only sorry [name of person] didn't go there years ago, the difference is amazing". A third relative told us "They know all [name of person]'s idiosyncrasies very well."

We saw that needs and preferences were detailed in personalised care plans. Staff were aware of individual needs and told us they had been given time to read the plans. New staff were individually introduced to each person at the service. They felt they were able to develop an understanding about people's backgrounds and cultures. They were able to describe needs and how they responded to them. For example, one staff said of one person, "[name of person] goes out, but doesn't like too much disturbance, so we're there to support, but give time and space." We also observed staff using signs to appropriately communicate with one person and singing a favourite song with another.

People had individual activity plans and had chosen what they wanted to do. These included developing daily living and cooking skills for some. The clear plans allowed for staff to be allocated to people for support. During the first day of our inspection, one person was using a trampoline, one was painting, three people went out for their lunch at a local country park, one was walking to local shops and another was using public transport to go to a local market. Later some people were choosing to watch television or walk around. We saw a music activity was taking place on the second inspection day and most people then went out to various activities. People had use of well-maintained garden areas. In addition to the trampoline there were also opportunities for gardening within the premises and some people enjoyed looking after the chickens and collecting their eggs.

Staff told us of holidays that people had chosen and how these had been organised to meet preferences as well as needs for regular routines. For one person, they were arranging individual days out instead of a holiday as the person did not like to travel far. Staff said that to help people to understand future events, such as holidays, they used countdown methods. Also, they made sure each day was structured to allay people's anxieties. In this way, they were responding to specific needs.

# Is the service well-led?

## Our findings

People and their relatives were involved in influencing how the service developed. One relative told us about suggesting a covered outside area and this had been completed for people to use. Staff described having house meetings, when they gave people the opportunity to sort out their food choices and talk about what activities they were going to do. However, for most, this was done on an individual basis. The registered manager told us that the entire service was designed to meet people's needs and any suggestions for improvement were always welcome.

There had been an open day when the local community were invited into the premises. Immediate neighbours and the local clergy attended with relatives and friends. People were encouraged to use local facilities in their activities. There were frequent trips to local shops and use made of local transport.

We saw the returned forms from the previous annual satisfaction survey. These had been completed by relatives and health and social care professionals. We saw that family members and professionals were all complimentary about the service. One relative had described the service as "Entirely satisfactory." A professional had previously stated, "The carers were extremely knowledgeable about [the person's] background and condition. They had a good rapport with [the person] and made the process less stressful for everyone." A summary had been produced of the latest comments and this showed action had been taken following individual requests and comments.

We found the staff culture was open and honest. One care staff member told us they could approach the registered manager, deputy or other house managers easily, whenever they wanted to discuss anything. Staff who had started their employment during the last 12 months told us that all the staff had been very supportive and helpful. One of them said, "If I've not been sure about something, I found the other staff have always been happy to help new staff."

The staff were made aware of the provider's values through their induction, training and staff meetings. This was confirmed by staff we spoke with and records we looked at. The staff told us their development needs were thoroughly assessed and monitored through regular supervision meetings. There were staff meetings for staff in each building and all the house managers and team leaders met in addition to these. Staff told us they had records of the actions to be taken following meetings. In addition to these meetings they had daily handover meetings, so that all staff had the latest information to help them meet people's needs.

Staff leadership was provided by the registered manager and house managers in each building. At least one of these managers was available at all times and they led by example whenever possible. The registered manager and the house managers completed assessments with staff and encouraged them to question their practice and strive to improve. One staff member told us, "Nothing is perfect, but we pull together and get the job done. We go home knowing we have done a good job."

The registered manager was able to demonstrate a good understanding of management and regulatory responsibilities. We found from our own records that the registered manager had notified us of the incidents that they were required by law to tell us about, such as accidents, injuries and other concerns. We were able to see, from people's records, that positive actions were taken to learn from incidents. There was also a system to debrief staff following incidents. We saw that when incidents had occurred, action had been taken to reduce the risks of these happening. We saw care plans had been updated to reduce the potential for similar incidents reoccurring.

There were specific systems to monitor and improve the quality of the care provided. The registered manager told us they and the deputy manager also carried out random checks, which included audits of care records, infection control, health and safety and incidents, staffing records and training. There was a brief action plan to ensure any improvements or changes were made.