

United Health Limited

West Dean Care Home

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?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

West Dean Care Home is registered to provide accommodation and personal care for 16 people who need support in order to maintain their mental health or who have a learning disability. At the time of our inspection visit there were 12 people living in the service all of whom lived with problems with their mental health.

The service was run by a company that was the registered provider. There was a registered manager in post. 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. In this report when we speak about both the company and the registered manager we refer to them as being, 'the registered persons'.

At the last inspection on 27 January 2015 the service was rated Good.

At this inspection we found the service remained Good.

This inspection was announced and was carried out on 26 April 2017. We gave the registered persons a short period of notice. This was because the people who lived in the service had complex needs for care and benefited from knowing in advance that we would be calling.

Care staff knew how to keep people safe from the risk of abuse. Suitable steps had not always been taken to reduce the risk of avoidable accidents. However, in practice people had not experienced direct harm as a result of this oversight. Medicines were safely managed and there were enough staff on duty. Background checks had been completed before new care staff had been appointed.

Care staff knew how to support people in the right way. People enjoyed their meals and they had been helped to obtain all of the healthcare assistance they needed.

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

People were treated with compassion and respect. Care staff recognised people's right to privacy and promoted their dignity. Confidential information was kept private.

People had been given all of the care they needed and they had been supported to pursue their hobbies and interests. There was a system for quickly and fairly resolving complaints.

People had been consulted about the development of their home. Quality checks had usually been effective

in ensuring that people received safe care. Care staff were supported to speak out if they had any concerns and good team work was promoted. People had benefited from care staff acting upon good practice guidance.

Further information is in the detailed findings below.

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 remained Good.

Is the service effective?

Good ●

The service remained Good.

Is the service caring?

Good ●

The service remained Good.

Is the service responsive?

Good ●

The service was rated as 'requires improvement' at the last inspection. This was because people had not been fully supported to pursue their hobbies and interests. At this inspection we found that this shortfall had been addressed.

The service was Good.

Is the service well-led?

Good ●

The service remained Good.

West Dean Care Home

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 registered persons continued to meet 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.

Before the inspection, the registered persons completed a Provider Information Return (PIR). This is a form that asks them to give some key information about the service, what the service does well and improvements they plan to make. We also examined other information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about. We also invited feedback from the local authority who contributed to the cost of some of the people who lived in the service. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes.

We visited the service on 26 April 2017. The inspection team consisted of a single inspector and the inspection was announced.

During the inspection we spoke with six of the people who lived in the service and with two care staff. The registered manager was not available and in their absence we spoke with the deputy manager. We observed care that was provided in communal areas and looked at the care records for three of the people who lived in the service. We also looked at records that related to how the service was managed including staffing, training and quality assurance.

Is the service safe?

Our findings

People told us that they felt safe living in the service. One of them said, 'I'm good enough here'. Another person said, "It's a good enough gaffe for me, I'm okay and get on with the staff well."

Records showed that care staff had completed training and had received guidance in how to keep people safe from situations in which they might experience abuse. We found that care staff knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk. Care staff were confident that people were treated with kindness and they had not seen anyone being placed at risk of harm. They knew how to contact external agencies such as the Care Quality Commission and said they would do so if they had any concerns that remained unresolved.

Records showed that since our last inspection the registered manager had correctly contacted the local safeguarding authority on several occasions when concerns had been raised about a person's safety. This had enabled the authority to decide what needed to be done to ensure that the person's safety was assured.

Measures were in place to help people avoid preventable accidents. These included care staff discreetly assisting people when they were in the kitchen so that they always used the cooker in a safe way. However, we also found that there was an oversight because some of the windows located above ground floor level were not fitted with safety latches to prevent them from opening too far. This increased the risk that people would be injured or would fall out when opening the windows in question. We raised our concerns with the deputy manager who immediately made arrangements for suitable latches to be fitted to the windows in question. The day after our inspection visit the deputy manager contacted us to confirm that all of the necessary safety latches had been installed.

We noted that care staff promoted responsible risk taking. An example of this was the way in which people had been supported to enjoy going into the community. Care staff had checked that they were safe to negotiate road traffic on their own and that they knew how to get home.

There were reliable arrangements for ordering, administering and disposing of medicines. There was a sufficient supply of medicines and staff who administered medicines had received training. We saw them correctly following written guidance to make sure that people were given the right medicines at the right times. Records showed that a small number of incidents had occurred since our last inspection when a medicine had not been administered in the correct way. In each case the registered persons had established what had gone wrong and had taken appropriate action to reduce the chance of the same thing happening again. This included care staff receiving additional training so that they knew how to correctly follow the relevant policies and procedures.

There were enough care staff on duty to promptly provide people with the care they needed. This enabled people to receive individual assistance when necessary.

Records showed that the registered persons had completed background checks on new care staff before they had been appointed. These checks helped to ensure that applicants could demonstrate their previous good conduct and were suitable to be employed in the service.

Is the service effective?

Our findings

People told us that care staff knew what they were doing and had their best interests at heart. One of them remarked, "I get on okay with the staff and they know me. If I get the hump they don't mind and let me get on with it". Another person said, "The staff look out for me. When I'm out in town I look forward to coming home because the staff are always there and I like that."

Records showed that care staff had received all of the guidance and training they needed. We noted that care staff knew how provide people with the care they needed. Examples of this were tactfully encouraging people to maintain their personal hygiene, to deal with important correspondence and to save for things they wanted to buy.

People said that they enjoyed their meals and we noted that care staff were ensuring that people had enough nutrition and hydration. In addition, we saw that one person was being helped to follow a diet that had enabled them to meet their goal of losing weight. This action had been recommended by the person's doctor.

Records confirmed that people had received all of the help they needed to see their doctor and other healthcare professionals such as dentists and opticians.

The registered persons and care staff were following the Mental Capacity Act 2005 by supporting people to make decisions for themselves. They had consulted with people who lived in the service, explained information to them and sought their informed consent. An example of this occurred when we saw a member of care staff explaining to a person why it was advisable for them to take all of the medicines that their doctor had prescribed for them.

Records showed that when people lacked mental capacity the registered persons had ensured that decisions were taken in people's best interests. An example of this was the registered manager liaising with healthcare professionals when a person had become distressed because they thought that they may have to leave the service. The registered manager's action had enabled the person to receive the assurance they needed to maintain their mental health.

People can only be deprived of their liberty in order to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We noted that registered persons had not needed to make any applications for DoLS authorisations. However, there were suitable arrangements in place to enable an application to quickly be made in the future if this was necessary. This helped to ensure that only lawful restrictions that respected people's rights would be used in the service.

Is the service caring?

Our findings

People were positive about their relationships with care staff and about the support they received. One of them went out of their way to shake hands with a member of care staff when we asked them how well people got along together in the service. Another person said, "The staff are good guys and I've no problem with any of them."

We saw that people were being treated with respect and kindness. Care staff were friendly, patient and discreet when caring for people. They took the time to speak with people and we witnessed a lot of positive conversations that promoted people's wellbeing. An example of this occurred when a person became worried because they could not decide if they wanted to go out shopping. This was because they were not sure if it was going to rain. A member of care staff noticed them becoming anxious and suggested that they do something else indoors until the clouds lifted a little. The person found this advice helpful and returned to their bedroom before going out later on.

Care staff knew about the assistance people needed, gave them time to express their wishes and respected the decisions they made. An example of this was a person who sometimes did not wear clothes that were warm enough when they went out to use the outside smoking area. We saw a member of care staff gently suggesting that the person at least put something on to cover their bare arms before going out, even if they did not want to wear an overcoat. The person in question chose not to accept the advice. However, later on they told us that in future they would wear something warm when using the smoking area. This was because they had been uncomfortably cool as a result of not following the advice they had received and had not finished their cigarette.

Care staff recognised the importance of not intruding into people's private space. Bathroom and toilet doors could be locked when the rooms were in use. In addition, people had their own bedroom which they could lock and which they had been encouraged to make into their own personal space. We saw care staff knocking and waiting for permission before going into bedrooms, toilets and bathrooms.

We found that people could speak with relatives and meet with health and social care professionals in the privacy of their bedroom if they wished. In addition, care staff assisted people to keep in touch with their relatives by telephone and also by means of the internet.

Written records that contained private information were stored securely. In addition, computer records were password protected so that they could only be accessed by authorised staff.

Is the service responsive?

Our findings

People said that care staff provided them with a lot of support so that they could be as independent as possible. One of them remarked, "The staff are great really and I know I need their help even though I might moan about it at the time." The support included encouraging people to do their laundry so that it did not build up too much. It also included helping them to keep their bedrooms tidy enough so that they could enjoy their private space.

We noted that care staff had carefully consulted with each person about the care they wanted to receive and had recorded the results in an individual care plan. These care plans were regularly reviewed to make sure that they accurately reflected people's changing wishes. Records confirmed that each person was receiving the assistance they needed as described in their individual care plan.

Care staff understood the importance of promoting equality and diversity. This included people being discreetly supported if they wanted to develop a close personal relationship. It also included an example of a person being supported in a compassionate way so that they were able to grieve when a close family member died.

At our last inspection we concluded that people needed to be offered more opportunities to engage in occupational and social activities. At this inspection we found that suitable steps had been taken to address our concerns. People said there were enough activities for them to enjoy. Records confirmed that people were undertaking a range of occupational and social events. These included activities such as attending college, enjoying arts and crafts sessions and participating in social functions.

People told us that they had not needed to make a complaint about the service. However, they were confident that if there was a problem it would be addressed quickly. One of them remarked, "I might get the hump with staff but they mean well and I've never had a complaint as such. They'd probably be entitled to complain about me but they don't." We noted that there was a complaints procedure that described how the registered persons intended to respond to concerns. Records showed that since our last inspection the registered persons had received one formal complaint from a relative. We saw that they had correctly followed their procedure to quickly and fairly resolve the matter. We also noted that action had been taken to help prevent the same thing from happening again. This included care staff being given additional guidance about how to support people when they experience difficulties in getting on with their relatives.

Is the service well-led?

Our findings

People told us that the service was well run. One of them said, "This is my home and it's how I like it. The staff make sure that I've got what I need so they must be pretty good at sorting and organising things."

Documents showed that people had been regularly invited to attend residents' meetings at which care staff had supported them to suggest improvements to their home. We noted a number of examples of these suggested improvements being put into effect. One of these was the garden being tidied up to make it into a more attractive space. Another example was a loose and creaky floorboard being repaired.

Records showed that the registered persons had regularly checked to make sure that people were reliably receiving all of the care they needed. These checks included making sure that care was being consistently provided in the right way, medicines were being dispensed in accordance with doctors' instructions and staff had the knowledge and skills they needed. In addition, fire safety equipment was being checked to make sure that it remained in good working order.

We also noted that regular checks were being made of the accommodation that were intended to ensure that any breakages or other damage could be identified and quickly repaired. However, these checks had not always been effective because they had not identified the need to fit suitable safety latches to windows located above the ground floor. We raised our concern with the deputy manager who assured us that the checks in question would immediately be strengthened to reduce the likelihood of a similar oversight happening again.

Care staff were being provided with the leadership they needed to develop good team working practices. We found that there were handover meetings at the beginning and end of each shift when developments in each person's needs for care were noted and reviewed. In addition, there was an open and inclusive approach to running the service. Care staff were confident that they could speak to the registered persons if they had any concerns about the conduct of a colleague.

We also noted that people who lived in the service had benefited from care staff acting upon good practice guidance. An example of this was care staff accessing professional websites to obtain guidance about the interaction between a particular fruit and some of the medicines used in the service. We saw that this had enabled care staff to advise people about how to avoid experiencing adverse reactions so that they benefited fully from the medicines that had been prescribed for them. This use of good practice guidance had contributed to the promotion of positive outcomes for people who lived in the service.