

The Disabilities Trust

Westgate Court

Inspection report

Units 2 & 3 Westgate Court
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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

The inspection took place on 29 November and 12 December 2018. The registered provider was given short notice of the visit to the office, in line with our current methodology for inspecting domiciliary care agencies. At our previous inspection in October 2016 the service was given an overall rating of good. Although we rated the key question well-led as requires improvement and we identified a breach of regulation. At this inspection the service had improved and was rated good in all key questions.

The provider had restructured the service since our last inspection and it is now divided into five regions rather than one office location covering the whole of the country. Although the location was registered as Westgate Court it was known as 'North East Community Services' by the provider and staff.

The service is a domiciliary care agency. This service provides care and support to people living in five 'supported living' settings, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. The service also provides personal care to people living in their own houses and flats in the community. Most people who receive a service are in Leeds and York. The agency currently caters for people whose main needs result from an acquired brain injury. At the time of our inspection 51 people were receiving personal care from the service.

The service did not have a registered manager in post at the time of our 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 and associated Regulations about how the service is run. However, there was a new area manager in post who had submitted their application to CQC to become the registered manager.

People told us they were safe. Staff understood the importance of safeguarding vulnerable people. Risks were managed and people were able to take risks as part of an independent lifestyle.

There were enough staff to ensure that people's care and support needs were met safely and there were safe recruitment processes in place.

People continued to receive their medicines in a safe manner and received good healthcare support. The service supported people to prepare and make meals. Staff told us that meal choice was very much down to the individual.

People's needs and choices were assessed and mental capacity assessments were undertaken. Where appropriate people's best interests were considered and formally documented.

Staff displayed empathy and worked with people and their relatives to understand how best to support them. Potential barriers to communication were addressed through staff's understanding of people's unique communication styles which were detailed in people's care records.

Everyone we spoke with, without exception, said they were very happy about the service being provided. Staff were kind, considerate, respected people and maintained their dignity.

People received individualised, personalised, person centred care that met their needs. People were supported to live fulfilled and meaningful lives.

People were listened to and any complaints received were dealt with following the providers complaints policy and procedure.

A system was in place for checking the quality of the service using audits, satisfaction surveys and meetings. People made their views known through direct discussion with the area manager and staff or through the complaint and quality monitoring systems. People's privacy and confidentiality were maintained as records were held securely

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service has improved to good.

Systems to evaluate how the service was performing were in place and were being consistently used to enable them to be embedded into practice.

Westgate Court

Detailed findings

Background to this inspection

This inspection was planned to check whether the registered provider was 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.

The inspection included a visit to the agency's office on 29 November and 13 December 2018. To make sure key staff were available to assist in the inspection, the registered provider was given short notice of the visit, in line with our current methodology for inspecting domiciliary care agencies. An adult social care inspector carried out the inspection.

To help us to plan and identify areas to focus on during the inspection we considered all the information we held about the service, such as notifications sent to us by the registered provider and information from people who contacted us to share their experiences. We also requested the views of other agencies that worked with the service, such as service commissioners, social workers and safeguarding teams.

We visited two supported living services and spoke with five people who used the service and four staff members. We also spoke with a further six staff, three people who used the service and five relatives on the telephone. We spoke with the manager, the regional director and office staff during our visit to the office.

We looked at documentation relating to people who used the service, staff and the management of the service. This included checking six people's care records, how complaints and concerns had been managed, staff recruitment, training and support documentation, and the quality assurance systems, to check if they were robust and had identified areas for improvement.

Is the service safe?

Our findings

All the people and relatives we spoke with felt the service was safe. One person said, "The staff make me feel very safe." A relative we spoke with told us, "Staff want congratulating they are very good, I know people are safe."

Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. Staff we spoke with were aware of the signs of possible abuse and what to look for. They were aware of the action to take and who to speak to if they were concerned.

The provider continued to ensure risks to people's individual health and wellbeing were identified and care was planned to minimise the risks. People had risk assessments in relation to their health and wellbeing, maintaining independence and daily routines. Staff showed a good understanding of each person's risks and how to support them to maintain their independence and keep them safe. We saw risks were managed for all areas of care and support including accessing the community. The management plans were developed to ensure people could lead an independent life.

Environmental risk assessments had also been completed and there was a separate file for personal emergency evacuation plans (PEEP's) in place in each supported living service. This information was easily accessible in the case of a fire to ensure people's safety.

There was enough staff available to meet people's needs. Staff we spoke with told us there were enough staff and peoples allocated one to one hours were also covered to ensure they were safe. There had been a period when this was not the case but this had been resolved.

Staff had been recruited safely to ensure they were safe to work with people prior to employment. This area manager had ensured that they had obtained pre-employment checks. These included references, and a satisfactory Disclosure and Barring Service (DBS) checks. The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people. However, we identified on occasions the provider did not request a full employment history the regional manager agreed to take this up with the providers' human resources department as it was not the providers policy to obtain this.

People were receiving their prescribed medicines from competent staff. We looked at people's care records and found that the documentation included a section about people's medicines and how they should be taken. We saw the medication administration records were in place in people's homes for staff to complete. The provider had identified some areas that could be improved and these were being addressed at the time of our inspection.

People were protected from the risks of infections. Staff were encouraged to use personal protective equipment when supporting people with tasks where there could be a risk of infection, such as personal care.

We saw there had been lessons learned following incidents that had occurred. Staff understood their responsibility to raise concerns and record incidents clearly. this supported the management to learn from incidents and take steps to improve the service.

Is the service effective?

Our findings

Staff were trained and skilled to support people to a good standard. People who used the service spoke positively about the care staff's skills and abilities. Health care professionals we spoke with told us that previously they had not been confident staff had the ability to meet people's needs. The provider was a specialist brain injury service, however, professionals told us staff did not understand the full needs of people who had an acquired brain injury. We discussed this with the regional and area manager who told us they had identified this and were ensuring staff attended training. The training had already commenced and all staff were due to attend by the end of March 2019. The professionals we spoke with told us they had seen improvements with the new manager and structure in place. One professional said, "The staff team try very hard. They want to do a good job. They are passionate and committed to providing good care and support. I feel with the new management structure this can be achieved."

Staff continued to receive a structured, comprehensive induction to the service which included essential training and shadowing an experienced member of staff and completing competency checks. The manager told us new staff were not signed off to work on their own until they had completed the company induction programme and were assessed as confident and competent in their role.

Following induction staff had access to a varied and on-going training programme to update and enhance their skills and knowledge. This was being developed further at the time of our inspection to ensure staff accessed the appropriate training that enabled them to perform their roles effectively.

Staff received regular one to one support meetings and an annual appraisal of their work performance. They told us they found these sessions useful, but said they could approach the management team for guidance and support at any time. Staff told us the communication and support had improved greatly since the new manager had started. One staff member said, "I am really well supported now. We feel valued and part of a team, whereas before we felt isolated and on our own."

People were supported to live their lives in the way they chose, and their wishes and preferences were respected. People had been involved in care assessments before their care package started. This meant information about their needs, choices and preferences could be determined and guidance on how best to support them made available to staff straightaway. This enabled staff to provide a more effective service.

The service continued to meet the requirements of the Mental Capacity Act 2005 (MCA). People's mental capacity to make decisions had been assessed as part of the assessment process and recorded. Staff had received training on this topic and demonstrated a satisfactory knowledge of gaining consent from people routinely as part of care provision and acting in a person's best interest. People told us staff asked them what they wanted and acted on their decisions.

Staff supported people with diet and people we spoke with and their relatives all spoke very positively about the support staff provided regarding food and drink. Staff told us how they offered support to assist people to prepare meals, drinks and snacks and how they ensured people received a balanced nutritious diet that

supported their health and well-being whilst respecting their rights to make unwise decisions. Staff were aware of specialist diets required by people they supported.

People continued to receive the support they required to access health and social care professionals when they needed it. The area manager assured us better systems were being developed to ensure access and communication with health care workers was improved.

Is the service caring?

Our findings

The people we spoke with and their relatives all without exception told us the staff were very kind, caring and compassionate. People received care from staff who cared about them and liked and respected them. Staff developed relationships with people and took the time to get to know them individually. One person said, "Staff respect me in the way they help me." Another person said, "It is the best place I have lived, staff are lovely."

Relatives also spoke highly of staff. One relative said, "It is the most settled [relative] has been, the staff are wonderful."

People and their relatives were listened to and felt involved in making decisions about their day to day care. One relative said, "They treat [my relative] properly."

People were supported in line with their needs and wishes. We saw from care records that staff supported people to be as independent as possible by encouraging them to do as much for themselves as they possibly could. Staff spoke about people with respect. They were clear about the importance of maintaining confidentiality. Staff told us how they would ensure people's privacy and dignity. For example, ensuring all curtains and doors were closed when providing personal care and by encouraging people to wear appropriate clothes that maintained their dignity.

We visited people in their homes and observed staff were kind, considerate and polite. The atmosphere in the houses was inclusive, there was healthy banter, laughing and joking. It was clear staff knew people well and understood their needs. We observed staff knocked on doors before entering and introduced themselves.

People were supported by the same staff team. People told us they felt it was important to have the same team of care workers supporting them, as this had a positive effect on them. Some supported living houses had made changes to the staff team. This was being managed by the area manager as there had been some problems identified with staff competencies. Therefore, new staff had been recruited and the area manager told us, they were committed to ensuring the new staff team appointed were right for the people who lived in the house and were managing the team to ensure they were given the support required.

People's choices and preferences were respected. People were involved in planning care. An initial assessment of need had been completed with each person and then developed into a care plan. The care plan showed what was important to people and how best to support them. People we spoke with confirmed the service was meeting their, or their family member's needs.

The company had an equality and diversity policy and the area manager told us this topic was also discussed in staff training. People's human rights were respected and we found topics such as people's religious beliefs, cultural needs and any communication difficulties were included in the care planning process.

Is the service responsive?

Our findings

People told us the service was responsive to their needs. Each person had a care file in their home which outlined their needs and preferences. The duplicate files we sampled at the service's office contained initial needs assessments, care plans and risk assessments, which people using the service told us they had been involved in completing. We saw daily records were returned to the main office for review and evaluation to ensure the management team had oversight of people's needs.

Care plans continued to be developed from assessments and identified people's needs and how they wanted their care delivering. People's end of life wishes were discussed as part of care assessment, but staff told us this was a difficult topic and as such was not always discussed. We discussed this with the area manager who told us they would look into expanding the end of life training for staff. However, they also told us that if someone deteriorated while they were supporting them they would involve them, their family, GP, social worker and others, to produce a care plan that met their individual needs.

The plans reflected people's physical, mental, emotional and social needs. This included any protected characteristics under the Equality Act 2010. The Act replaces all existing anti-discrimination laws, and extends protection across a number of protected characteristics. For example, race, gender, disability, age and religion or belief. Staff we spoke with were very knowledgeable on equality, diversity and human rights and actively promoted individual care, that meant people lived a fulfilling life.

People had regular access to the community and meaningful activities, work and education. Staff supported people to partake in activities of their choice and empowered them to try new and more challenging activities to promote independence. Staff also told us how they supported people to access the community they went out as individuals or in groups depending on their wishes. People also attended local groups and were supported to go out with friends and relatives.

The registered provider continued to enable people to raise concerns and complaints with the confidence they would be taken seriously and addressed appropriately. A record of concerns and complaints received had been maintained. This showed complaints had been investigated in line with the registered provider's policy. Where outcomes indicated changes were needed, these had been made.

We saw compliments had been received praising the care provided. For example, a social worker had written to the service complimenting staff on the positive changes they were making in a supported living service.

Is the service well-led?

Our findings

At the last inspection this domain was rated as requires Improvement because we found that although there was a comprehensive audit and quality monitoring system in place. The provider had failed to evaluate and improve their practice in respect of the processing of information to improve quality and safety and had not always identified the shortfalls in service delivery. At this inspection we found the provider had learnt lessons and had identified the service needed to be restructured and more manageable. The service had been divided into five regions and this registration covered the north east of England.

There were clear lines of responsibility and accountability within the service. The provider had recruited an area manager who was in the process of registering with CQC to become the registered manager. The area manager promoted an open and inclusive culture within the service, and was developing good working relationships with the other agencies to promote opportunities for people and to share information.

Regular audits of the quality and safety of the service had been devised and implemented. This enabled the service to evidence continual improvement by developing and regularly reviewing an improvement action plan. The area manager regularly spoke with people who used the service, relatives and healthcare professionals about their experiences and regularly observed the staff going about their duties to check they were working in line with good practice. The quality assurance system was being embedded into practice to ensure continual improvements.

People's views were sought to ensure the service was meeting their needs and to promote improvement. People we spoke with told us they felt listened to, they knew who the area manager was as well as the regional manager. One person said, "I can speak with managers at any time." A relative said, "They [the management] listen, any issues can be raised no matter how small and are dealt with."

Staff we spoke with had a clear understanding of their roles and responsibilities and felt well supported. They spoke positively about the improvements made since the restructure and the new area manager had started working at the service. Staff confirmed they had attended staff meetings, annual appraisals, competency checks and one to one support meetings, where they could voice their opinions.

The area manager understood their responsibilities for sharing information with CQC in a timely manner. The service had made statutory notifications to us as required. A notification is the action that a provider is legally bound to take to tell us about any changes to their regulated services or incidents that have taken place in them.