

Leonard Cheshire Disability

Westwinds - Care Home Learning Disabilities

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

About the service

Westwinds – Care home learning disabilities accommodates up to 10 people in one adapted building. At the time of our inspection nine people were living in the home.

The service was registered before the principles of Registering the Right Support was established. The service was delivered in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence.

People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them. Although the home accommodates more people than Registering the Right Support suggests, this was suitable as the home was one large house, and the atmosphere remained homely. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People's experience of using this service

Staff knew people well and understood their communication. We saw staff supporting people in a kind and sensitive way and relatives told us they were confident their family members were well cared for.

Staff demonstrated person centred values and supported people to be involved in making decisions about their care. Relatives told us they were confident their family members were safe and well supported, particularly with their health issues.

People's needs were assessed, and care was planned in line with legislation and good practice guidance. The provider was implementing new care planning tools and medicines systems to improve services for people. Records showed people were supported in line with their needs and preferences. People were supported to maintain their relationships and attend activities in their local community.

Risks faced by people while receiving care had been identified, with clear plans in place to ensure people were protected from harm. People were supported to take their medicines as prescribed. The staff team was very stable, with very low turnover. No new staff had been recruited since our last inspection. The provider's recruitment policy reflected best practice in ensuring only suitable staff were appointed to work in the home.

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.

There were robust systems for monitoring and improving the quality and safety of the service. There were regular audits and an overall action plan which ensured continuous improvement at the home.

There was a clear management structure in place and relatives told us they thought the service was well run.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection:

The last rating for this service was good (published 9 November 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

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.

Westwinds - Care Home Learning Disabilities

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector.

Service and service type

Westwinds – Care home learning disabilities is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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. The registered manager was not available at the time of the inspection. The provider had informed us of this, and had made suitable arrangements to ensure the ongoing management of the service. A registered manager from another location was providing management to Westwinds.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

Before the inspection we reviewed the information we held about the service. This included information the

provider had submitted as notifications. Notifications are information about events which providers are required by law to tell us about. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection

During the inspection we observed the interactions between people and their staff. We spoke with six members of staff including the manager, the regional support manager, the deputy manager and three support workers. We reviewed two people's care files including care plans and records of care. We reviewed staff supervision and training records. We reviewed various other documents and policies relevant to the management of the service.

After the inspection

After the inspection we spoke with two relatives of people who lived in the home. We sought clarification from the provider and reviewed quality assurance documents and updated records that had been sent to us.

Is the service safe?

Our findings

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

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

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from avoidable harm and abuse by robust systems and knowledgeable staff.
- Staff knew how to identify and escalate any concerns about possible abuse or neglect. They told us they would report any concerns to the management. Staff described how to escalate concerns to the local authority and the provider whistleblowing procedure for if their concerns were not responded to appropriately.
- Relatives told us they were confident their family members were safe. One relative said, "Ten out of ten, they are safe."

Assessing risk, safety monitoring and management

- Risks faced by people during the receipt of care were identified through needs assessments. There were clear plans in place to mitigate these risks.
- Plans and guidelines were in place to ensure staff had the information they needed to support people in a safe way. Where people needed support with their mobility and moving there was detailed information to ensure staff supported people safely.
- Some people received support for health conditions which required specific skills and procedures to keep them safe. There were risk assessments in place, which had been facilitated by external professionals, to ensure people were supported in a safe way.
- Risk assessments were reviewed and updated regularly to ensure they remained appropriate.

Staffing and recruitment

- Westwinds had a very stable staff team and had not recruited any new staff since our last inspection. The provider had robust systems in place to ensure only suitable staff were employed.
- Staffing levels were determined by people's assessed needs. Staff told us they thought there were enough staff on duty to support people. They also told us they thought there were enough staff employed in the team so planned and unplanned staff absences could be covered. This was supported by the fact that the home very rarely used any agency staff to cover staff absences.
- Relatives told us they thought there were enough staff to meet their family members' needs. One relative told us they were impressed by the strength of relationships between staff and their family members. They said, "[My relative] really responds well to [named staff member]. There's a few there they really like, and they will always go where those staff are."

Using medicines safely

- People were supported by trained staff to take their medicines as prescribed.
- The provider had recently introduced a new electronic medicines recording system into the home. Staff told us they found the new system helped them be clear about which medicines to administer when as the system only showed medicines when they were due. A relative told us staff had explained the new medicines system to them when they visited. Staff had also explained to them what their relative's medicines were for.
- Care files contained information about people's medicines and the support they needed to take them as prescribed. The provider updated information about when to give people medicines prescribed on an 'as needed' basis to make this clearer.
- Where specialist training and support was required for people to receive their medicines, due to their complex support needs, this was provided. There were very clear instructions for staff which supported their training to ensure people received their medicines safely.
- Medicines were stored securely and staff completed regular stock checks and audits which showed people had been given their medicines appropriately.

Preventing and controlling infection

- The home was clean and free from malodour.
- Staff told us, and we observed, that personal protective equipment was available to reduce the risk of infection.
- Where people were particularly vulnerable to the risks of infection, there were measures in place to ensure these risks were mitigated. For example, there were instructions for sterilizing equipment and ensuring good hand hygiene among staff.

Learning lessons when things go wrong

- Staff told us they had regular meetings and handovers where any learning from incidents was discussed.
- Records showed staff had taken appropriate action in response to events and incidents to ensure people were supported in a safe way. People's care plans and risk assessments were reviewed regularly and in response to any events that were out of the ordinary for people.
- Relatives told us they were confident they would be informed if anything happened to their family member.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed and reviewed at least annually. Care was planned in a person-centred way which focussed on the desired outcome of support.
- People's support plans were divided into different sections, each with the person's goal. For example, people had goals in relation to maintaining their health, attending social events and maintaining relationship with their families. People's care plans and goals reflected their personal characteristics, including their religious beliefs, and cultural background.
- Relatives told us they were invited to meetings where people's care was planned. They told us they were welcome to be involved in setting goals with their family members.

Staff support: induction, training, skills and experience

- Staff told us they received the support and training they needed to perform their roles. Feedback about training included, "We can do it all online it's abundant." and, "The training is helpful. It's all relevant."
- Records showed staff received regular supervisions in line with the provider's policy. Supervisions focussed on staff development and each staff member had their own goals and training plan in place.
- Records showed staff received training in areas relevant to people's needs. The staff working in the service were very experienced and held a range of accredited qualifications. They also completed regular refresher courses to ensure their knowledge and skills were up to date.
- Relatives told us they thought staff were good at their jobs. One relative said, "Oh the staff are simply marvellous. They know exactly how to support my family member."

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

- People were involved in planning the menu and choosing what they ate. Care plans included detailed information about the support people needed to eat and drink safely. Where people were at risk of choking support from speech and language therapists had been incorporated into care plans.
- Where people were identified as being at risk of not eating or drinking enough records were kept to ensure their nutritional intake was monitored. Records showed the home had sought support from relevant healthcare professionals when necessary.
- Relatives told us they thought their family members enjoyed their food. One relative said staff kept them informed with their family member's appetite changed. Another relative told us they usually visited at mealtimes and thought their family member always looked like they were enjoying their food.

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

- People were supported by staff who worked closely with a range of healthcare services and other agencies to ensure their needs were met.
- Where people attended other services for activities and support this was clearly captured within their care files. Staff told us communication with other agencies was good and they ensured each service was up to date if anything changed with the person's support.
- People's care files contained detailed information about their healthcare needs, and the support they needed to access healthcare services. Staff maintained detailed records of people's healthcare appointments and confirmed information was shared between staff during handovers and through communication books. Staff explained how they supported people to engage with healthcare professionals. The staff feedback matched the information contained within the care files.
- Relatives told us they were confident staff supported their family members with their healthcare needs. One relative said, "Oh they always tell me if anything is the matter healthwise. Sometimes I'll go to appointments, but I don't need to as the staff know what's going on."

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

- Westwinds is a large property that has been adapted to be suitable as a care home for people with learning disabilities. The kitchen had recently been refurbished and there was a plan in place to update and refurbish the bathrooms.
- People's bedrooms were personalised with their own possessions and reflected people's preferences in how they were decorated.
- The provider had used objects and images fixed to doors to help people to orientate themselves and know what the different rooms were for. For example, there were visual and sensory aids on bathroom doors to help people identify them.

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.

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.

- People's capacity to consent to their care and treatment was assessed regularly. Where people lacked capacity to consent to their care, the provider followed the principles of the MCA and ensured care and support was provided in people's best interests.
- Care plans provided clear guidance about how to support people to be involved in making decisions. For example, one person's care plan contained details of how they communicated when they did not wish to be supported with certain tasks.
- People living in the home were subject to DoLS. This was clearly recorded within their care files. Records showed the service liaised appropriately with the local authority to ensure that deprivations were

proportionate and were reviewed and renewed as needed.

- During the inspection we saw people were offered choices about day to day decisions. People's choices were respected by staff.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff spoke about the people they supported with kindness and affection. Through conversation they demonstrated they knew people well and respected them as individuals.
- We saw staff interacted with people in a positive and caring manner that respected people. For example, we saw staff knocked on people's doors before entering the rooms and asked people permission before providing support. Staff then looked for that person to respond in a way that meant staff were sure they were happy to continue.
- Staff knew about people's religious beliefs and cultural backgrounds and told us they supported people to attend their place of worship where they wished to do so. This information was also contained within people's care plans.

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

- People were supported to be as involved as possible in making decisions about their care. Staff knew people's communication well and how they expressed their views. This was particularly important for people who did not use speech for their communications.
- Care plans reflected people's personalities and contained information about people's views and preferences. For example, one person's care plan contained clear details about the type of clothes they did, and did not, like to wear as well as the names of their favourite toys. Staff ensured their views were respected.
- Relatives told us they were confident staff respected their family members. One relative told us their family member had started to express themselves more clearly and they felt this was due to them being sure staff would listen to and respect their communication.

Respecting and promoting people's privacy, dignity and independence

- Staff described how they supported people in a way that upheld their dignity and privacy. They explained how they ensured people's dignity was maintained during care. Staff demonstrated they understood that people may want time alone and this should be respected.
- People's care plans contained goals relating to people developing their skills and independence. Care plans and risk assessments contained detailed information about what people could do with and without support.
- Relatives told us they were given private time with their family members when they visited.

- One relative told us their family member had developed their skills and independence while living at Westwinds. They said, "[My relative] has come on so much since moving there. It's very impressive."

Is the service responsive?

Our findings

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

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

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 had personalised care plans which contained information to support staff to meet people's needs.
- The provider was in the process of transferring people's care plans to a new system. As part of this process the provider had utilised administrative staff to input information into the new format. During the inspection we identified instances when out of date information had been transferred, as the updated care plans had not taken into account changes that staff were fully aware of. The provider sent us updated copies of care plans which showed corrections were made immediately after the inspection.
- Records showed people received their support as planned. We noted there were different systems in place for recording some aspects of care, such as community outings for one person, which meant it was not always clear that people had been supported to achieve their goals. However, staff were able to locate information that demonstrated people had been supported in line with their care plans.
- People and their families, where appropriate, were involved in reviews of people's care. Reviews took place at least annually and were used as an opportunity to celebrate progress and amend people's goals as appropriate. Relatives told us they were fully involved in reviews.

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.

- People who lived in the home had a range of communication needs and received appropriate support with their communication. Staff were consistent in their approach.
- Care files contained detailed sections regarding people's communication. Staff described in detail the different meanings of one person's vocalisations and how they worked out their meaning.
- The provider had policies available in easy to read formats for people who could use paper documents but needed more accessible language.

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's care files contained support plans in relation to social engagement and relationships.
- Care files contained information about people's important relationships and the support they needed to maintain them. For example, one person's care plan emphasised they wanted support to speak to their

family regularly, and for them to be invited to events at the home.

- We saw feedback from relatives that they felt welcomed into the home whenever they visited. One relative told us how much their family member enjoyed being supported on various activities, and that they particularly enjoyed being supported by staff to go to the local pub.
- People had individual schedules of in house and community-based activities. Records showed people were supported to attend activities as they wished. People had lived in the home for a long time, and staff told us they were known and welcomed in the local community.

Improving care quality in response to complaints or concerns

- The provider had a clear complaints policy which included details of how the provider would respond to any complaints or concerns. There had been no complaints or concerns raised since our last inspection.
- Staff told us how they sought feedback from people, their relatives and visiting professionals. We saw the only comments captured in the feedback book were positive. Feedback reflected that visitors always felt welcome and accommodated when they visited the home.
- Relatives told us they were confident that if they raised any concerns or complaints they would be investigated and responded to appropriately.

End of life care and support

- People were being supported with kindness, respect and dignity as they approached the end of their life. Staff worked closely with relevant healthcare professionals to ensure people received the support they needed to stay in their own home at the end of their life.
- One person was being cared for on an end of life pathway, and it was clear from the interactions we saw staff cared deeply for this person and took their responsibility to ensure they were comfortable and pain free seriously. Staff had undertaken specialist training to enable them to provide the complex care this person required. As staff knew this person incredibly well, due to the length of time they had been supporting them, they were able to identify and respond to their communication and provided anticipatory care.
- People and their relatives, where appropriate, had been supported to consider what support they would like when they reached the last stages of their life. Details had been recorded and where it was clear people did not wish to re-visit this sensitive topic that had been captured to ensure people were not distressed by talking about it again.
- Relatives told us they thought Westwinds would provide appropriate care and support to their relatives at the last stages of their life. One relative said, "I want [my family member] to stay there til their dying day. It's home."
- The provider recognised the long-term nature of the relationships between staff and people living in the home meant staff and people would require additional support in the event of anyone who lived in the home dying. The regional manager told us they would provide additional emotional support if staff needed it.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Despite the current absence of the registered manager, staff and relatives told us the positive, welcoming culture at Westwinds had continued. One relative told us they felt the home had a positive, welcoming culture where they were, "Always welcomed with a cuppa and a smile."
- Staff demonstrated they held person centred values. When they spoke about their roles they did so in terms of ensuring they people they supported got to live the lives they wanted.
- There was a clear focus on supporting people to achieve goals and positive outcomes which reflected the provider's organisational aims.

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

- The law sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The provider understood their responsibilities in this area.
- Relatives told us they were always informed of any events relating to their family members and this made them feel reassured.

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

- The provider had informed us that the registered manager was away from work. A registered manager from another care home in the area was providing management support to the home. There was also a very experienced deputy manager who was provided management experience within the home.
- There was a clear management structure with responsibilities for management support and audit divided between the deputy manager, the manager and regional support teams. The management audits were based on themes and led to action plans where issues were identified. Audits were robust, and actions had been completed to improve the quality of the service.
- Relatives told us they felt the home was well managed and organised.
- Staff told us they felt supported by management.

Continuous learning and improving care; Working in partnership with others

- The provider's systems of audits meant there was a continuous cycle of learning and improvements. Different regional teams monitored and evaluated varied aspects of the service, contributing to an overall action plan for the home which focussed on ensuring changes consistently improved outcomes for people.
- The regional manager and manager were preparing to attend the provider's managers conference during the inspection. They told us this was an opportunity for them to spend time with other managers and reflect on management practices within the organisation.
- As the manager was experienced in managing services in the local area, they had well established relationships with other professionals and organisations in the area. This supported the development of working with others to ensure positive outcomes for people.