

Mr J Wilson & Mr P White

Westbourne Care Homes

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 

Overall summary

This inspection took place on 29 October 2015 and was unannounced. At our last inspection on 14 April 2014, the provider was meeting all the regulations that we assessed.

Westbourne Care Home is registered to provide accommodation and personal care for up to 11 adults who lived with a learning disability or associated need. At the time of our inspection nine people were living at the home.

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.

People who lived at the home felt safe and secure. Relatives believed their family members were kept safe. Risks to people had been assessed appropriately. Staff understood the different types of abuse and knew what action they would take if they thought a person was at risk of harm. The provider had processes and systems in place that kept people safe and protected them from the risk of harm.

Summary of findings

People received their medicines as prescribed and appropriate records were kept when medicines were administered by trained staff.

Staff sought people's consent before providing any support. Staff understood the circumstances when the legal requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) were to be followed.

There was sufficient staff on duty to meet the support needs of people. The provider ensured staff were recruited and trained to meet the care and support needs of people.

People were supported by staff to eat food they enjoyed at meal times that were flexible to meet their individual needs.

People were supported to access health care professionals to ensure that their health care needs were met.

People, relatives and health care professionals, felt staff were caring, friendly and treated people with kindness and respect. People's privacy was maintained and their independence was encouraged.

People's health care needs were assessed and regularly reviewed. People were encouraged to take part in group or individual social activities.

People and relatives were confident that if they had any concerns or complaints, they would be listened to and the matters addressed quickly. Information was available in easy read picture formats for people to help them complain.

The provider had management systems in place to assess and monitor the quality of the service provided. This included gathering feedback from people who used the service and their relatives.

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.

People felt safe and they were protected from the risk of harm because staff was aware of the processes they needed to follow.

People received their prescribed medicines as required.

There were adequate numbers of staff on duty that could meet people's needs.

Good



Is the service effective?

The service was effective.

People were supported with their nutritional needs.

People's rights were protected because staff understood the legal principles to ensure that people were not unlawfully restricted and received care in line with their best interests.

People and their relatives felt that the service was effective and met people's needs in their preferred way.

Staff had effective skills and knowledge to meet people's needs.

Good



Is the service caring?

The service was caring.

People were supported by staff who were kind and caring to them.

People's dignity, privacy and independence were promoted and maintained

People and their relatives felt that staff were aware of people's choices and wishes.

Good



Is the service responsive?

The service was responsive.

People were encouraged to engage in activities that were person centred and met their individual needs.

People's needs and preferences were assessed to ensure that their needs would be met in their preferred way.

People were well supported to maintain relationships with their friends and relatives.

Complaints procedures were in place for people and relatives to voice their concerns.

Good



Is the service well-led?

The service was well-led.

People and relatives said the registered manager was approachable and responsive to their requests.

Staff were supported and guided by the management team.

Good



Summary of findings

There were effective systems in place to assess and monitor the quality of the service.	
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Westbourne Care Homes

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 29 October 2015. The inspection was conducted 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 learning disability service.

When planning our inspection we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. Before the inspection, the

provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We contacted the local authorities who purchased the care on behalf of people to ask them for information about the service and reviewed information that they sent us on a regular basis.

During our inspection, we spoke with seven people who lived at the home, three relatives, three staff and the registered manager. We received additional information from three health care professionals. We reviewed the care records of three people to see how their care was planned and looked at three people's medicine administration records. We looked at staff recruitment and training records for three staff. We also looked at records which supported the provider to monitor the quality and management of the service, including safeguarding and maintenance records. We looked at a selection of the provider's policies and procedures to see if they contained effective and up to date guidance for staff.

Is the service safe?

Our findings

All the people we spoke with told us they felt safe and they would speak to the staff or registered manager if they had any concerns. One person said, “I am happy, no one hurts me here, staff don’t hurt me, I would tell if they did.”

Another person told us, “I am safe; I would tell the staff if anything happened.” A relative told us, “[Person’s name] is definitely safe; I would go straight to the manger if I needed to.” We saw that staff had a rapport with people who lived at the home and that people were allocated to a regular key worker. A key worker is a member of staff, specifically assigned to work with an individual, to provide one to one support for that person.

There was a relaxed atmosphere, people were confident when they approached staff if they required any support. Another relative told us, “If there were any problems [person’s name] would tell us.” All the staff spoken with told us they had received training in how to safeguard people from abuse and knew how to recognise the signs of abuse and how to report their concerns. One staff member said, “If I saw a change in somebody’s behaviour and they became withdrawn, I would tell the manager.” They were knowledgeable in recognising signs of potential abuse and how to follow the provider’s safeguarding procedures. Staff knew how to escalate concerns about people’s safety to the provider and other external agencies for example, the local authority and Care Quality Commission.

The staff knew what action to take to keep people safe from the risk of accidents and injuries. One staff member told us, “We have easy read risk assessments that we go through with people regularly, this helps to break risks down and we can explain to the person in a way they can understand.” We saw that risks to people had been appropriately assessed. We saw that on one person’s care plan, the staff had been provided with clear guidance on what to do in the event of the person having an epileptic fit. People who required the support of walking aids had them accessible and used them to walk independently and safely around the home.

Staff were able to explain the action they would take to keep people safe in the event of an emergency. We noted this was in line with the procedures the provider had in place to safeguard people in the event of an emergency. The registered manager told us how they monitored

incidents and accidents. We saw that safety checks of the premises and equipment had been completed and records were up to date. This ensured that risks presented by people’s environments were managed and reduced.

People and relatives we spoke with told us they felt there was sufficient number of staff to support people. One person said, “Yes, there are enough staff here, I like them all.” A relative told us, “There always seems to be staff around.” Staff we spoke with told us that in their view there were generally enough staff. We saw staff supporting people and that there were enough staff to take people out into the community individually to do their shopping during the day. Staff told us that they covered for each other during holiday time and illness. They also told us that there was additional staff that could be called upon to cover staff absence (bank staff who worked on an as needed basis). This ensured that people were supported by regular care staff who knew people’s individual support needs and maintained continuity of support.

The provider had a recruitment policy in place and staff had been appropriately recruited. Staff told us they had completed a range of pre-employment checks before working unsupervised. We saw from three staff files all pre-employment checks had been completed. This included a Disclosure and Barring Service (DBS) check and references. The DBS check helps employers to make safer decisions when recruiting and reduces the risk of employing unsuitable people.

People told us they received their medicine as it had been prescribed and there had been no concerns. One person said, “I have my tablets at night and some in the morning, the staff give them to me.” There were people who required medicines on an ‘as and when’ basis. We saw there were procedures in place to help staff identify when to give these medicines and make sure they were recorded correctly. We saw that staff updated people’s records when medicine was received and noted that records had been updated correctly. Medicines were stored appropriately in order to keep them secure and maintain their effectiveness. An audit confirmed that the correct quantities of medications were in stock. This indicated that people were receiving their medication as prescribed. All medicines were safely disposed of when no longer in use. We found the provider’s processes for managing people’s medicines ensured staff administered medicines in a safe way.

Is the service effective?

Our findings

People and their relatives were complimentary about the staff. People told us they thought staff knew them well and were knowledgeable and were suitably trained. One person told us, “The staff know what to do to help me; we help each other, just like housemates.” Another person said, “This is my home we are all friends.” A relative told us, “There are things that can annoy [person’s name] but staff try to make sure any changes are minimal.” Another relative said, “Staff try to get people involved, they talk to [person’s name], they are really good with people.” Staff felt that the service provided was effective and met people’s needs. A staff member said, “I think that people here get a good service”.

Discussions we had with staff demonstrated to us, they had a good understanding of people’s needs. A staff member told us, “I have been here a long time and know people well.” We saw there was a high percentage of staff who had worked at the home for a number of years. This had helped people to build consistent and stable relationships. We saw that care plans were in place to support staff by providing them with guidance on what they would need to do in order to meet people’s individual support needs.

Staff we spoke with was happy with the training offered by the provider. A staff member told us, “I had an induction when I started. I’m still going through all the training, it’s been good”. Staff also told us they had regular supervision with the registered manager. One staff member said, “The training is good and I have had an appraisal this year. We also do peer supervisions with each other if staff need extra support, it helps to reflect on our practice.” We saw that staff training requirements for the year were planned and tracked to enable the registered manager to see when refresher training was due.

People told us that staff always asked their permission before undertaking tasks or providing support. A person told us, “I like going out shopping with staff. Staff help me to cross the road.” Staff we spoke with told us they would always ask people’s permission before they provided support. A staff member said, “We do try to encourage people to be as independent as much as possible, but when it is necessary, we always ask people for their consent before helping them.” We heard staff asking people if they wanted any assistance and saw that people were happy for staff to support them.

Staff we spoke with demonstrated their knowledge of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguarding (DoLS) through their answers. The MCA legislation sets out what must be done to protect the human rights of people who may lack mental capacity to consent or refuse care. DoLS requires providers to submit applications to a ‘Supervisory Body’ for permission to deprive someone of their liberty in order to keep them safe. The registered manager told us there had been no applications. We saw people who lived in the home were given information in a format that was easy for them to understand and helped them to make decisions about their care and support. We saw the provider had acted in accordance with the legislation and people’s rights were protected.

People we spoke with told us they helped staff to make breakfast, lunch and dinner and felt they had plenty to eat and drink. One person told us, “I make my own breakfast and my own sandwiches but if I get stuck the staff will help me.” We saw that meal times were flexible. People told us what they had to eat, one person said, “Last night we had a chilli, it was strong but I liked it.” Another person told us, “At night I get biscuits with my hot chocolate.” A third person said, “We have a cooked breakfast on a Saturday and Sunday if we want.” There was fresh fruit available for people and they could access the kitchen when they wanted for refreshments. Two people made a snack for each other and we saw one person had their own tea making facilities in their room.

Meals were prepared from fresh ingredients and took into account people’s preferences and dietary requirements. One staff member told us, “We take people shopping so they can choose what they want; we do try to encourage healthy options.” We saw from care plans that dieticians and Speech and Language Therapists (SALT) were involved in people’s care when required. This ensured people received the support they needed to in order to maintain a healthy diet.

People told us they regularly saw the doctor, dentist or other health care professionals. One person said, “I go to the doctors for my blood test.” Another person told us the doctor visited them at the home. A third person said, “If I’m not well I tell the staff and then we go to see the doctor of they sometimes come out to see me here.” A health care professional told us the staff were skilled in recognising when people needed additional support from specialist

Is the service effective?

services and acted quickly on advice given. We saw from people's care plans they had access to health care professionals, as required, so that their health care needs were met.

Is the service caring?

Our findings

People and relatives told us the staff were kind, caring and respectful. One person said, "I like the staff and the people who live here we are good friends." A relative said, "The staff do care for [person's name], I visit regularly and I've never heard anything inappropriate. I can honestly say this is a good home." We saw that staff were attentive and actively engaged with people. A staff member told us "I love working here, the people are great." There was a warm atmosphere in the home with light-hearted conversations between staff and people which involved jokes and laughter.

We saw that staff communicated well with people and explained everything in a way that could be easily understood. We saw that there was information available to people in accessible formats so that they could make choices and decisions about their care and support. Choices included what people ate and what they wanted to do with their time. We saw that people's preferences, interests and diverse needs had been reflected in their care plans. This assisted staff to provide support to people in a way they wished. A health care professional told us that staff 'advocated' well for the people they supported

People and relatives felt that staff listened to them. One person said, "The staff do good things, when I'm upset they sit and listen to me." A relative told us, I'm told about

[person's name] care plan and staff listen if I thought something wasn't quite right." Another person told us that they liked their room and could spend time drawing and painting. Another person told us, "I would say if I wasn't happy here, I am happy here." Staff we spoke with told us about people's likes and dislikes and how people preferred to be supported.

We saw staff encouraged and supported people to make choices and be independent as much as possible to help develop people's individual skills. For example, people were supported to make food and drink, clean their rooms and with their shopping. One person told us, "I make sandwiches and salad," another person said, "I polish my room and my shelves." A staff member said, "Most people are very independent but will ask for help when they need it."

People's privacy and dignity was promoted. People had their bedroom so that they could spend time in private if they wished. We saw that rooms were individually decorated to a way people had chosen and doors could be locked with their own key, to maintain their privacy, if they needed to. People were dressed in their own individual styles of clothing that reflected their age, gender and personality. We saw staff were polite and knocked on people's doors before entering their room. Staff we spoke with explained how they promoted people's privacy and dignity.

Is the service responsive?

Our findings

Staff explained how they involved people in the planning of their care and support through one to one discussions each week. One person told us, “The staff are very nice [staff name] is my key worker, we clean my room.” Staff supported people to plan what they wanted to eat and what activities they wanted to do for the following week. Another person told us, “I do dancing on Friday with [staff names] they’re good staff.” Weekly activity plans were created from these meetings so that the staff was responsive to meeting people’s individual needs. The activity plans were different for each person and reflected their different interests and hobbies. A health care professional told us the provider accessed activities for people where requests had been made. We saw that people were supported to go on holidays, trips out and day centres. One person told us, “I went to Coventry to see Dr Who, he was doing a rehearsal.” Another person told us they had recently returned from holiday.

During our inspection, we saw people had prepared for a night out at a Halloween party. The atmosphere in the home became vibrant as people showed us their costumes. A staff member said, “I love this time of year, everyone loves to dress up, there’s a prize for the best costume.” One

person told us, “I won last year, it was fun.” There were numerous photographs around the home of parties and events that had taken place. The photographs showed that people were smiling and had clearly enjoyed themselves.

People we spoke with told us that contact with their family and friends were important to them. A person said, “I can phone my family.” A relative told us, “They [staff] bought [person’s name] to visit it was a lovely surprise, they take [person’s name] where-ever they want to, it’s lovely.” All of the relatives we spoke with told us that they were able to visit at any time. People were supported to visit their relatives and stay overnight if they wished.

We saw that the provider held resident meetings with people. One person told us, “They [staff] give us questionnaires.” The questionnaires were in an easy read picture format that was easy for people to understand. A relative said, “We have been sent a questionnaire but I haven’t completed it yet.” The registered manager explained how they collated the feedback and used the information to develop and improve the service.

People and relatives we spoke with knew how to make a complaint. One person told us, “I am very happy here, if I wasn’t I would tell them.” The provider had a complaints procedure in place and there was an easy read picture format for people who lived at the home to refer to. There had been no complaints since the last inspection.

Is the service well-led?

Our findings

People, relatives, staff and health and social care professionals told us they felt the home was 'well managed' and the quality of the service was 'very good'. One person told us, "I like living here." We saw that staff would speak to the registered manager for direction and guidance. Relatives told us the registered manager maintained regular communication with them about their family member. One relative told us, "There is nothing that disagrees with me, everything is alright, I would tell them if it wasn't." Another relative told us, "I can speak to the manager anytime, I am happy, when I'm worried about [person's name] I just call up, the manager is very supportive." A health professional commented that staff and the registered manager were 'passionate' about their work.

We saw that staff enjoyed their work and worked well as a team. One staff member said, "I can't fault the manager, they will do shifts if we are short staffed and they are always contactable." Another staff member told us, "The manager and all the other staff have been really supportive, we work well as a team, I love it." Staff told us they had regular supervision and team meetings where they were kept informed on the development of the service and encouraged to put ideas forward. They told us they were confident to approach the registered manager and felt they were listened to. One staff member told us, "We hold staff meetings quite regularly." We saw from records the provider conducted supervisions with staff and regular staff meetings were held.

We saw that the registered manager had an open door policy. People told us they regularly went to see her and that she would visit them in their rooms or help them in the home. We saw that the registered manager was visible within the home. Staff told us they would have no concerns about whistleblowing and felt confident to approach the registered manager, and if it became necessary, to contact Care Quality Commission (CQC) or the police. The provider had a whistleblowing policy that provided the contact details for the relevant external organisations for example, the local authority and CQC.

There was a registered manager in post who had provided continuity and leadership in the home. We saw that accidents and incidents were logged so that learning could take place from incidents. The provider had a history of meeting legal requirements and had notified us about events that they were required to by law.

We saw that there were systems in place to monitor the quality of the service and quality audits had been undertaken. Where audits had taken place and if appropriate, an action plan had been developed. The registered manager explained and showed us how they were improving their recording processes. This would improve the checking of the actions taken and outcomes achieved. In addition, the registered manager also completed regular audits, for example of health and safety, care records and staff training. This ensured the provider had procedures to monitor the service to ensure the continued safety and wellbeing of people living at the home.