

Derbyshire Care Services Ltd

Western House

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 13 October 2015 and was unannounced.

Western House is registered to provide residential care and support for five people with mental health needs. At the time of our inspection there were four people using the service. The service provides five individual bedrooms of which three have an en-suite facility. The service is a detached dwelling located within a residential area of Derby.

Western House had 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 told us they feel safe at Western House as the staff and the building itself make them feel secure. People's needs are supported by risk assessments that identify potential risks due to people's lifestyle choices and

Summary of findings

guidance for staff as to how risk is to be minimised was recorded. Staff were aware of their responsibilities in promoting people's safety and this was reflected within the training they undertook.

There are sufficient staff available who have undergone a robust recruitment process and who have the appropriate knowledge, skills and understanding that enables them to meet people's needs and to keep them safe.

A system of assessing risk and developing plans of care was in use which has been developed specifically for people who require support with their mental health; this enables the staff to provide effective care based on best practice to ensure people's needs are recorded and responded to.

People are involved in all decisions with regards to their care which includes their understanding of any restrictions placed on them which have been applied by external agencies to ensure their safety and well-being. People told us they regularly meet with staff to discuss and review their goals and aspirations.

Discussions with those using the service and records we viewed identified that people have access to a range of health care professionals and are supported to manage both their physical and mental health with the support of staff where the person themselves has requested this.

People using the service spoke to us of their goals and aspirations for living independently and how staff within the service support them to achieve this. They told us they shop for groceries and prepare and cook meals. People told us that staff support them with their decisions to gain paid and unpaid employment.

People were complimentary about the staff and the service they receive and told us how the staff work with them in a non-judgemental manner with consideration to their privacy and dignity.

People we spoke with told us that their mental health has improved and were able to give us examples as to how this has had a positive impact on their well-being.

People were able to make an informed decision as to whether they wanted to use the services of Western House. They had visited the service and met with staff and people who were already using the service before coming to a decision. People told us that the staff spoke with them about the aims of the service to enable them to decide whether this was the right environment for them.

People are confident that they can raise concerns and have received information as to how to make a complaint. They have the opportunity to attend meetings both within the service and externally, providing them with opportunities to speak with people independently.

People are involved in the day to day running of the service through formal and informal meetings, both collectively and individually, having the opportunity to comment on all aspects of their care and support.

The registered manager and other staff are supportive of the needs of people and regularly meet with them to ensure that the service is working well for them.

The registered manager has a good oversight as to the service provided and has a range of systems, which includes the supervision and appraisal of staff and the auditing of practices within the service which identifies that the service is being well-led.

Opportunities are in place for people using the service, their relatives, the staff employed and external professionals to comment on the service. Information about the service and people's views is available on the services website.

Representatives of external agencies which include health and social care services provided us with positive feedback about the management of the service and how the registered manager and staff had a positive impact on the lives of people who receive a service.

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 at the service as they were confident about the environment in which they lived and the staff that supported them.

Potential risks to people were managed and concerns about people's safety and lifestyle choices were discussed with them to ensure their views were supported.

People were supported by a sufficient number of staff which promoted their safety and met their needs.

People were supported to manage their own medicines where appropriate. Systems were in place to ensure people's medicine was managed safely.

Good



Is the service effective?

The service was effective.

Staff received the necessary training that enabled them to acquire the appropriate skills and knowledge to support people effectively.

People's consent to care and treatment was sought in line with legislation and guidance. People were involved in all decisions which affected their day to day lives.

People had sufficient to eat and drink and had access to the kitchen at all times. People were involved in the development of menu planning and were encouraged to prepare and cook meals.

People had access to a range of external health care professionals who supported them with their physical and mental health. Staff at the service had good relationships with external health professionals which promoted effective care for those using the service.

Good



Is the service caring?

The service was caring.

People told us they had confidence in the staff and that they were approachable.

People were encouraged and supported by staff to express their views and people told us they were actively involved in making decisions about their future by discussing their goals and aspirations.

People's privacy and dignity was respected and promoted as people spoke positively about the attitude and approach of staff which they found to be non-judgemental.

Good



Is the service responsive?

The service was responsive.

People visited the service and met with staff and those using the service as part of their assessment to ensure that their needs could be met. People had the opportunity to develop and maintain contact with relatives and had access to the wider community as part of their personalised package of care.

Good



Summary of findings

People we spoke with told us that the staff were approachable and that they were provided with information as to how to raise concerns.

Is the service well-led?

The service was well-led.

The service had an open and friendly culture and staff worked collaboratively with people using the service and others involved in people's lives.

A registered manager was in post, who had a clear view as to the service they wished to provide which focused on promoting people's rights and choices within an inclusive and empowering environment.

The registered manager used audits to check people were getting good care and to make sure records were in place to demonstrate that the service was well-led.

Good



Western House

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 inspection took place on 13 October 2015 and was unannounced.

The inspection was carried out by one inspector.

Before the inspection we asked the provider to complete 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. The PIR was completed and returned to us.

Prior to the inspection we contacted commissioners for social care, responsible for funding some of the people that live at the service, and health and social care professionals who provided support to people and asked them for their views about the service. We also reviewed the information that the provider had sent to us which included notifications of significant events that affect the health and safety of people who used the service.

We spoke with three people who used the service. We spoke with the registered and deputy manager and met a support worker. We looked at the records of three people, which included their plans of care, risk assessments and medicine records. We also looked at the recruitment files of three members of staff, a range of policies and procedures, maintenance records of equipment and the building, quality assurance audits and the minutes of meetings.

Is the service safe?

Our findings

We spoke with people and asked them if they felt safe at Western House and if they knew what they would do if they had concerns about themselves or others in how they were treated. One person told us, “I feel safe here” when we asked them why; they told us, “Because we have the gates closed at night and the staff are here all the time.” A second person told us, “I feel safe in every way here, because of the staff and how they work together.”

Staff were trained in safeguarding (protecting people who use care services from abuse) and knew what to do if they were concerned about the welfare of any of the people who used the service. Staff we spoke with understood their responsibilities with regard to safeguarding. They also knew who to report any concerns about abuse to, and who to approach outside the service if that was required, which would support and protect people.

People’s safety was supported by the provider’s recruitment practices. We looked at recruitment records for staff. We found that the relevant checks had been completed before staff commenced work at Western House.

People’s care records included risk assessments. These were regularly reviewed and covered areas of activities related to people’s health, safety, care and welfare. The advice and guidance in risk assessments were being followed as people told us how they were supported and daily records showed the action staff undertook when risks were identified. People we spoke with were aware of potential risks to themselves due to their mental health and lifestyle choices. They told us that they spoke with staff and health care professionals and were fully involved in decisions about their care. This showed that people’s choices and decisions were supported and that their safety was promoted.

The registered manager spoke to us about ‘positive risk taking’; where by people’s rights to make informed decisions about their lifestyle choices were supported by

the service. The registered manager told us that this approach was to provide people with the opportunity to understand the consequences of any decisions and to enable them to manage their day to day lives. People we spoke with were aware that some of the decisions as to how they lived their lives were not always in their best interests and told us that staff recognised this and provided support to keep them safe.

There were systems in place for the maintenance of the building and its equipment and records confirmed this, which meant people resided within a service that was safe and well maintained.

We found there were sufficient staff on duty to meet people’s needs and keep them safe, with one or two staff members of staff being on duty throughout the day and night. People were supported by the registered and deputy manager and three members of care staff. People told us that the small staff team helped them to feel self and secure. People we spoke with told us staff were available to support them when they needed them and that they were able to talk with them about their health. They told us this included coping mechanisms and strategies to support them with their mental health.

People were supported by the service to manage their own medicines and people told us how they achieved this and that they kept their medicines secure. The registered manager told us that medicine was ordered and delivered to the service and that people using the service self-administered their medicine. Staff were responsible for supporting one person with their PRN medicine (medicine which is taken as and when required). The person’s plan of care identified that the person knew when they required their PRN medicine and requested this from staff.

We looked at the medicine and medicine records of two people who used the service and found that their medication had been stored and administered safely. The registered and deputy manager carried out audits on medicine records and its storage to ensure medicines were being managed safely.

Is the service effective?

Our findings

People were keen to tell us that they were happy at the service as the staff met their needs and supported them as the staff were approachable and knew them well.

Records showed staff had induction and on-going training. They undertook a wide range of courses in general care and health and safety, and those specific to the service. These were recorded within individual staff records. Staff records showed that staff were supervised by the registered or deputy manager on a monthly basis and had an annual appraisal. This enabled the registered manager to be confident that people were working consistent with their expectations and that staff were supported, enabling them to provide the service required by those in residence.

The registered manager used a recognised system for the development of plans of care that had been designed for supporting people with their mental health and recovering from mental illness. The system focuses on specific areas of support, which include living skills, social network, relationships, trust and hope and work. These topics along with others had been used to develop plans of care with people by discussing their needs and by setting themselves objectives and goals which they could achieve.

The registered manager spoke to us about 'positive risk taking', which enabled people to make decisions about their lifestyle choices which may not always be in their best interests, however people at the service had capacity to make informed decisions. Staff were clear that their role was to support people to manage the outcome of the decisions they made and to help people manage their expectations and lifestyle to increase their independence and gain skills.

One person we spoke with told us that staff supported them with the management of their finances and this was part of a plan of care to enable them to develop their skills so that they could consider living independently.

The registered manager and staff understood their responsibilities under the Mental Health Act 1983 and Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The training records we looked at showed staff had attended courses on these areas. People's support was provided consistent with legislation and records kept to ensure people's rights were promoted. Where restrictions had been placed on people as part of

their plan of care by external agencies and authorities these were understood by those using the service. Records showed people had signed plans of care which detailed these restrictions; therefore ensuring people's rights were understood.

The registered manager told us that they looked to support and manage people's lifestyle choices in "using the least restrictive pathway." This showed that the registered manager supports people in a way that does not infringe upon their rights and promotes independence. The registered manager within the PIR stated that consent and confidentiality was a key aspect of their offering care and that decisions and practice was in accordance with the MCA. They recorded that they worked collaboratively with those using the service to achieve both written and oral consent for a range of activities. We found this had been acted upon by people using the service telling us of their involvement with the developing of their plans of care which they signed to show their agreement with the decisions made.

The kitchen was accessible to people using the service with people being encouraged to make drinks and snacks, people in some instances took it in turns to prepare and cook meals for each other if they so wished. People told us that they discussed menu planning at resident meetings. People's plans of care showed that some people chose to shop independently for grocery items, whilst others relied on the registered manager and staff to undertake grocery shopping on their behalf. One person told us, "I cooked spaghetti bolognese today for myself and [another user of the service]."

People's weight was monitored by the registered manager and people using the service were encouraged to eat a healthy diet. One person told us they hoped to lose weight and had taken measures to help them with this, which included taking part in regular exercise.

People told us they were supported to attend health care appointments with a range of health care professionals. People told us that staff accompanied them if they wished to have staff support. People we spoke with told us that the type of appointment they attended determined whether they wanted staff to accompany them.

Is the service effective?

The PIR completed by the registered manager advised us that they felt it is important for every person using the service to have annual health checks and that this is supported by their relationships with their local doctors and other health care services.

People told us they attended reviews with a range of health care professionals which provided them with the opportunity to discuss their plans of care and make changes where agreed with the involvement of all agencies. This showed that people were supported.

Is the service caring?

Our findings

People spoke positively about the staff, their comments included, “Staff are kind and considerate, it’s like a family run unit, you can go to them anytime.” Whilst a second person told us, “I find the staff very approachable, relaxed and helpful.”

People who used the service had contact with relatives and friends who were encouraged to visit Western House, people also told us they visited family and friends, which included staying away overnight.

Staff had a good understanding as to people’s previous lifestyle experiences and how these experiences had impacted on their mental health. We observed people being supported by staff throughout our inspection who were available to talk about things that were important to them. The support included the preparation of a meal, liaising with external agencies, which included a potential employer for someone using the service.

Positive and caring relationships between those using the service and staff were encouraged by the registered manager and comments from people using the service reflected this. We were told by the registered manager that people who use the service and staff go out socially together and that these events include meals out, bowling and days trips and were part of people’s plans of care for social inclusion.

People’s plans of care were signed by them and a member of staff. People told us they were involved in all decisions about their lives and told us, “We’re consulted about all aspects of our care.” And, “We talk about our aims and goals for our development with the staff.”

One person told us how the staff had improved their life, they told us, “My health has improved, I now go out amongst people again, swimming and that.”

People we spoke with told us they were consulted about all aspects of their care, one person told us, “Staff always ask our view, they never do anything without consulting us.”

People told us they cleaned their own bedrooms and did their laundry with staff support where needed.

Prior to the inspection visit we sought the views of health care professionals regarding the service provided at Western House. They advised us, ‘There is an emphasis on personalised care and a definite feel of genuinely caring for their service users. There is an emphasis on promoting independence and for service users to identify their own goals and achieve them in a timely manner.’

People told us that the staff promoted their privacy and dignity. One person said, “We’re treated with dignity and respect.” Whilst a second person said, “The staff are not at all judgemental.” A third person spoken with told us, “The staff are very friendly, proactive in listening to you and treat you as an individual.”

People’s privacy was supported by their having independent access to the service, which included a key to their bedroom. People had mobile phones which promoted their independence by being able to liaise with people they wanted to whenever they wished.

Is the service responsive?

Our findings

People we spoke with told us that they visited Western House before making a decision to move into the service and had the opportunity to meet those already using the service and the staff. People were supported to move into the service gradually by undertaking visits which included overnight stays. People told us staff had visited them in their previous place of residence which had helped them to get to know the staff.

People's comments included, "I had a look around, had some overnight stays and staff visited me in hospital. I was given information about the service; the staff sat with me and spoke about the service and the contract. The contract states what the service expects from you and what you can expect from the service." A second person told us, "I had a good look around, it was a nice place and it turned out to be a good plan for me". Whilst a third person told us, "I chose this one [service] as it seemed a nice place to live for a while, get my head down before I move on."

People's records were personalised and reflected the needs of the people using the service. Records contained information about their health, personal care, and social needs. There was also information about people's chosen lifestyles, choices and preferences. People's plans of care included information as to the 'triggers' which would help staff identify that a person's mental health was deteriorating along with information as to how people could be supported by staff. This included information as to how staff should respond, which included talking with people and suggesting distraction techniques, such as listening to music, watching television or taking part in physical activities as this provided a distraction.

Staff supported people in gaining confidence by providing encouragement and reassurance that enabled people to access the wider community. People told us that they went swimming, used local bus services, shopping, played pool and cycled. People accessed specialised services for people with mental health needs as part of their recovery package within the wider community.

One person we spoke with told us they had been offered temporary work that they hoped would support them with the management of their mental health by providing

structure and purpose. The registered manager had spoken with the person's employer at their request as part of the support the person had identified they needed, showing the service was responsive to people's needs.

A second person told us they undertook voluntary work at a local charity shop. They told us they enjoyed this and that it had helped them gain experience in preparation they hoped for paid work in the future.

A third person told us they had applied for their provisional driving license and were hoping to undertake driving lessons in the very near future. They told us they had spoken with staff and had identified this as a personal goal. The person's plan of care confirmed what the person had told us and staff were able to speak to us about the support and encouragement they had provided.

Records showed people maintained contact with their relatives and that they were an important part in working alongside staff at the service. We observed the registered manager speaking with people's relatives to ensure that people were supported in a way that met their needs this demonstrated an inclusive approach to supporting people that was effective.

The registered manager within the PIR stated the importance for people using the service to have positive contact with their families and that this was encouraged and supported, rebuilt and maintained if appropriate

The registered manager provided information to people about the service which was included within the contract the person signed when moving into the service. Information was also made available as to people's rights and expectations of the service, which included how to raise concerns. Records showed that concerns were recorded, which had included people speaking about how others they shared their lives with affected them. The registered manager had recorded how the concerns had been managed and resolved to everyone's satisfaction.

People were confident that they could raise issues of concern with the staff. A person told us, "Staff ask if things are working, always asking if you are happy with what's going on." Another person told us, "I have a leaflet upstairs in my room which is about making a complaint and how it would be looked at."

Is the service well-led?

Our findings

People told us they found meetings to be useful as it kept them apprised of what was going on. Records showed people were involved in how the service was run. They held regular meetings and discussed aspects of the service that were important to them including personal responsibility for, meal planning and cooking and general issues arising from sharing accommodation with others. Meetings were also used to advise people of their rights and the role of external organisation which included the CQC. People we spoke with told us that they knew about CQC and why we visited services, this showed that the service promoted an open and positive culture based on transparency.

People's comments included, "They [staff] provide a service that is more than good enough, it's excellent."

Positive professional relationships with staff provided people with the opportunity to openly discuss their health with staff, with confidence that their views would be listened to and that they would receive support to manage their mental and physical health. One person said, "Staff are always available to talk."

Staff attended monthly meetings and received support through monthly supervision and annual appraisal, this enabled staff to comment on the service they provide. In addition to the registered and deputy manager the service employs three members of staff, this small but consistent group of staff promoted a 'Homely and friendly' culture which those using the service responded to well. This meant people were comfortable in approaching staff as positive relationships had been built up based on trust and respect.

A person when asked about the management of the service told us, "Its smooth running."

A health care professional advised us, when we sought their views, 'I believe the service is well led with a good ratio of qualified staff.'

We spoke with the registered manager and asked them what their vision and values for the service were. They told us, "We look to empower, maximise people's potential so they can succeed and live independently. We work collaboratively with people who use the service and their families. Look at people as individuals and provide support that is tailored to suit each individual."

People who use the service, their relatives and external health and social care professionals had questionnaires sent to them by the registered manager, which sought their views as to the service provided. Visitors were also encouraged to comment on the service within the 'visitors signing in book'. People's comments had been made available and could be viewed on the services website. Questionnaires we viewed recorded positive comments. We spoke with the registered manager about how the service could further develop people's involvement by sharing the outcome of questionnaires with all relevant agencies. They told us this was something they would introduce.

The registered manager through staff meetings had discussed with staff the inspection methodology and process of the CQC and how they as a staff team could show they met the required standards of care. This showed that the registered manager looked to provide a positive environment for staff, to increase their awareness and understanding to ensure the service they provided was of a high quality.

The registered manager was able to demonstrate how they had developed and improved the service when incidents had occurred. Incidents recorded showed where people's lifestyle choices had impacted on their welfare. These incidents were used by staff to provide the appropriate support to people, which included speaking with them, their relatives and health care professionals to ensure the service continued to meet people's needs.

The registered and deputy manager had a schedule of audits which were carried out that focused on all aspects of the service which included medicine management, record keeping, and physical health checks for people using the service and staff supervision. This ensured that policies and procedures were being followed and that improvements if identified were made.

Commissioners who referred and organised the funding for people who used the service were asked by CQC to comment on the service. They advised us, 'We have found Western House to be effective in helping people re-establish their independence following periods of hospitalisation. We believe the service is caring and is able to focus on individual need probably by virtue of the fact that it is relatively small scale.' Another commissioner advised us, 'I have always considered the accommodation and staff to be excellent, staff are responsive and

Is the service well-led?

communicate effectively with myself, staff appear to be caring and seem to offer appropriate care and will raise issues of concern. Young people I have known who have been accommodated there have always spoken positively about their time at Western House.'