

Jeesal Residential Care Services Limited

Westbrook 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 ●

Summary of findings

Overall summary

About the service: Westbrook House provides accommodation, care and support for up to six people with a learning disability. It is a three storey house close to the seafront in Cromer. There were five people living at the service on the day of inspection.

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

People's experience of using this service:

- People and their relatives made positive comments about the care provided at Westbrook House. Comments included, "I am happy here and I have a big bedroom," and, "I have always been pleased with the service, it is first class."
- Measures were in place to ensure people and the environment they lived in was safe.
- People's health was well managed and there were links with other services to ensure that individual health needs were met.
- People received their medicines when they needed them.
- Staff were recruited safely and staffing levels were sufficient to meet people's needs.
- Staff were knowledgeable and were kind, caring and patient.
- People were treated with dignity and respect.
- Staff knew people well and had developed meaningful relationships with them. Support was provided in a person-centred way based on people's preferences.
- The outcomes for people using the service reflected the principles and values of 'Registering the Right Support'. People were supported to be as independent as possible and given opportunities to participate actively within their local community.
- People were supported to have maximum choice and control in their lives and staff supported them in the least restrictive way.
- People could take part in a range of activities which promoted their wellbeing.
- The service was well managed and staff felt supported.

Rating at last inspection: Good (report published 29 March 2016)

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor all intelligence received about the service to ensure the next planned inspection is scheduled accordingly.

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.

Westbrook House

Detailed findings

Background to this 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

Westbrook House is a care home which is registered to provide accommodation and personal care for up to six people with a learning disability. 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.

Notice of inspection:

We telephoned the service on the day of inspection to check that people would be at home before we visited.

What we did:

Before the inspection, we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about. We assessed the information we require providers to send us at least once annually, to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with one person using the service, one relative and three members of care staff. We also spoke with the registered manager and the deputy manager. We looked at records in relation to people who used the service including support plans, risk assessments and medication records. We looked at records relating to recruitment, training and systems for monitoring quality and at questionnaires providing feedback from professionals involved with the service.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff had been trained in safeguarding procedures and knew how to recognise abuse and protect people from the risk of abuse. There was information displayed about how to act upon or escalate concerns about potential abuse.
- The registered manager understood their responsibilities to safeguard people and any concerns were acted on to make sure people were protected from harm.

Assessing risk, safety monitoring and management

- Risk assessments were in place covering areas such as accessing the community, bathing and choking to provide guidance for staff on how to safely support people.
- Where people could become anxious or distressed, staff knew how to respond to reduce the distress or the risk of injury to the person and others.
- Environmental risks were identified, assessed and well managed.
- Equipment such as the fire alarm system was checked to ensure it was fit for purpose.
- Evacuation plans were in place to guide staff how to support people in the event of an emergency.

Staffing and recruitment

- There were enough staff to meet people's needs and staff had time to spend with people to ensure their well being, and enable them to participate in activities that they enjoyed.
- Where people required support from an allocated member of staff, to ensure their safety, one to one staffing, this was provided.
- Recruitment systems continued to be effective and ensured suitable people of good character were employed to work at the service.

Using medicines safely

- People received their medicines when they should, in a way that they preferred and staff checked people were happy to take their medicines before administering these.
- There were systems for ordering, administering and monitoring medicines. Medicines were kept securely and records were completed correctly.
- Staff received training in medicines administration and had their competency checked to ensure their practice was safe.
- The registered manager was aware of 'Stopping Over Medication of People' (STOMP) best practice guidance, which meant people with a learning disability, autism or both were not over medicated with psychotropic medicines. This had resulted in a reduction of the use of these types of medicines for one person with positive effects.

- The local pharmacy completed a yearly audit of medicines and processes to ensure medicines were given using best practice guidance.
- Guidance for staff to follow for 'as required' medicines that had a variable dose was not in place. There was no impact on the people being supported as the staff team knew them well and adjusted the dose accordingly. The registered manager took immediate action and ensured that guidance was in place for staff to follow if required.

Preventing and controlling infection

- The environment was clean and fresh.
- Staff completed training in infection control.
- Information about how to prevent the spread of infection was available in the service and was being followed.

Learning lessons when things go wrong

- Accidents and incidents were recorded and monitored by the registered manager. Action was taken to prevent any future re-occurrence and to ensure continuous improvement.

Is the service effective?

Our findings

At the last inspection on 10 February 2016, we rated effective as requires improvement as mental capacity assessments had not been completed for people who were unable to make their own decisions. At this inspection, improvements had been made.

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

Good: 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 regularly reviewed and included goals people hoped to achieve from their planned care and support.
- Support plans contained information about people's individual needs and included their preferences in relation to culture, religion and diet.
- The registered manager supported staff to provide care in line with best practice guidance.

Staff support: induction, training, skills and experience

- On joining the service, staff received an induction which provided staff with the knowledge and skills needed to support people effectively. One staff member said, "I had a very robust induction of two weeks and did some training courses as well."
- People were supported by skilled and knowledgeable staff who received ongoing training and knew how to provide effective support to maximise people's wellbeing.
- Staff felt well supported and were given opportunities to review their individual work and development needs through regular supervision.

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

- Staff supported people to eat and drink enough to maintain a balanced diet, and people chose what they ate.
- Staff had a good awareness of people's dietary needs and preferences.
- Staff were aware of people's needs in relation to risks associated with eating and drinking and followed guidance from healthcare professionals.

Staff working with other agencies to provide consistent, effective, timely care

- Where additional input was required to promote people's wellbeing, referrals were made to appropriate professionals and recommendations were acted on.

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

- People's rooms were personalised and reflected their personal interests and preferences.
- The environment was accessible, comfortable and decorated with photos that showed people

participating in activities. Artwork produced by people living in the home was displayed.

Supporting people to live healthier lives, access healthcare services and support

- People had a Health Action Plan (HAP) in place which provided an overview of people's healthcare needs and provided important information to healthcare professionals such as the GP or hospital staff on people's communication needs, their likes and dislikes and how they liked to be supported.
- People were supported to maintain good health and medical appointments were recorded.
- People received an annual health check and their health and medication was reviewed at regular check-ups with their GP.

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. Staff had a good understanding of the MCA and understood the importance of gaining consent before providing support.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). Where people were deprived of their liberty, the registered manager worked with the local authority to seek authorisation for this.
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.
- Decision specific mental capacity assessments were completed. Where people did not have capacity to make a decision, this was made in their best interests.

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Staff provided support and reassurance as required and treated people with kindness and compassion.
- Staff had developed meaningful relationships with those living at Westbrook House and had a good awareness of people's individual needs and preferences.
- People's information and communication needs were assessed and recorded.
- Staff adapted their communication style to ensure that people could understand and express their individual needs, according to their communication support plans.

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

- People were asked for their views through tenants meetings which were chaired by people living at the service. Subjects discussed included day trips and menus and these views had been listened to and acted upon.
- Staff were patient and gave people the time they needed to understand and respond to requests and to make decisions. People's preferences and choices were respected. For example, one person was encouraged to eat the salad that they had for lunch. When they made it clear that they did not want to eat it, this choice was respected.
- Where one person was unable to communicate their views on the support they received, an independent advocate was involved to ensure that the person's best interests were central to any decision making.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to do what they could for themselves including participating in cooking and cleaning. One person said, "I am independent so I do my own thing. Staff polish my room and I sweep and mop the floor and I make my own food and choose what I want to eat. "
- Staff treated people with privacy, dignity and respect and provided compassionate support in an individualised way. Where one person became upset, staff gave them space and discreetly re-directed them to their bedroom.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People participated in a range of activities to meet their individual needs and enhance their well-being including sailing and bowling. One professional commented, "People have a variety of activities and opportunities available to them including creative, educational, music and sport to suit each individual."
- People's likes, dislikes and what was important to the person were recorded in person centred support plans which reflected their physical, mental and emotional needs.
- People's care and support was regularly reviewed and changes made as required to meet people's needs.
- People were encouraged to be part of their local community and accessed local shops and resources. One person volunteered at a local day centre which they told us they enjoyed.
- The registered manager identified people's information and communication needs and was aware of the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in support plans. These needs were shared appropriately with others.
- Information was available in easy read format to aid people's understanding and included support plans, menus and safeguarding information.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place and a pictorial version was on display to aid people's understanding. This detailed how people could make a complaint or raise a concern and how this would be responded to.
- Complaints which had been received, had been investigated thoroughly and where required, action taken to prevent re-occurrence and ensure that the service continuously improved.

End of life care and support

- No-one was currently receiving end of life care, however the management of the service knew how to access support from other healthcare professionals should this be required.
- Some people had recorded their preferences and wishes about their end of life care.

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

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

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People, their relatives and professionals were positive about the service. Comments included, "I am happy living here," and, "The registered manager is approachable, they keep in regular contact and keep me updated about every little thing."
- Regular quality audits of the service took place to check practices and records were maintained to a good standard and were effective.

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

- A deputy manager had been recruited to provide additional support to the registered manager who was managing two services. The management team had a good oversight of what was happening in the service, and demonstrated knowledge of all areas.
- The registered manager understood their responsibilities and kept up to date with best practice through networking with other managers across the organisation and the use of the internet. They reported to CQC appropriately and submitted any statutory notifications that were required.
- The staff team were clear about their roles. One staff member said, "Everyone knows what they are doing."
- People could access the latest CQC inspection report and the rating was displayed in the service. In addition, the inspection rating and a link to the report was available on the registered provider's website. The display of the rating is a legal requirement, to inform people who use the service and those seeking information about the service of our judgements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a positive and motivated culture within the service and staff worked well together. The registered manager recognised the hard work of the staff team and provided praise and encouragement as evidenced by team meeting minutes and supervision notes.
- Staff were positive about the registered manager, felt that the service was well led and that the registered manager was supportive. One staff member said, "[Name] is a really good manager and are always looking for things that could be done better."
- Staff meetings were held and issues such as people's holidays and medicines were discussed.
- The registered manager and the staff team knew people well which enabled positive relationships and

good outcomes for people using the service.

- People and those involved with the service completed an annual questionnaire to provide feedback about the service. The feedback received was positive. Comments included, "[Registered manager] maintains stability by supporting and enabling staff to empower the tenants." And, "The service are always responsive to the individual needs."

Continuous learning and improving care

- Information gathered from audits and from the review of incidents and accidents was used to develop the service and make improvements.
- Staff felt they could contribute to improving the service. Comments included, "If I raise issues, these are listened to and acted on." The deputy manager explained that changes had been made to the way that the food shopping was done so that it better suited those living in the service.
- The registered manager had an open and positive approach to feedback and to developing the service. A development plan was in place and action taken in line with identified timescales. Areas for development included further decoration of the environment.

Working in partnership with others

- The registered manager and staff team shared information and worked with other professionals such as SALT (Speech and Language Therapy) and the community learning disability team to ensure positive outcomes for people.