

Leonard Cheshire Disability

Westmead - Care Home Physical Disabilities

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 24 and 28 March 2017 and was unannounced. When we inspected this service in September 2015 we found recruitment practices did not fully protect people. We therefore rated Safe as requires improvement and issued a requirement. We did not receive a provider action plan. At this latest inspection we found the service had not met this requirement. This was because we found one staff member had been recruited and started work before all their checks and references had been obtained. Westmead is registered to provide accommodation and support for up to 19 people with physical disabilities. At the time of the inspection there were 15 people living at the service.

Since the last inspection the registered manager has left this post to take up another post within the same organisation. A new manager had been appointed who was in the process of registering with CQC. He was new to this type of service but had a mentoring and support network set up by the provider.

We found that in recent months there were not always sufficient staff available to meet the needs of people in a timely way, or to ensure their social needs were being fully met. This was because of staff sickness and annual leave. Some people who lived at the service said they were unhappy with the staffing levels and had made their concerns known to the manager. We were assured these issues were being addressed and any gaps in staffing rotas would now be filled with agency staff where possible. We also heard there had been a recruitment drive to ensure there were sufficient staff to cover sickness and leave in the future.

People said they felt safe and were confident staff knew their needs. Relatives were also confident people's needs were being met and that staff were kind caring and compassionate towards people. Dignity and privacy were respected, although we made one recommendation about ensuring people's dignity was maintained at all times.

Staff had the right skills training and support to do their job effectively. They understood how to protect people's human rights, offer choices and ensure people's preferred routines were honoured. Risks had been fully considered and reviewed on a regular basis to ensure care and support was delivered safely.

Staff understood what may constitute abuse and how and to whom they should report any concerns to. Complaints were investigated and resolved, with actions taken clearly recorded.

Medicines were well managed and kept secure. People received their medicines in a timely way and where errors were noted, staff acted quickly to ensure people were not at risk. People were offered pain relief and received their medicines on time.

People were offered a variety of meals and snacks to ensure good health. Where people were at risk of losing weight due to their health condition, staff monitored what they ate closely. Mealtimes were seen as important social events and staff offered support in a relaxed and unhurried way.

People, visitors and staff were all able to voice any concerns or suggestions to help improve the quality of the service provided at Westmead. Systems were in place to monitor and review the quality of the service, as well as to ensure the environment and equipment was well maintained and safe.

There were two breaches of regulation. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

Some aspects of the service were not safe.

Recruitment practices did not ensure people were fully protected from the service employing people who may be unsuitable to work with vulnerable people.

There were not always enough staff with the right skills to meet people's needs.

The risks to people were assessed and actions were put in place to ensure they were managed appropriately.

Medicines were well managed.

Staff knew their responsibilities to safeguard vulnerable people and to report abuse.

Is the service effective?

Good 

The service was effective.

People were supported by staff who were trained and supported to meet their physical, emotional and health care needs.

People were enabled to make decisions about their care and support and staff obtained their consent before support was delivered. The staff team knew their responsibility under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards to protect people.

People's dietary requirements were well met and mealtimes were unrushed and enjoyable for people.

Is the service caring?

Good 

The service was caring.

People were treated with dignity, kindness and respect.

People were consulted about their care and support and their wishes respected.

Is the service responsive?

The service was responsive most of the time. Low staffing levels in the recent months had meant people were not afforded as many opportunities to pursue their interests and access the local community as previously when fully staffed.

Care and support was well planned and any changes to people's needs were quickly identified and acted upon.

People or their relatives concerns and complaints were dealt with swiftly and comprehensively.

Requires Improvement 

Is the service well-led?

The service was not always well-led. The service had not met a previous breach in regulation.

The manager was new to the service and was working towards supporting their staff team and promoting an open and inclusive culture.

People's views were taken into account in reviewing the service and in making any changes.

Systems were in place to ensure the records, training, environment and equipment were all monitored on a regular basis.

Requires Improvement 

Westmead - Care Home

Physical Disabilities

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 checked 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 24 and 28 March 2017 and was unannounced. The first inspection day was completed by an adult social care 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 care service.

During the first day we spent time observing how care and support was being delivered and talking with people, their relatives and staff. This included 6 people using the service, five relatives and friends or other visitors, and 11 staff. This included care staff, chef, domestic staff, registered manager and the administrator.

On the second day, one inspector spent time looking in more detail at records relating to people's care as well as audits and records in relation to staff training and support. We looked at four care plans and daily records relating to the care and support people received. Care plans are a tool used to inform and direct staff about people's health and social care needs.

We also used pathway tracking, which meant we met with people and then looked at their care records. We looked at four recruitment files, medication administration records, staff rotas and menu plans. We reviewed audit records relating to how the service maintained equipment and the building.

We looked at all the information available to us prior to the inspection visits. These included notifications sent by the service, any safeguarding alerts and information sent to us from other sources such as healthcare professionals. A notification is information about important events which the service is required

to tell us about by law.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Following the inspection to spoke with a further two relatives and contacted two health care professionals to gain their views about the service. We did not receive any feedback from professionals.

Is the service safe?

Our findings

When we inspected this service in September 2015 we found recruitment practices did not fully protect people. This was because two staff recruitment files out of three we looked at showed staff had been recruited to work before all their checks had been completed. This meant the service had not fully ensured new staff were suitable to work with vulnerable adults. Following this inspection we asked for an action plan, but have no record of receiving this.

At this inspection we found one staff member had been recruited and started work before all their checks and references had been obtained. The service had not followed its own recruitment processes to ensure that at least two references were obtained prior to the person being recruited into the position. One reference was obtained but only contained details of the dates the person had worked at the service. The second reference was obtained after the staff member had started working. This meant the provider had not assured themselves the staff member was of good character and suitable for the post, as there were no character references available prior to their commencement in post. The Disclosure and Barring Service check (DBS) had not been returned and the provider had confirmed they did not request DBS first check to ensure the person was not on the register of people assessed as being unsuitable to work with vulnerable people. The service had completed a risk assessment to say that as their DBS check had not yet been returned, the person would not have direct contact with people who used the service. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

This is a continued breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Three other recruitment records were reviewed and had the appropriate checks and references to ensure the new members of staff were suitable to work with vulnerable people.

People said there were not always enough staff on duty to meet their needs. One person said "I've complained about not having enough staff and I'm told that I have to bear with them as they are dealing with it." Another said "We need more staff, simple as that." Staff told us there had been a reduction in the staffing levels as they had three vacancies. This had then been compounded by the fact that through January to March there had been lots of staff sickness and staff taking annual leave. There was no tool being used to decide on the number of staff needed to meet individual's assessed needs. We saw that on some occasions, there were only three staff available per shift and this was reduced to two staff members on some occasions where staff had been asked to cover sickness, but could not cover whole shifts. We were concerned that people's needs may not be met in a timely way. However the provider sent us information about how promptly call bells were being responded to between the periods of January to March 2017. This showed that bells were answered quickly. People's social needs were not being met. Three staff per shift meant limited numbers of people being able to be assisted to go out into the community. One person said they felt safe despite the low staffing levels at times. They said "They always make sure I have my call bell on hand, that makes me feel safe." Another told us "It's the friendliness of the staff that I feel is reassuring."

Staffing rotas showed there were at least two to three shifts each week where the staffing levels had been below what the provider had decided were the right number to meet people's needs. The prescribed number of care staff per shift was five including the senior care worker each morning and four each evening. Previously when occupancy had been near full the prescribed number of care staff had been six each morning shift and five each evening shift. Most people required at least two care staff to assist them safely with their personal care needs and to transfer safely from chair to bed and vice versa. Four care staff felt people at potential risk when they were short staffed. The manager said they were trying to address the shortages of staff with additional recruitment, and were following their human resources processes to look at sickness absences. They were also using agency staff to fill any known gaps. Up until the day of our inspection, there was no evidence that agency had been used, or that an analysis of gaps and shortages in staffing rotas had been looked at to ensure agency were contacted in reasonable time to fill any gaps. We were assured that any future gaps in the staffing rota had been relayed to an agency to ensure agency staff were available to fill gaps for April. The manager also said they had several new staff due to start who once had been inducted and had completed shadow shifts, would help with ongoing long term staff sickness gaps.

This is a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Two staff members had said that on occasions when they had been short staffed they had asked the manager to assist to ensure people's safety at lunchtimes. One staff member said "It was clear we were going to struggle to safely assist everyone to eat their meal, but the manager had to be asked to come down from their office to assist. I understand they have their job to do, but these guys (people who live at the service) come first and if we are short staffed then we need all hands on deck." We fed this back to the manager and since the inspection they have been spending more time helping cover shifts.

People were kept safe because staff understood what risks related to each individual and worked in a way to minimise those risks. For example, where people had been assessed as being at risk of developing pressure areas, risk assessments identified what equipment and support people needed to minimise this risk. This included the use of pressure relieving equipment and where people were less mobile, instructions for staff to ensure people were assisted to change position on a regular basis. This helped to reduce the risk of developing pressure areas. There was detailed and photographic information and instructions for staff to follow to ensure people were positioned safely for sleep and bed rest. The service liaised closely with occupational therapists and physiotherapists to ensure the right moving and handling assessments and equipment were used to keep people safe. One person said they had recently agreed to have a tracking hoist fitted in their bedroom because they were no longer safe to transfer without this hoisting equipment being in place.

Staff understood how to identify possible concerns and abuse and knew who they should report this to. They confirmed they had received training regarding safeguarding. There had been three safeguarding alerts raised by the service since the last inspection. These had been investigated appropriately to ensure people's ongoing safety.

Medicines were well managed and people received their medicines at the time they were prescribed to be given. Records for medicines were completed appropriately and consistently. Each person had a safe in their room where their medicines were stored. The records for administration were held in these individual safes. We observed one staff member administer medicines during the lunchtime period. They followed the home's policy and procedures and administered and recorded in a safe way. We checked some medicine stock against what the medicine records evidenced. There was no one on medicines which required

additional measures to keep them safe, but facilities were available if this was needed. The total amount of medicines matched what was recorded as being received into the service. We saw people were offered additional pain relief. Where "as needed" medicines were prescribed, there were protocols to assist staff to decide if and when these should be administered. One person said "They make sure I have my medication in the morning, afternoon and evening."

The environment was kept clean and free from infection. There was sufficient protective clothing and gloves available for staff to use and we observed good infection control procedures such as regular hand washing during the days we inspected.

Accidents and incidents were reported and reviewed to identify ways to further reduce risks. They were monitored to identify any trends related to accidents/ incidents, falls, complaints and medication errors. These were kept electronically and reviewed by the provider as well as the manager. There were regular checks of all safety aspects at the home, including fire safety, hot water monitoring, checks on legionella and window restrictors. The maintenance person had weekly and monthly schedules of checks which also included vehicle maintenance. Individual risk assessments regarding fire safety (PEEPS) were also completed.

Is the service effective?

Our findings

People were confident staff knew them well and understood their needs and complex physical conditions. One person said "I feel as I know what the staff are doing, I'm never ill."

People received effective care, based on best practice, from staff who had the knowledge and skills they needed to carry out their roles and responsibilities. Staff confirmed they had access to good training which included all aspects of health and safety as well as more specialist areas such as epilepsy, bladder and bowel management and wound care. One staff member said "I think the training is good, I would like to progress with my diploma and have asked about this. I think they will support me." Another staff member said "We have a mixture of on line learning and some face to face training. We have a training person who delivers things like safe moving and handling."

New staff had an induction which followed national guidance. Where they were newer to care, staff were required to complete the Care Certificate. This training was introduced as a national standard, which covered all aspects of care to help care staff understand their role and do their job effectively. They were also offered shadow shifts to work alongside more experienced staff so they could get to know the role and get to know people living at the service. Staff confirmed they were supported as newer members of the team. One staff member said "Although I wasn't new to care, I hadn't worked with younger adults with physical disabilities before. Some of the sleep systems and hoisting equipment is very complex and you really need to know what you are doing. We work in pairs most of the time and try to make sure newer staff work with more experienced staff."

Staff confirmed they were offered support and guidance to do their job effectively. This was done via one to one meetings, annual appraisal with their seniors and in team meetings and handover meetings.

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.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met. We were told no one lacked capacity and no DoLS had been applied for. Staff had received training in the MCA and knew how to ensure people's choice was maximised. Staff ensured people gave consent before they delivered personal care. We saw examples of this in practice in the way medicines were being administered and in the way people were being supported to eat their lunch.

People were supported to enjoy a healthy balanced diet to help ensure their health. The cook explained that they provided a varied menu, taking into account people's likes and dislikes. She was aware of who was on a modified diet due to risk of choking. The weekly menus showed a wide choice of options for people to choose from. Where people were at risk of poor nutrition and hydration, records were maintained to record what they have been given each day. People who required additional calories were offered foods with extra cream and butter. Where people needed to have a reduced calorie diet, alternatives were offered. People were complimentary about the meals. Comments included "There's a great choice of food, I love it." And "We can even have snacks through the night." One person said they were vegetarian and said "The vegetarian options are lovely, very tasty." We saw snacks and drinks were available to people throughout the day and evening.

People had access to healthcare and were encouraged to stay healthy through being active, healthy eating and monitoring of their general well-being. Daily records showed people had access to a variety of healthcare professionals, including their GP, community nurses, opticians and chiropodists. The service employed a physiotherapist assistant and was looking to employ a physiotherapist. This would help ensure that people had the right exercises and support for their complex physical needs.

Is the service caring?

Our findings

People were positive about the staff who supported them. One person said "We have nice friendly staff here." Another said "I get on really well with all the staff." And a third said "The staff are good to talk to, they sort out my problems." Acts of kindness were observed throughout the day with examples of staff helping people and talking and laughing with them.

In the afternoon, one person sat alone in the lounge area, while other people and staff were playing a quiz in the dining room. Over a period of approximately twenty minutes staff walked past this person without recognising or talking to this person, which appeared to show a lack of care. When we fed this back to the manager, we heard how the person liked their own space and enjoyed listening, but did not enjoy participating in group activities.

Relatives said staff showed a caring and compassionate attitude. For example one relative said "The staff are all lovely, very caring, we have no concerns about that."

Staff understood the importance of offering people choice and respecting people's wishes. Staff were able to describe how they ensured people were afforded as much choice as possible in the way they delivered care and support. It was clear people's wishes in how they chose to spend their time and what they enjoyed doing were honoured and respected by staff. For example, one person preferred to stay up late on their computer and lie in till after lunch. This same person was seen to be offered his lunch at 2.30 in the afternoon, which showed their wishes were respected.

Staff were able to describe how they were providing care and support in a way which ensured people's privacy and dignity. We saw examples of where people were being treated with respect and dignity and people confirmed that this was the case. However, we noted that in two bedrooms people's continence pads were openly on view.

We recommend that the service considers people's dignity at all times and ensure that continence aids are stored away.

Staff spoke about people as individuals, knew their social histories and who was important to them. What was important to the individual was understood and known to staff, which helped them develop strong bonds and meaningful relationships with people. For example, staff talked with people about hobbies and interests which were important to them. One staff member joked about the football results to a person who was a keen supporter. They enjoyed gentle banter. One person was assisted to move to a bigger room as they were a keen artist and the larger room provided more space for their artwork.

There were lots of thank you cards and compliments. Comments included "Thank you for all your kindness, for keeping us so well informed." Another said "Thank you for a great day out in Minehead."

Is the service responsive?

Our findings

People and their relatives gave us positive feedback about how the service was responsive to people's physical needs. One relative said "They are very good, I have no complaints. They try to make sure people have different things to do and this is well supported by the group of volunteers who come in to help." However, shortages of staffing on some days meant that the service was not being responsive enough to people's social needs. One person said "There are not enough activities for a person of my age." Another told us "I've made complaints about there not being enough staff, but nothing seems to be done about it." Two people we spoke with had complained about the issue of staffing. One of those people said they thought it was affecting their lifestyle to go out of the home more, due to the staff shortage. Both these people had raised the issue with the management and were told that they had to bear with them as they were dealing with it. People had been responded to via discussion with the manager. We heard there were plans in place to ensure more staff were available to give people the opportunity to go out more. This included recruiting additional team leaders and staff who could drive. In order to attract skilled staff, the provider had agreed to enhanced pay rates for all care workers, which had helped with the number and quality of new recruiters. The manager also shared their action plan, which stated more planned activities and trips out would be achieved by the end of May 2017. This was when they anticipated more staff being employed, including staff who could drive the provider vehicles.

The service employed a part time volunteer's coordinator whose role was to recruit, train and support volunteers to assist people with activities and outings. On the first day of the inspection, for example, two volunteers were helping with the celebrations in connection with Red Nose day. One had offered manicures and nail painting to people and one had helped with baking red nose cookies with people. Both activities were seen to be enjoyed. Later in the day there was a red nose day quiz which most people attended. On the second day of our inspection one person told us they were going out for lunch with a volunteer. Another person talked with us about a holiday on a cruise which had been planned for them and another person. Staff said holidays were organised for people if they wished to be supported in taking holidays. This was dependent on their finances because they were required to pay for the additional care hours needed to ensure their safety and comfort on holiday.

People's diversity and cultural needs were being considered. For example, one person told us that a Quaker visited them in their room for peace and meditation practice. Another person said when possible, a staff member would take them into the local town to do some shopping for her hobby of arts and crafts. People were able to have visitors whenever they wished and where possible people were assisted to stay in touch and visit family and friends.

Care records detailed people's personal and healthcare needs and were updated and reviewed regularly by key workers and senior staff. This meant staff knew how to respond to individual circumstances or situations. Care files included people's preferred routines and current assessed needs. This covered personal care, general physical health, mobility, risks and communication. Staff confirmed they referred to people's plans to ensure they delivered the right care in a consistent way. The manager said they were updating plans to ensure they were more person centred.

There were regular opportunities for people, their families and friends to raise issues, concerns and compliments. This was through on-going discussions with them by staff, their keyworker and by the provider's personalisation and involvement officer. This was a staff person who worked across a number of the provider's services and acted as an advocate for people. People were made aware of the complaints system, which was written in an easy read format. There were also regular meetings held to enable people and their relatives to discuss their views and suggestions.

We saw that complaints and concerns were taken seriously and investigated and responded to. Two people we spoke with felt the response to their concerns were not fully responded to, but the manager was able to show details of how complaints had been handled appropriately.

Is the service well-led?

Our findings

The registered manager who was in post at the last inspection had taken up a different post for the same provider. The new manager began working at the service in January 2017. They were new to this type of service and was in the process of registering with CQC. People said they were getting to know the new manager and comments included "The new manager is cool." And "The manager has an open-door policy and you can talk to him about anything." Relatives we spoke with following the inspection said they had met the new manager. One said "He seems very approachable and has some good ideas, we just hope he stays."

At the last inspection we issued a requirement for safe recruitment. This requirement has not been met, as we found unsafe recruitment processes during this inspection. This meant the service leadership had not acted to ensure compliance with the regulation.

The provider had various ways of reviewing the quality of care and the way the service was being run. The area operations manager was providing regular support and visits to the service as the manager was new. They had also given the manager a named peer support. This was another manager who was experienced and had been a registered manager of one of the provider's other services for a long time. The manager said they also had a system whereby other managers visit other services to do checks on audits. The provider also had a quality audit department who completed quarterly audits on each service. This involved looking at records, talking with people and staff. The personalisation and involvement officer also met with people to see if they were happy with the service.

Staff said their views and suggestions were listened to, but not all staff had felt valued or appreciated for the work they did. Some staff had worked additional hours and shifts to help cover shortages. Some staff felt this was not always recognised. One staff member said they felt under pressure when they were short staffed, but was unable to help frequently, due to their own commitments at home. Staff said they did have meetings, one to one supervisions and appraisals where their views and opinions were recorded.

Questionnaires were used to gain the views of people, staff and others. These were collated and any themes were reviewed and actioned. For example, where people had said they wanted changes to menus, this was listened to and menu changes made.

The service worked proactively with other organisations to ensure that they were following best practice. For example, working closely with the physiotherapist to ensure people had the right exercises and equipment to support their complex physical needs. They also worked with the community nurse team when people had nursing needs such as pressure sores, wounds and other health issues.

The manager and provider understood their responsibilities in respect of duty of candour. Where they had reviewed incident reports or complaints and concluded the service could have done things differently, they acknowledged this. For example, the care coordinator said they had changed the way monies and financial transactions were recorded to prevent errors and to have a clearer audit trail. Where one person had an

accident in trying to transfer from their bed to a chair, their needs had been reassessed and risk assessments updated. This concluded they were no longer safe to do independent transfers and a tracking hoist had been installed in their room.

The rating from the last inspection report was prominently displayed in the front entrance of the service and on the provider website.

Accident and incident reports were reviewed for any trends or ways to improve the service. The registered manager was aware of their responsibilities to keep CQC informed of any statutory notifications.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing There were not always enough staff available on each shift to ensure peoples needs were being fully met

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider had failed to fully protect people because they had not ensured all checks as detailed in schedule 3 were in place before new staff were employed.</p>

The enforcement action we took:

to issue a warning notice in relation to repeated breach of regulation 19