The Disabilities Trust

Westgate Court

Inspection report

Units 2 & 3 Westgate Court
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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?	Requires Improvement

Summary of findings

Overall summary

This was an announced inspection which took place on the 21 and 27 October 2016. This was the services first inspection since re-registration in April 2013.

Westgate Court is a domiciliary care provider who provide support for around 150 people; the service supports people across England in their own tenancies or in shared houses. The service specialises in brain injury care post rehabilitation, as well as people with a learning disability, physical/sensory disability and people on the autistic spectrum.

The service had a registered manager who had been registered since May 2016. 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. The registered manager was absent from work at the time of inspection. We were assisted by other senior staff including the former registered manager.

Where the service had identified issues relating to the consistency of supervision they had taken steps to ensure this issue was addressed. However records demonstrated and staff told us that supervisions and appraisals were still not happening as frequently as the providers policy stated. The service had not responded quickly to this issue.

The services process to respond to incidents, using a root cause analysis form, was being used inconsistently and not in line with best practice. This meant that evidence around learning and actions taken was not being recorded consistently to be used to improve the service.

We found that people's care was delivered safely and in a manner of their choosing, or in their best interests. People told us they were supported in a way that reflected their wishes and supported them to remain as independent as possible or develop further independence.

Staff told us and records showed they were trained and inducted well into their new roles, or when they were to work with a new person. They felt they had been supported and mentored effectively and people and staff were supported by the services psychology team to assist in delivering a personalised service.

The service supported people to make important decisions about how their care was delivered, working with people to develop their capacity to make decisions. Where people lacked capacity to consent, their care was developed and delivered in line with the Mental Capacity Act and in their best interests.

People's medicines were managed well. Staff watched for potential side effects and sought medical advice as needed or when people's conditions changed. People were supported to self-manage their own medicines if they wished.

Staff felt they were well trained and encouraged to look for ways to improve on their work. Staff felt valued and this was reflected in the way they talked about the service, senior staff and the people they worked with.

People who used the service were matched up with suitable staff to support their needs, and if people requested changes these were facilitated quickly. Relatives and external professionals were complimentary of the service, and were usually included and involved by the staff. They felt the service provided met peoples sometimes complex needs.

There were high levels of contact between senior staff and people, seeking feedback and offering support as people's needs changed quickly. People and their relatives felt able to raise any questions or concerns and felt these would be acted upon.

When people's needs changed staff took action, seeking internal and external professional help and incorporating any changes into care plans and their working practices. Staff worked to support people's long term relationships. People thought that staff were open and transparent with them about issues and sought their advice and input regularly.

The registered manager and area managers were seen as good leaders, by both staff and relatives of people using the service. They were trusted and had created a strong sense of commitment to meeting people's diverse needs and supporting staff. External professionals felt that people's needs were supported effectively by a person centred service. They told us that when they had contact with senior staff or area managers of the service this was always positive and prompt.

We found a breach of regulations in relation to good governance. You can see what actions we have asked the provider to take at the end of the full 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?

Good

The service was safe.

Staff knew how to identify and report any potential abuse and understood people's vulnerabilities.

The service had its own specialist psychology team to support risk assessment of people's behaviour support needs. Staff were deployed effectively to support people.

Medicines were managed safely by staff when required.

Is the service effective?

Good

The service was effective.

Action had been taken to improve the supervision and appraisal of staff.

Staff had received appropriate training to meet individual people's needs. The service worked to ensure the staff had the right skills.

People were supported to make decisions about how their care was delivered or the correct process was followed to ensure it was in their best interests,

People received adequate support with nutrition and hydration where necessary.

Is the service caring?

Good

The service was caring.

People and family members told us staff were very caring and respectful.

Staff were aware of people's individual needs, backgrounds and personalities. This helped them provide individualised care for the person.

People were helped to make choices and to be involved in daily

decision making wherever possible.

Is the service responsive?

Good

The service was responsive.

Care plans were written in a clear and concise way so that they were easily understood.

People were able to raise issues with the service in a number of ways including formally via a complaints process.

People were supported to access local community services and regain their independence if they wished

Is the service well-led?

Requires Improvement

The service was not always well-led.

The services process for recording, review and learning from all incidents was not robust and was not in line with best practice. Action taken to improve staff supervisions had not been effective.

Staff said they felt well supported and were aware of how to contact the service for support throughout the day.

The registered manager, psychologists and senior staff monitored the quality of the service and looked for any improvements to ensure that people received safe care.

Westgate Court

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 registered 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 21 and 27 October 2016 and was announced. We gave the service 48 hours' notice as it is a domiciliary service and we needed to be sure people would be available. The visit was undertaken by an adult social care inspector who visited the services office on 21 October and visited four tenancies where people were supported on the 27 October 2016. We made calls to external professionals and relatives of people after these visits to gather other views.

Prior to inspection we reviewed the information we held about the service, such as notifications we had received from the registered provider. A notification is information about important events which the service is required to send us by law. Before inspection we contacted commissioners of the service for feedback. We planned the inspection using this information.

During the inspection we spoke with 12 staff and seven people who used the service. We spoke with or had other contact with two relatives of people who used the service and three external professionals.

Nine care records were reviewed as was the staff training programme. We also reviewed complaints records, six staff recruitment files, six induction/supervision and training files, and staff meeting minutes. The provider's quality assurance process was discussed with one of their quality leads.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe and secure thanks to the support of the service. One person told us, "The staff team support me to keep safe in the community so I can still go out and meet new people". Another told us that the house security was managed by the staff team. They told us, "I forget to lock up and keep things secure. The staff team help me keep safe in my own home, as well as check for repairs and things like that. I couldn't manage on my own, but the staff don't take over".

External professionals we spoke with told us that the service worked with people who had complex behaviour that needed specific support, one that recognised their rights, but balanced this against their vulnerability. One external professional told us, "My client is very vulnerable, physically and emotionally due to their brain injury. The staff team have supported them to maintain a relationship with their family, and work well to keep them safe from their families' behaviours. The staff team worked with the services psychologists to ensure plans were updated and kept relevant". Another external professional told us they worked with the service to develop a staff team to support someone to move out of a nursing care setting. They told us, "Due to safety concerns I thought they would have to remain in a care home. But by developing a risk assessment, care plan and staff team around my client they have managed the risks from day one".

Family members we spoke with all told us they felt the staff kept their family members safe from harm. One told us how they had ensured that cleaning products were kept secure; another told us that lighting had been improved so they could access the garden at night safely.

We looked at the services response to safeguarding and other safety issues and saw that the service reported all such issues externally to local authorities and to the CQC as required. We saw that a number of issues related to people's vulnerabilities or behaviour, to families or the wider community and that the service took steps to reduce these risks. We saw from records that the service worked alongside external health and social care professionals to devise safe ways to support people. We saw that the services internal psychology support team contributed towards responses to safeguarding and safety issues. Staff we spoke with felt confident they could raise safeguarding concerns and they would be addressed by the service. They told us that they had attended training on safeguarding and that senior staff encouraged them to raise any issues they did have. Staff also told us they had access to an internal whistleblowing helpline that could be used. We saw this was discussed in team meetings and in internal memos to staff.

Care records we reviewed showed that each person's care was subject to a series of risk assessments about their environment, as well as risks due to their care needs, such as behaviour support. Each person's care plan contained details about the nature of these risks as well as what steps the service and staff were to take to reduce these risks, we saw that these decisions often involved families and external professionals. We saw that the services internal psychology support team also undertook reviews of people's behaviour and support needs. For example advice was sought about a person's behaviour around finances and alcohol use. We saw that these risk assessments were kept under constant review by the staff and changes made over time as required. These were written in plain English and staff told us they found the care plans easy to read and understand.

We saw there had been a recent incident where an external agency worker left a person unsupported. On call staff took immediate action and off duty staff were contacted who then supported the person as quickly as possible. We saw the service had undertaken a review after this incident and taken steps to ensure that this risk was reduced in the future. Staff told us they knew that support was just at the end of a phone, and felt confident that the managers would respond quickly.

We spoke with a newly recruited staff member and they were able to tell us how they had attended training to cover a wide range of needs, and were afforded the time to meet people and shadow existing staff members as well as review peoples care documentation. They told us they had to be 'signed off' by a senior worker before working alone with people for the first time.

We looked at the registered manager's process for responding to and learning from accidents and incidents. A number of these related to people's behaviour which challenged the service. We saw that after each such incident a thorough review took place and action was taken to learn from and update any care plans. We saw that the documentation called 'root cause analysis' was used by staff to record incidents and then these were submitted to the office. This form was not then used by the staff team to carry out a formal review as the form intended and this was often recorded in other ways, which were not consistent. We discussed this with the services quality lead who agreed to review the layout and use of the form as it was not being used consistently to record learning from incidents.

Senior managers explained to us how staffing levels were assessed for each person or 'house' based on their initial assessment of needs, then updated regularly alongside the staff team, families and external professionals. A number of people received one to one staffing when in the community, but at times had more staffing for particular episodes of care, such as moving and handling. Each person's care records contained details of how care was to be delivered and what competencies and skills those staff required. This helped ensure that staff were deployed in sufficient numbers to meet people's needs and offer flexibility for people who shared houses to have their own support as required.

We looked at the services staff recruitment process and checked this by speaking to staff. We saw relevant references and a result from the Disclosure and Barring Service (DBS) which checks if people have any criminal convictions that makes them unsuitable to work with vulnerable people. These had been obtained before people were offered their job. Application forms included full employment histories. An interview check list and score card was used for questioning applicants to ensure a fair process was followed and to promote equal opportunities. Staff confirmed with us that this process was followed when they were recruited.

We looked at how the service supported people to take their medicines safely. The people who used the service lived in their own homes; medicines were stored safely in their homes by staff. Some people were able to manage parts of their own medicine support needs, for example the use of inhalers, this was risk assessed and kept under review. We saw that medicines were managed appropriately with staff competencies being checked regularly by senior staff. Records of medicines administration where checked by senior staff to check these had been handled correctly.

Good

Is the service effective?

Our findings

People told us they felt the service was effective at meeting their needs. They told us the staff seemed to be trained well and knew what they were doing. One person told us, "The carers are fine. They are always away on some training course, but I think they know what they are doing already". Another person told us that staff supported them with the upkeep of their tenancy and to live well sharing with other people. They told us the staff helped with all the issues that came up from communal living and that each person was supported as an individual, not as a group.

External professionals we spoke with all told us the service was effective at meeting peoples, often complex needs. One external professional told us how the service had arranged for staff to be consistently training in supporting one person. They told us, "Their psychologists developed the care plan, and then arranged and delivered the training to staff so it was consistent. They offered spaces on the course to other agencies staff so they would increase the consistency across the services my client accessed". Another external professional told us the service had worked hard to ensure they had the right staff with the right skills to support a person using the service for the first time.

We looked at how the service trained staff, we saw that new staff underwent a thorough induction, as well as attend specific training for people they may support. New staff shadowed experienced staff as part of induction, as well as read care plans and provider policies. Senior staff told us how they mentored new staff to ensure any training had embedded into practice and staff had confidence.

Records did not always demonstrate that staff were receiving supervision and appraisals in line with the provider's policy. This had already been identified by the provider as an issue and action had already been taken to improve this. However we saw that supervisions were still not always happening as often as the provider's policy stated and that the action taken had not been successful. Staff we spoke with told us they could ask for support from their senior or the office staff at any time and this was always available to them.

We recommend that the provider ensures that staff receive supervision and appraisal in line with their policy commitment.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. 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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and be the least restrictive possible.

In care records we saw that people's consent had been assessed, both for care overall, but also for specific decisions such as managing their finances. Where people lacked capacity we saw that the service had sought the advice of their internal psychology support team, as well as external professionals, families and those who knew the person well. Family members we spoke with told us the service kept them involved and

sought their advice and input when making and decisions about a person's care needs. Staff we spoke with told us the service worked within the principle of the 'least restrictive option', looking for ways to support a person which had the least impact on their wishes and recognised their choices in any final decision. We saw that a number of people had support from their local authority in managing their money and the service communicated with them regularly on people's behalf. We discussed with one staff member how they had successfully worked to support someone to gain increased capacity over time. The aim being that the person would one day live more independently in the community.

We looked at how staff supported people to have adequate nutrition and hydration. We saw that assessments had been carried out to establish people's nutritional and hydration needs. Where concerns were identified the service acted to meet people's needs, for example if someone was at risk of eating unhealthily. People we spoke with told us they had choice over their food and were supported to eat healthily.

We saw from the written records the service regularly involved other health and social care professionals in people's care. This included social workers, district nurses, psychiatry and GP's. We found evidence in records that staff escalated people's physical or mental health problems to the appropriate specialists. Senior staff we met told us that people often had complex healthcare needs and that regular reviews of people's general health helped prevent further issues developing over time. For example, one person's gait when walking was becoming an issue, so they sought occupational therapy advice and integrated this into their care plan.

Good

Is the service caring?

Our findings

People told us they found the staff caring towards them and that staff respected their rights and wishes. One person told us they had issues in the past with staff when they were in a hospital. They told us, "The nurses were controlling and rude to be honest. But since I moved here I feel respected. I may be a bit rude at times, but they are never rude back to me". Other people we spoke with reflected this also, they told us that staff included them in decisions about them and they felt able to ask any question.

External professionals told us how staff supported people in caring ways, for example by helping them keep their dignity and self-respect. One professional told us that staff had worked with a person's family to change their behaviour so it was more appropriate. They told us this had involved advocating for their rights, whilst respecting their right to a private life.

We observed that staff and people seemed comfortable in each other's company and heard staff talking about people in polite and respectful ways, even when describing negative behaviours. Relatives we spoke with told us they felt staff were respectful of people's needs, that they could influence the care to meet their needs and the staff responded positively to their suggestions.

Staff completed initial care plans to help describe people's preferences in their daily lives, and important details about their previous lives and interests. This helped staff to be able to provide support in an individualised way that respected people's wishes as well as laid out their goals and ambitions for the future. Staff we spoke with knew the details of people's past histories and their personalities and had been able to get to know them well. Staff told us that they often got to know people well over time, so thought of them as extended family. Staff we met told us with pride of how they had supported people to move on with their goals and ambitions.

Care plans had been adjusted as people's preferences and experiences changed over time or as they developed new interests and personal goals. These reviews often involved the services psychologists; they would carry out structured reviews of people's progress, and included satisfaction surveys and people's wellbeing as part of this process. Staff told us that their aim was to support people to achieve their goals, such as increased independence or regaining control over their lives. When staff talked with us about this we saw they were passionate and they confirmed that the service supported this passion. We saw that two people were supported to maintain and develop a positive relationship. We saw that written details of how people wanted to be cared for and supported were clear and had been written in plain English.

Relatives we spoke with told us they felt staff were respectful of people's needs, that they could influence their relatives care and the staff responded positively to their requests. We saw that staff had been trained to be aware of how to best to offer emotional and practical support to people and their families as well as carry out essential care tasks. We saw in supervision records how staff had supported people with issues with family relationships or fellow tenants in the shared houses.

The service had policies and procedures in place that referred to upholding people's privacy and dignity and

relating to equality. This helped to ensure people were not discriminated against. Staff had read these policies as part of induction or when they were brought into place by the provider.

When people were initially assessed by the service they, and their families, were given information about the provider and who to contact if they wished to raise any issues. Staff we spoke with told us that by involving people, or their relatives in care decisions this assisted them in making the right choices for people. Staff told us that people were encouraged to continually express their views about their care and their likes and dislikes. This involved staff looking for non-verbal feedback, through changes in behaviour or mood, where people were unable to verbally express themselves. Again, the specialist psychological support the service had often supported staff in understanding people's behaviour to gain an insight into people's satisfaction.

Staff were aware of advocacy support that could be accessed to assist people with any conflicts or issues. We saw that concerns about people's behaviour had been promptly referred for professional advice to ensure that the needs of each individual were recognised. Where appropriate advocacy, both specialist and general was referred to appropriately by the service. An external professional told us how the service had sought independent advocacy support for one person when they had conflict with their family.

From talking to staff we heard that the service endeavoured to respect people's privacy and dignity while providing care in shared accommodation houses and peoples own homes. There were examples of how the staff had ensured people were able to spend time on their own or with family or friends, with staff and other tenants affording them privacy.

Records showed how people wanted to be supported near the end of their lives if required. This care plan gave details of how they wished to be cared for in a way that respected their personal preferences and beliefs.

Good

Is the service responsive?

Our findings

People told us they found the service responded quickly to their needs, and had the resources to support them well. One person told us how the service had visited them in hospital, got to know them well, then involved them in recruiting staff to work with them. They told us, "I felt they were very good. I got to influence how it all works now". External professionals told us they found the service offered was very effective; one told us how the service had sought housing and recruited a staff team from scratch to help someone move out of hospital. They told us, "I was impressed how quickly things got moving. Their team identified accommodation quickly, did all their own care plans and I didn't need to add much to get to a final plan". Everyone we spoke with about the service thought it responded quickly and to each person as a distinct individual. One external professional told us how the service had been upfront about the time it would take to start a support plan for their client. They said "The manager was honest right from the start. We knew it would take a while to build a care service from scratch with the right skills. But they project managed it and it's as it was intended to be".

We looked at the written records of care for people who used the service. We saw evidence that indicated the service had carried out assessments to establish people's needs. People were assessed as to whether they needed support in all aspects of their life or just to support specific areas for development. For example, with regard to nutrition, personal care, mobility and communication. This was to ensure staff could provide support to people in the way they wanted and as needed to ensure their health and well-being.

We looked at the quality of care plans in the service. We found evidence that the service was creating clear and concise support plans that were easy to understand. Staff had written daily records that corresponded with people's plans of care. People who used the service had access to their care plans as a copy was always kept in their homes as well as the office. Reviews of support plans were carried out regularly and involved the person receiving support. Their relatives and other health and social care professionals were invited to these reviews. Staff we spoke with confirmed that care records were kept up to date.

The service ensured that people were supported to access their local community with appropriate support. A person who used the service outlined the activities they were accessing on a regular basis. This included shopping with support to develop self-care skills.

People were supported to keep in contact with family and friends and staff told us how they often supported people by keeping family members updated on their wellbeing. We saw from records and from talking to people that the service had made changes to peoples care plans to accommodate family visits and important family activities.

We asked people if they knew how to raise concerns or queries about the service they received. People told us that they felt comfortable telling a staff member at the service if they were unhappy about anything. They told us they had no complaints when we asked them, but most said they would ask the senior staff member if they did.

The service had a formal complaints policy and procedure. The procedure outlined what a person should expect if they made a complaint. There were clear procedures as to how long it should take the service to respond to and resolve any complaint. The policy mentioned the use of advocacy support to help people who found the process of making a complaint difficult. There was also a procedure to follow if the complainant was not satisfied with the outcome. We saw evidence that appropriate learning or actions had been taken after each complaint had been concluded. For example staff had additional training or support. However we saw that the learning and review after each complaint was varied and not always consistent. Again the root cause analysis documentation had not been used consistently. We discussed this with the services quality lead who advised it would be reviewed to ensure there was consistent practice across services.

We saw that the service sometimes worked alongside other care providers to support people, such as day care services. Staff we spoke with told us how they communicated between providers to make each other aware of important issues or events which might affect people. They told us they did this with the persons consent or in their best interests.

Requires Improvement

Is the service well-led?

Our findings

People told us they felt the service was well led. The provider had started to make changes to the services policies and procedures in order to assist them in focussing more on improved quality assurance processes and acting on feedback from staff and people as well as the management team reviewing the procedures used in the service.

However we found that some aspects of the services leadership had not yet improved, or there were areas where further improvement was required. For example, two staff supervision files we saw showed they had only been supervised twice in 2015 and once in 2016. Neither had an appraisal for that period. This had been identified as an issue by the registered manager and action had been taken to improve this. However we found that these actions had not been effective, some staff were still not receiving regular supervisions or appraisals and the process for checking compliance was slow to identify and respond to this continuing issue.

We also found that the services root cause analysis processes, to record and manage a range of incidents, were not being used consistently or in line with best practice. The providers forms were being used to capture the initial issue, but not consistently reflect on and action any learning from incidents. We were able to evidence that appropriate actions had usually been taken. The provider was not able to demonstrate that it actioned, reviewed and learnt from all incidents consistently. For example after a safeguarding allegation had been made against a staff member, the staff member was dismissed for gross misconduct. We asked if the dismissed staff member had been referred to be potentially barred from working with vulnerable adults, as required under the Safeguarding Vulnerable Groups Act 2006. It took the provider over ten days to find this had not been completed as required by the legislation, a delayed referral was made.

These were breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff we spoke with told us they felt supported by the service to be their best and support people in a person centred way. They were able to tell us the ethos and values of providing quality care to people when they needed it most, often with people with very complex needs. Staff we spoke with were passionate about the quality of their work in supporting people to lead the best lives possible. Staff told us that if the initial assessment showed they would not be able to offer the continuity of carers or the right skill mix, they either declined the work or usually worked to develop a bespoke care team to meet that individual's needs. This clear focus on meeting the individual's needs shone through in all conversations with staff.

External professionals we spoke with told us their contact was usually with area managers of the service rather than the registered manager. They did tell us that they found the professionalism and ethics of the staff they met were person centred and based on supporting people to lead fulfilling lives.

The service conducted annual surveys of people using the service to seek their views and feedback on how well their individual service met their needs, as well as the service as a whole. We saw that these were

discussed locally as well as with the senior management team and some immediate actions were taken to change people's care when required. Other issues were then formulated into an improvement programme for the whole service.

We saw the area managers and other senior staff undertook audits of care plans and other records regularly in order to give them oversight of the quality of the service provided. We could see where changes had been made to reflect people's changing needs. The area managers we met described an ongoing cycle of visits to people, listening to changing needs, updating care plans and making sure staff had the skills to meet those changing needs. Staff we spoke with all felt able to raise any concerns and told us they felt encouraged to raise ideas or suggestions. We spoke with the one of the psychologists employed by the service and heard how they regularly carried out reviews of people's progress. We saw this used recognised therapeutic tools and methods of measure to evaluate the success of peoples care. We saw that the psychology team provided specialist advice and clear guidance to staff to help formulate changes to care plans over time. External professionals we spoke with told us the services questioning practice and quality of feedback and reports gave them reassurance on how well the service was running.

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
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person had failed to evaluate and improve their practice in respect of the processing of information to improve the quality and safety of the services provided. Regulation 17 (2) (f)