

The John Townsend Trust Westcliffe House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

This was an unannounced inspection, carried out on 19 November 2014 and was carried out by two inspectors over one day. One of the inspectors had specialist knowledge of people with learning disabilities, who may also have behaviours that challenge and communication needs.

The service was incorrectly registered with the Care Quality Commission. Their registration stated they were providing accommodation and nursing or personal care in a further education setting. This was not the case; the service was not a further education setting. The service was also registered to provide a diagnostic and screening

service when they were not providing this service. The provider is in the process of resubmitting their registration to correct this and this is being dealt with outside of the inspection process.

Westcliffe House provides accommodation, care and support for up to 14 younger adults with learning disabilities and hearing impairments. The service is a large period house divided into self-contained flats. The flats are arranged over three floors and there is a lift to

Summary of findings

assist people to get to the upper floors. There are two four bedroomed flats, one two bedroomed flat and four one bedroom flats. There were 11 people living at the service at the time of our inspection.

This service is provided by the John Townsend Trust. Concerns had recently been identified about another location managed by this provider so we went and inspected this service to make sure people were receiving safe, responsive and effective care and support.

During the inspection we met all the people who lived at the service and spoke with four people. We also spoke to four staff, the team leader and the registered manager of the service. The registered manager had been working at another of the provider's locations for several months but visited the service to support the staff during the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

We observed care and support in communal areas, spoke to people in private with the help of a British Sign Language (BSL) Interpreter, and looked at care and management records.

The service had a registered manager, however they had been working at another of the providers services for several months and were not working at the service every day and so were not in day to day charge of the service. Staff were able to contact the registered manager by telephone and told us that they felt supported by her. A team leader who had worked at the service for several years and knew people and staff well was managing the service in the registered managers absence, they were supported by the registered manager.

People and their relatives were not asked for their views about the service they received. The complaints procedure was not provided to people in a format that they could understand. The provider had not taken action to understand people's experiences of the service and then correct any shortfalls. People were involved in the running of the service on a day to day basis including helping with the cooking and cleaning.

People were not always protected against risks associated with the management of medicines. Checks on medicines had not been completed and the shortfalls we found had not been identified by the service.

There were sufficient staff on duty to meet people's needs. Vacancies had been covered by staff people knew, however staff were not given enough time to complete all of their duties including management tasks which had previously been the responsibility of the registered manager. Recruitment checks had been completed to protect people from staff who were unsuitable to work at the service. Staff were able to identify signs that people may be at risk of abuse and knew how to inform the provider and other organisations about potential abuse.

Staff did not have all the skills they needed to meet people's needs. The provider had not ensured that staff had completed training and qualifications to the level they required.

Records of people's weight and other health records were not kept at the service. There was a risk that information was not available to staff and changes in people's needs would not be recognised. People's care and support was planned with them and provided to develop their independence and to keep them safe.

Staff supported people to make choices in ways they could understand, including meals, snacks and drinks. Staff knew about people's religious choices. However, some religious and cultural needs were not met and the service had not considered how they could support everyone. Capacity assessments had been completed for decisions relating to people leaving the service only and there was a risk that people would not be supported to make decisions for themselves. People were not unlawfully deprived of their liberty.

People told us that they liked the staff and liked living at the service and were relaxed in each other's company. Staff knew people well and encouraged people to be as independent as they could be. People were supported to manage their behaviour to keep themselves safe. People and staff communicated using speech and sign language. Staff listened to people and checked to make sure that they had understood.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 in relation to the management of medicines, not assessing and monitoring the quality of the service and not having a complaints process that people could understand. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe. Systems and checks were not in place to make sure people always had the medicines they had been prescribed.

There were sufficient staff employed to meet people's needs. However, staff did not have time to complete everything that was expected of them.

Staff knew how to recognise and report abuse.

Requires Improvement



Is the service effective?

The service was not effective. Staff did not have all the skills they needed to meet people's needs at all times, communicate with people and respond to emergencies.

Capacity assessments had not been completed and there was a risk that people would not be supported to make decisions for themselves. People were involved in planning and preparing meals although not everyone using the service was offered a diet which contained enough protein.

Detailed information about people's health care needs was not available to staff at the service. People's liberty was not unnecessarily restricted and people were supported to make choices about their day to day lives.

Requires Improvement



Is the service caring?

The service was caring. People were supported to make choices in ways they could understand.

People were relaxed in each other's company and told us that they liked the staff and liked living at the service. Staff knew people well and encouraged people to be as independent and safe as they could be.

People and staff communicated using speech and sign language. Staff took time to listening to people and checked to make sure they understood what the person was saying.

Good



Is the service responsive?

The service was not responsive. The complaints system was not accessible to people and there was a risk that people did not know how to make complaints.

Information about people's health care needs was difficult to find in their plans and people did not have health actions plans. Some information was not available to staff at the service.

Requires Improvement



Summary of findings

Everyone's care and support needs were different. People were involved in planning the support they received to make sure it met their needs and was provided in the way that suited them best. People and staff knew about possible risks to people and plans were in place to keep people as safe as possible.

People took part in activities they enjoyed in the community and at the service.

Is the service well-led?

The service was not well led. The registered manager was not managing the service on day to day basis.

People and their relatives had not been asked for their view about quality the service they received.

Staff knew the aims of the service and worked together to achieve them.

Requires Improvement



Westcliffe House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 19 November 2014 and was unannounced. The inspection team included two inspectors and a British Sign Language (BSL) interpreter who helped us speak to people who used sign language to communicate.

We talked in private with four people who use the service, four staff, the team leader and the registered manager. We observed how people were being cared for and supported in communal areas. We looked at three people's care records, three medicine administration records and other

records that related to how the home was managed, including staff rotas, staff meeting minutes, training and supervision records and fire safety checks and drills. We were unable to look at people's detailed healthcare records as these were not there but at another registered location. Staff recruitment files and training records were at the provider's head office and were not available at the service for us to check.

Before our inspection we reviewed the information we held about the service, including notifications the registered manager had sent us about specific incidents and important events that affected people's welfare and liberty. Notifications are information we receive from the service when a significant events happened at the service, like a death or a serious injury. We examined previous inspection reports. The last inspection was in January 2014 and there were no concerns.

We spoke the local safeguarding authority at social services to obtain their views of Westcliffe House.

Is the service safe?

Our findings

The service stored and administered people's medicines. Staff were all responsible for the management of medicines and tasks were completed by all staff who had received training. One person was responsible for their own medicines. Medicines were ordered and returned by staff at another of the provider's services. One person told us they had not had one of their medicines for two days as the medicine had run out. Staff had not noticed that the medicine was running low, and had not told the other service to order the medicine before it ran out.

People's medicines were stored safely in their flats. Records were kept of the medicines people received. One medicine record had gaps on it so we could not be certain if the person had received their medicines. Staff told us that the gaps were on days that the person was not at the service. The correct codes had not always been used to show when people were away and so had not been given their medicine by the staff. Clear records were not kept when medicines were taken away from and returned to the service, for example, when people went to stay with their families.

Systems were not in place to check the medicines and records. Mistakes and concerns had not been identified and action had not been taken to ensure that people received the medicines they had been prescribed. Some people had medicines that they could take when they needed them to help them to manage their behaviour. Guidance was in place for staff about when the person should be given the medicine.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Some people needed staff to tell them clearly what they should and should not do to keep them safe and healthy and to support them with behaviours which may challenge. One person was having a cup of tea in the kitchen while the staff member was cooking their lunch. The person got up and moved to touch the cooker. Staff responded quickly explaining to the person that the cooker was hot and they would hurt themselves. The person sat back down and carried on drinking their tea.

Some people's religious and cultural needs were not met. People celebrated religious festivals and holidays that were important to them at the service and in the local community. The service had not considered how they could support one person to follow their religion.

Staff were checked to make sure they were suitable and safe to work in the service. The registered manager and team leader were supported by staff at the provider's head office to employ staff. Job descriptions and person specifications were used during recruitment to check that applicants had the skills, knowledge and experience to complete the role. Checks on the character of new staff, including Disclosure and Barring Service (DBS) criminal records checks, were completed to protect people from staff who may be unsuitable to work at the service.

There were enough staff on duty on the day of our inspection to meet people's needs. The number of staff needed to support people safely had been decided by the authorities paying for each person's service. Some people required one or two staff to support them at all times whilst others were supported in small groups of three or four. The service had four staff vacancies which had been covered by staff from the service, the provider's other services and agency staff. Additional time on the rota to cover staff training, sickness and holidays, along with management time for senior staff was being used to provide direct care and support to people each day. Senior staff did not have additional time to complete management tasks required by their role or delegated to them in the registered manager's absence. We observed that staff worked as a team to keep people safe and ensured that there were always staff available to provide people with the support they required to keep safe.

Staff knew the signs they might see if someone was a risk of abuse and how to raise concerns with the provider and the local safeguarding authority. One staff member told us, "The policy is that we raise concerns with someone from the safeguarding team before we go off shift". All staff had recently been given a copy of the provider's safeguarding policy to refresh their knowledge. Staff received safeguarding training when they began working at service.

The service held money on people's behalf. Systems were in place to keep people's money safe and make sure that people had money when they wanted it. Two people took control of their own money.

Is the service safe?

People's flats were decorated to people's tastes. Specialist flashing lighting had been fitted to tell people when the door bell and fire bells were ringing. Environmental risks, such as hot pipes and low ceilings had been identified and action had been taken to manage these. Pictures and

symbols had been used to help people find their way around the building. Doors had been painted a darker colour than the walls which helped people with sight problems to see them more easily.

Is the service effective?

Our findings

Staff had not received all the training they needed to meet people's needs and keep them safe. The provider had a policy to provide specific training to staff in different roles, this training had not been provided to all staff in these roles.

Staff did not have the skills to keep people safe at all times and to respond to emergencies. Most staff did not have a first aid qualification. The registered manager told us there were not enough staff with first aid training to provide cover for the service at all times or whilst people were out in the community. Staff prepared or supported people to prepare meals and snacks, but more than half of the staff had not been trained to prepare food safely.

Staff had taken part in fire drills, however, only one staff member had completed the yearly refresher training the provider required. The team leader had informed the provider about this shortfall in staff training. The provider had not taken action to provide staff with the yearly refresher training in fire safety. Some staff had not received training in the use of equipment used to safely evacuate people from the building, other staff had not received refresher training since 2011. We could not be confident that staff had the skills to keep people safe in the event of a fire.

It was the provider's policy that staff had or were working towards specific qualifications including BSL qualifications and Diplomas in Health and Social Care, relevant to their role. Staff used sign language to communicate with people and the registered manager told us that people using the service communicated to BSL level 1. The provider had identified that they had not provided enough BSL training to ensure all staff were able to communicate with people. They had not taken action to correct this. Eight staff did not hold qualifications in BSL at level 1 or above and there was a risk that they would not be able to communicate with people. Ten staff who had worked at the service for more than a year had not started or completed diplomas that the provider's policy required.

Some people had individual needs around eating and drinking that staff needed specialist skills to support them safely or respond appropriately in an emergency. The registered manager told us that all staff had the skills needed; however records sent to us by the provider

showed that not all staff had completed the necessary training or kept their skills up to date. We could not be confident that all the staff had the specialist skills and training they needed to keep people safe when eating and drinking.

This was a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People were supported to plan menus and choose the meals they wished to eat. Staff knew people's dietary and cultural preferences and supported them to make appropriate choices, such as vegetarian or halal foods. Most people were supported to eat a balanced diet including fresh fruit and vegetables. However, staff had not considered everyone's food choices to make sure they were offered protein in their diet. People were weighed regularly at another of the provider's services as there were no facilities for people to be weighed in their own home. Records of people's weight were not kept at the service; therefore there was a risk that the registered manager and staff would not identify changes in people's weights and take the necessary action.

We observed people being offered opportunities to make day to day decisions during the inspection. These included how they spent their time, who they spent it with and how they spent their money. As we arrived at the service three people, supported by a staff member, were leaving. The staff member told the people who we were and why we were there. People said that they wanted to let us in and showed us round and the staff member supported them to do this. Staff knew the types of decisions people could make and how to offer people choices in ways they could understand.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). The service was meeting the requirements. The registered manager was aware of the changes in DoLS practice and had submitted DoLS authorisation applications to the relevant local authorities. DoLS authorisations were in place for most people and the registered manager knew when they would expire and had taken action to submit further applications. People were supported to leave the service when they wanted to and some people had their own key. The provider did not consider training in DoLS and mental capacity a requirement for all staff and over half the staff

Is the service effective?

had not completed training in this subject. There was a risk that staff may not understand their responsibilities under the Mental Capacity Act and Deprivation of Liberty Safeguards.

Staff we spoke with told us that they felt supported by the registered manager and the team leader. There were arrangements in place to provide support to staff when the registered manager was not at the service. Staff had regular one to one meetings with a senior worker to discuss their practice, any issues or concerns they had and their development needs. Staff told us they found these meetings useful”.

People’s health care was not managed by the service but was managed by staff at another of the provider’s locations. Staff and others, who may need it, did not have all the information about people’s health care needs and treatment. People were not able to choose their own doctor and where they received their medical care and treatment. One person visited another of the provider’s locations to receive regular medical treatment. They had not been offered the choice of receiving their treatment elsewhere in the community.

Is the service caring?

Our findings

People were relaxed in each other's company and showed a genuine affection for each other. They told us that they liked the staff and liked living at the service. Staff encouraged and supported people to do things for themselves and did not rush them.

Staff knew people well and chatted to them in a relaxed way, including talking about people's recent holidays and favourite activities. People asked staff questions about their families and other subjects. Staff answered people's questions and showed them photographs to support what they were saying. People and staff shared jokes and played games together in a way that people enjoyed and appeared to have friendly relationships. Some people had affectionate names for staff they knew well. Staff referred to people by the names they preferred.

Staff knew what might make people worried or upset and gave them reassurance. One person had regular treatment for a health condition. Staff gave the person a cuddle during the treatment to reassure them and reduce their anxiety.

People were involved in the running of the service. People had talked about their worries when a senior staff member they knew well was transferred to another of the provider's services. People said that they missed the staff member and the registered manager. The staff member was transferred back to the service quickly. Staff supported people to be involved in the inspection. Staff explained to people why we were there and interpreted their questions and our responses. People offered us drinks, which they made themselves.

Some people used equipment to help them be more independent. People used the equipment on their own and staff helped them only when it was necessary. This included putting the brakes on a wheelchair and removing the footplates so the person could get out safely.

Staff knew what people were able to do by themselves and encouraged them to take responsibility for day to day tasks around the service. People were as involved as they could be with domestic tasks. Some people spent time with staff while staff completed tasks, whilst other people completed tasks with help from staff when they needed it. One staff member asked a small group of people to help them out that evening with some jobs and people happily agreed. Staff used positive ways of encouraging people to be involved in domestic tasks to develop their independent living skills.

People communicated with staff using speech and sign language. Staff took time listening to people and checked to make sure they understood what the person was saying.

Staff knew the type of choices people were able to make on their own and how to offer people options in a way they understood. One person copied the choices of other people; staff checked the persons' choices to make sure it was what they really wanted.

People's personal information was stored safely. Records were locked away and staff looked at them when they needed to. People understood that information about them was kept by staff and had seen their care plans. One person showed us their care plan and told us it was private.

Is the service responsive?

Our findings

Each person had a plan of care detailing what they were able to do for themselves and the support and guidance they needed from staff. The care plans were different for each person and had been regularly reviewed to make sure they remained up to date. Plans contained assessments of possible risks to people and gave staff guidance on the action to take to keep people safe. Important sections in the plans had been highlighted to draw staff's attention to them.

Staff knew about possible risks to people and plans were in place to keep people safe. One person was at risk of choking, swallowing guidelines were in place giving staff information about foods that were a high risk and how to reduce the risk to keep the person safe. First aid guidance, including pictures, were available on how to provide first aid to the person in an emergency.

People received the individual support they needed to remain well and healthy. Some people could bath or shower by themselves, whilst others needed staff to remind or help them. One person required staff to wait outside the bathroom in case of emergencies, another person required support with all their washing and bathing needs. Some people needed to do specific exercises to keep them healthy. Staff supported one person to do their exercises as described in the person's care plan.

Some people had behaviours that challenged and required support from staff to manage these. One person liked to have a routine and this helped them to manage their behaviour. Staff knew what may cause these behaviours and used diversion strategies to focus people's attention on other things which prevented them behaving in a challenging way.

People's communication and understanding was supported by the use of plans and other documents written in a way they could understand. Words and pictures were used to give people the information they needed and help them tell staff what they had been doing and how they felt. People kept daily logs, with the support of staff, about what they had done each day and how they had felt. People wrote in the logs, drew pictures and used symbols to show what they had done.

Information about people's health care needs was difficult to find in their plans and people did not have health actions plans. Guidance recommends that health action plans are developed for people with learning disabilities and hold information about the person's health needs, the professionals who support them and any appointments they have booked. Some health care appointments were recorded in people's plans but others were not.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People were supported to take part in activities they enjoyed in the community and at the service. Some people had shared interests and spent time doing some activities together. One person preferred to stay at the service whilst others liked to go out. During the inspection people walked or travelled on the bus to local shops.

Staff felt confident to pass complaints they received to the registered manager or team leader. Concerns from people's relatives had been resolved informally to their satisfaction. There was a written complaints procedure, but this was not written in a way that people using the service could understand. No formal complaints had been received by the service.

Is the service well-led?

Our findings

CQC had recently been found concerns about the overall management of services run by the provider. The registered manager and team leader were restricted and unable to manage with autonomy due to the systems that had been implemented by the provider. The registered manager and team leader did not have easy access to all the information they needed about the service as this was kept at head office, which was approximately three miles from the service. All information about complaints, the action taken and the outcome were all kept at head office. The registered manager did not have a full overview and full knowledge of the events and actions that were directly related to the service that they were registered for. The registered manager was trying to manage and have oversight of the service but the way the organisation worked did not empower them to do this and they were unable to fully fulfil their role due to lack of support and restrictions by the provider.

The provider had did not have effective systems in place regularly check the quality of the service people received to ensure they were protected against the risks of unsafe care and treatment.

The provider's policy required that the registered manager completed monthly quality checks on all areas of the service. The latest check was completed in June 2014. Some areas for improvement had been identified and an action plan had been written. However, the plan had not been reviewed to make sure the action had been taken.

Information about the training staff had completed and when was not available at the home. The team leader had realised that they were unable to check staff training levels and take action to make sure that staff had the skills and training they needed. The team leader had begun to write a training matrix containing all the staff and the training they had completed and when.

The provider did not a system to obtain information about the quality of the service and so make any improvements based on the information. People, their relatives/carers or visiting professionals, including authorities who paid for

people's care, were not asked for their views of the service. Staff had been asked twice in the last year for their views but the provider had not reviewed these to check if action was needed to improve the quality of the service.

This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The registered manager was supported by a team leader. At the time of the inspection the registered manager had not been in day to day charge of the service for several months. Their role was being covered by the team leader. Some parts of their role, such as checks, had not delegated to another staff member or had not been completed. Staff told us the team leader led the service in the same way as the registered manager. One staff member said, "(The team leader) does a good job in the manager's absence". Staff told us they felt supported by the registered manager and that they provided some on call cover to the service and had responded when they had been contacted. The registered manager and team leader chatted to people during the inspection in a relaxed way and knew people well.

Services that provide health and social care to people are required to inform us of important events that happen in the service. The registered manager had informed us of events in a timely way. We checked that appropriate action had been taken and it had.

Staff told us there was an open culture at the service and they felt confident to challenge poor practice with colleagues. Staff had identified areas of concern and informed the registered manager or team leader when they did not feel able to discuss it with a colleague. Action had been taken to support staff to improve their practice as a result of any concerns raised by staff. The team leader worked alongside staff providing the service and monitored the delivery of the service against the providers values, including staff's attitude to people. Staff worked as one large team and in smaller teams to provide consistent support to people. Staff told us that the aim of the service was to help people learn the skills they needed to be as independent as possible.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation and nursing or personal care in the further education sector	<p>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision</p> <p>The registered person did not have effective systems in place to protect service users, and others who may be at risk, against the risks of inappropriate or unsafe care and treatment.</p> <p>Regulation 10 (1) (a) (2) (e).</p>

Regulated activity	Regulation
Accommodation and nursing or personal care in the further education sector	<p>Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines</p> <p>The provider had failed to safeguard people against the risks associated with the unsafe use and management of medicines</p> <p>Appropriate arrangements were not in place to obtain and dispose of medicines at the location. Appropriate arrangements were not in place handle and dispense medicines safely. Medicines records were not accurate.</p> <p>Regulation 13.</p>

Regulated activity	Regulation
Accommodation and nursing or personal care in the further education sector	<p>Regulation 19 HSCA 2008 (Regulated Activities) Regulations 2010 Complaints</p> <p>The provider had failed to bring the complaints system to the attention of service users and persons acting on their behalf in a suitable manner and format.</p> <p>Regulation 17 (2) (a).</p>

Regulated activity	Regulation
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This section is primarily information for the provider

Action we have told the provider to take

Accommodation and nursing or personal care in the further education sector

Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff

The provider had failed to provide staff with appropriate training to enable staff to deliver care safely.

Regulation 23 (1) (a).