

# Caretech Community Services (No.2) Limited

## Westbrook House

### Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This inspection was carried out on 23 January 2018 and was unannounced. At their last inspection on 7 October 2016, they were found to be meeting the standards we inspected. At this inspection we found that they had continued to meet all the standards.

Westbrook House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Westbrook House provides accommodation for up to eight people with learning and physical disabilities. The home is not registered to provide nursing care. At the time of the inspection there were eight people living there.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service had a manager who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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 and associated Regulations about how the service is run.

People's demeanour around staff indicated that they felt safe and relatives told us that they felt people were safe. Staff knew how to work safely and promote people's welfare. There was effective infection control procedures in place and people's medicines were managed safely. Lessons learned were shared with staff to help reduce a reoccurrence of an incident.

People were supported by staff who were trained and received regular supervision. People were encouraged to eat a healthy, balanced diet and there was access to healthcare professionals when needed. Staff understood the principles of the Mental Capacity Act and people were given choices throughout their day. The design and layout of the building met the needs of people who lived at the service.

People were supported by staff in a kind and respectful way which promoted their dignity. Staff had established relationships with people and this allowed for effective communication. People and their relatives were involved in planning their care and their views were listened to.

People received care that met their needs and care plans were written in a way that provided staff with clear guidance about the person's needs and the life they liked to live. People participated in activities, hobbies and interests on a daily basis and recently all enjoyed a holiday together.

There was a complaints process available and people were asked for their views at meetings. In addition people, their relatives and professionals were invited to give their feedback in a survey where we found feedback was all positive.

The home was well managed by a management team who were passionate about the standards of care provided to people they cared about. There were systems in place to ensure the service maintained standards they expected.

## 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 remains safe.

### Is the service effective?

Good ●

The service remains effective.

### Is the service caring?

Good ●

The service remains caring.

### Is the service responsive?

Good ●

The service remains responsive.

### Is the service well-led?

Good ●

The service is well lead.

There was positive feedback about the management team.

There were systems in place to monitor the quality of the service and address any shortfalls.

The service had a people first approach.

# Westbrook 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2014 and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Before the inspection we reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us. We also reviewed the provider information return (PIR) submitted to us. This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

The inspection was unannounced and carried out by one inspector.

During the inspection we spoke with one person who used the service, two relatives, three staff members and the registered manager. We received information from service commissioners and health and social care professionals. We viewed information relating to two people's care and support. We also reviewed records relating to the management of the service.

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

# Is the service safe?

## Our findings

People were unable to tell us if they felt safe living at the service. However we observed people respond to staff and they were comfortable and happy to see them. Relatives told us that they felt people were safe. One relative told us, "Although (prior to moving in) we were worried about [person's] physical safety this has not been an issue. Care was taken to source the right type of bed and bedrails for [them] as this is the only place [they] can be free to move about. [Person] can be very active and can sometimes injure [themselves], however there have been no issues in this regard."

People were supported by staff who had a clear understanding of how to keep people safe. This included how to recognise and report abuse. Staff received regular training and updates.

Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed regularly. Risk assessments were in place for areas including falls, skin integrity, the use of equipment and going out. These assessments were detailed and identified potential risks to people's safety and the controls in place to mitigate risk. This information was shared with others who may support them, such as, the day centre. We noted that there were a low number of incidents. However, all accidents and incidents were reviewed to ensure all remedial actions had been taken and the risk of a further incident was reduced. There were also financial audits to ensure that people's money was managed safely.

There were regular checks of fire safety equipment and fire drills were completed, which included evacuating and involving people who used the service. Staff knew how to respond in the event of a fire. The service had introduced a 'Grab Bag' for in the event of an emergency and this contained all information needed to support people safely and the homes contingency plans. The provider ensured that other checks, such as electrical or health and safety assessments, were also completed to help maintain people's safety.

People were unable to tell us if they felt there were enough staff to meet their needs. Relatives told us that there were enough staff available to meet people's needs. Throughout the course of the inspection we noted that there was a calm atmosphere and that people received their care and support when they needed it and wanted it. Staff told us there were enough staff. One staff member told us, "Absolutely fine, enough staff, very, very rarely we are short and if we are it will only be by one person." The service had reduced the number of agency staff being used. One staff member told us, "Even if we do use agency staff now, it is usually the same staff members who we and the guys (people who use the service) know." The registered manager told us that they were very proud of the fact that agency usage had reduced. They told us that this was due to boosted morale and teamwork of staff. They said, "I think filling staff vacancies but also establishing good teamwork so they help each other is what has made the difference."

Safe and effective recruitment practices were followed to help make sure that all staff were suitable for working in a care setting. They ensured all required documentation was received before a member of staff commenced employment. This included written references and criminal record checks.

People's medicines were managed safely. Medicines were stored safely and administered by trained staff.

We checked a random sample of boxed medicines and those in the pharmacy blister packs and found that stocks were accurate with the records. Control measures were in place to ensure these were managed safely. Staff received regular competency assessments. People received regular reviews to help ensure medicines they were taking were still appropriate for their needs. The registered manager had recently ensured all staff working at night had received training to administer medicines when needed during the night. There were plans in place for medicines prescribed on an as needed basis and these plans had been reviewed and signed by the GP.

There were systems in place to help promote infection control. These included cleaning regimes and schedules and training for staff. We saw that staff used gloves and aprons appropriately and the home was clean and fresh on the day of our inspection. We noted that the service had achieved five star rating for the hygiene and practices in the kitchen and for the management of food safety.

Lessons learned were shared at team meetings, supervisions or as needed. We noted that any issues were discussed and remedial actions put into place. For example, one person had sustained a small cut when being shaved. As a result staff were instructed to observe the person's behaviour and cease shaving if the behaviour was displayed to reduce the risk of a reoccurrence. There had been no further incidents documented. One staff member told us, "[Registered manager] tells you once and gives you a chance, if you do it again, you know [they're] not happy."

## Is the service effective?

### Our findings

People's relatives told us that they felt staff were skilled and knowledgeable to support people living at the home. One relative said, "Two things were especially important to us, that [person] was in a safe environment and that the staff would be able to build up a relationship with [person] and get to know [them] well as [person] has a profound learning disability and is unable to communicate." The feedback the relative gave assured us that staff had been sufficiently skilled to enable these areas to be met effectively.

Staff received training to support them to be able to care for people safely. This included training such as moving and handling and safeguarding as well as specific training modules such as communication and epilepsy. Staff told us that they felt supported and were able to approach the management team for additional support at any time. One staff member said, "You can go to [registered manager] about anything, so supportive and confidential." They went on to tell us when they started a new role that the senior staff were also supportive and a senior staff member would call them when they were off duty to check the shift was going ok and to see if they needed any help or support. They said, "Everybody believed in me when I didn't believe in myself."

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager demonstrated a clear understanding of when it was necessary to apply for an authority to deprive somebody of their liberty in order to keep them safe. They had awareness of what steps needed to be followed to protect people's best interests and how to ensure that any restrictions placed on a person's liberty was lawful and they had their human rights to freedom protected. The appropriate applications and documentation was in place.

Staff offered people choices each day even when they were assessed as not having capacity to make some decisions. Staff acknowledged that this did not mean they could not make any decisions and how they wanted to spend their day, what to eat, wear and where to go on holiday were all decisions discussed with people. We noted that a staff member brought boxes of cereal to a person to help them make a decision about what they wanted for breakfast. It was also noted that one person decided to change their plans for the day and staff supported and respected their decision and made other arrangements.

The home was designed in a way so that people could move around easily, whether this was independently or with the use of mobility aids. Equipment was well situated in bedrooms and bathrooms to enable people to be independent where possible. There was a large comfortable lounge with ample seating for everyone and a large dining table so people could enjoy a meal together if they wished. Bedrooms were personalised.



There was an accessible garden that people had enjoyed in the better weather.

People were supported to enjoy a variety of food and their individual likes, dislikes and dietary needs were well known by staff. Assessments had been undertaken to identify if people were at risk from not eating or drinking enough and if they were at risk of choking. We observed staff supporting people appropriately. People's intake and food choices were recorded on daily care notes. Staff were aware of the reason for any weight loss and were supporting people as needed.

People's day to day health needs were met in a timely way and they had access to health care and social care professionals when necessary. For example, GP, speech and language team (SALT) and a chiropodist. The deputy manager told us that health appointments were not missed except one recently where a person was unwell requiring a hospital visit so they could not attend a wheelchair appointment. We saw that people and staff at the service were supported by specialist teams such as a nurse qualified in the use of percutaneous endoscopic gastrostomy tube (PEG) feeding systems and the district nurses for catheter care. People's consultants, such as neurologists, were detailed in care plans along with photos so that people and staff could work with them to ensure they received the appropriate care.

## Is the service caring?

### Our findings

People were unable to tell us if staff were kind and caring. However, we noted that people were relaxed in the company of staff. Relatives told us that staff were kind and attentive. One relative said, "[Person] gets on very well with staff and they seem to like [them] very much." Another relative told us that their relative had regular visits to the home, "So we could all get to know one another. We experienced a positive and welcoming attitude from all the staff on every visit and were actually told that we were now all part of the Westbrook House family, which was a lovely thing to hear."

Staff were calm and friendly with people and we observed them interact with people in a warm and caring way. Staff listened to people and gave people time to verbalise what they were communicating. Staff were familiar with how people communicated and what the gestures people made meant. There were clear plans giving staff guidance on each person's communication. They detailed what each behaviour or gesture might have meant so that staff could act appropriately. For example, if a person was thirsty, if they were enjoying or not enjoying an activity or if they may have been close to having a seizure.

Staff respected people and supported them with dignity. We noted that there was a clear emphasis that this was home for people living there before it was a workplace. We noted that all staff worked in a way that demonstrated it was people's home. For example, they introduced us to people and asked if it was ok for us to come into the dining room and into people's rooms. One staff member told us, "I chose to work here as people are treated like family here."

Reviews to people's care involved people and relatives where appropriate. One relative of a person who had been there a short while told us, "When [person] moved in they asked us and we had a chat about what was needed, they keep me informed." Plans detailed ways in which staff could try to encourage people's involvement by offering choices and supporting them to live independently where possible.

People living at the service, and many of the staff supporting them, had been there for a number of years. This was evident in how people responded to staff and the awareness staff had about people's needs, life histories and preferences. They were able to tell us about people's health, families and important relationships and their interests. The registered manager told us, "Staff treat this as their home and not a workplace. We try to keep it as normal for them and homely and cosy as we can."

People were encouraged to maintain relationships with family members and friends. People's records were stored in the office in order to promote confidentiality for people who used the service. However, some records were on the dining table and the office wasn't locked. This was an area that needed to be addressed to ensure people's confidentiality was maintained.

Relatives and friends of people who used the service were encouraged to visit at any time and felt welcome. One relative said, "They tell me to come in anytime, there is always someone here." Another relative told us, "We were told we could visit whenever we wanted and this has proved to be the case. On unannounced visits [Person] seems very contented and is acting like [they] would at home with [their family members]."

[Person] is obviously eating well which is a good indication [they are] happy. Communication with the staff is good, we can ring up whenever we want to discuss how [person] has been." We noted that one person had a befriender who was a volunteer. They were welcomed into the home and staff knew them well.

## Is the service responsive?

### Our findings

People's care plans were detailed and person centred. They included information that enabled staff to promote people's independence and provide care in a way people preferred. For example, one person was encouraged to drink independently even though this meant that they may spill their drink. Care was taken to protect their clothes and ensure the drink was not hot. A new clothes protector kept ready so staff could change the one they were wearing when they had finished. Life histories and family and friends were also included in plans.

Goals were included and we saw that staff supported people to meet these goals. For example, to go on holiday or attend the theatre. We saw, and relatives told us, that people were involved in all reviews and were the key person to make and agree plans for their care and support. The registered manager told us, "We reinforced our relationship with service users, relatives and professionals working in an effective partnerships, for example involving all of them, to put ideas together on how we can best support Westbrook residents when writing up care plans. Family come to review care plans with staff and then they make the changes."

During the inspection we observed staff being prompt in supporting people and responding to their needs in a way that confirmed they knew people well. This included ensuring people had items around them that they enjoyed using and delivering personal care at a time that suited people. A relative said, "When [person] first moved in they were like a rabbit in headlights but they soon settled in and now [person] is happy."

The service did not provide nursing care and the registered manager told us that they had not yet needed to provide end of life care for people. However, they had prepared for it by ensuring people had their wishes documented in their support plans.

People were supported to participate in activities in and outside of the home which reflected hobbies, interests and preferences. We saw people enjoyed holidays, walks and shopping. Relatives told us that staff supported people to do things that they enjoyed. One relative said, "[Person] has plenty to do, they are out at day centres but always doing something when we visit." People attended day centres and days out with family members. When at home there were opportunities for crafts and games. Staff knew what people enjoyed and facilitated this. Another relative told us, "[Person] has been allocated a key worker who, because they are around the same age as [person], is full of enthusiasm to organise activities for them and treats [person] appropriately for [their] age, despite [their] disability. This is much appreciated by [person's] family." The registered manager told us, "We have a culture every 3 months where family and friends are invited to spend the day i.e. Easter party, summer BBQs. Residents plan the menu and decorations. This is great for activities leading up to the event and a lovely day which everyone can spend together." We noted from residents meetings that people had been involved in the planning of these events.

There had been a holiday in the summer that had been thoroughly enjoyed. The service had been closed and everyone living there went on holiday. People had been involved in the planning and organising of this. Photos of the holiday showed that people had fun and participated in several activities while there. There

was a scrap book showing how the planning was done, including lists people had of what they needed to pack. The holiday was enjoyed so much that another was booked for next month and plans were already underway.

There had been no recent complaints received. Complaints and minor concerns raised previously had been fully investigated. Relatives told us that they knew how to raise concerns but had not needed to. One relative said, "[Deputy Manager and senior staff member] are so helpful, can speak to them if I need to." We saw that the complaints process was in a pictorial format to help people understand how to make a complaint.

People, relatives and professionals were asked for their views through a survey. Results seen were positive with all response recorded as Good or Excellent. There were regular resident meetings where people decided on menus and activities and were asked for their views on the service. Requests, such as bacon to be served at the party, were met and staff valued people's feedback.

## Is the service well-led?

### Our findings

At our last inspection well led was rated as required improvement. This was because the manager was not registered with the Care Quality Commission (CQC). At this inspection we found that the manager in post had registered with the CQC.

The registered manager started work at the service after the last inspection. We found that they were known throughout the home and people were comfortable around them. Staff told us that when needed they provided support to people and knew people well. We noted that they had accompanied people on the recent holiday. Staff were very positive about the registered manager. One staff member said, "I love [registered manager] He's the best manager we've ever had, and we've had a lot." Another staff member said, "He has a lovely personality, you can go to him with any concerns you have." A third staff member said, "He's great, just knowing he's there-even if he's not in the home, it's great. You know what is expected of you."

The registered manager supported both Westbrook House and the sister home located on the same grounds but this worked well as they were well supported by a competent deputy manager at Westbrook House. One staff member said, "[Deputy Manager] is amazing. This is her second home, not a workplace to her." We noted that the deputy manager was able to confidently give us information about the home and knew where to locate any records we needed to see.

Relatives were also positive about the management team and how the service was run. One relative said, "I think [Deputy Manager and senior staff member] are very nice." Another relative told us, "[Person] has not been at Westbrook House for long but the experience from [theirs] and [their relatives] point of view has been very positive to date. This is very much due to the effort, particularly by [Name] the deputy manager, but also by the other management and staff, to get to know [person] and [their] family and to care for [person] as we would wish."

There were quality assurance systems in place. These were used consistently and appropriately. As a result any issues found were addressed. For example, any shortfalls in management of medicines were addressed. This included the provision of a new controlled drugs book and changes to storage facilities.

There was a regular locality manager visit and they, along with a compliance team, completed audits to ensure the home was working well. We saw that actions arising from these visits were shared with the home manager and these were dated when completed. The staff told us that the locality manager was also supportive and approachable. One staff member said, "[Locality manager] just pops in, sometime at 6.30pm, I know that they are checking on things but they say just popping in for a cup of tea."

The management team worked with the local authority to ensure they were working in accordance with people's needs and obligations with the commissioning contract. A recent monitoring visit from the local authority had been very positive. The service was also supported by a local care providers association who provided support with activities and training to help keep knowledge up to date.

The registered manager told us how things had improved over the past year. They told us this was evident in the number of agency staff used in 2017 compared to 2016 which showed a significant reduction, the number of complaints and compliments received and staff training statistics. For example, in 2016 training was at 62% and at this inspection it was at 91%.

There were regular team meetings where the staff discussed changes to practice and any issues. The meetings included information to help staff remain informed about changes to the home and future plans. For example, they discussed what makes a good team member and team spirit to raise the importance of team work.

There were also reminders about policies, safeguarding and whistleblowing and ensuring records were up to date. We noted that staff knew how to report and raise concerns, records were up to date and staff spoke highly of the changes in the staff team and boost in morale. The registered manager told us, "I have the best team, I'm proud of them." They went on to say, "We motivated staff by selling the benefit of having an excellent team and having a healthy working environment. We had team building exercise going out for a drink and meals, regular one to one supervision and monthly staff meeting."

Providers of health and social care are required to inform the Care Quality Commission, (CQC), of certain events that happen in or affect the service. The registered manager had informed the CQC of significant events in a timely way which meant we could check that appropriate action had been taken.