

Black Swan International Limited

Westfield House

Inspection report

12 Westfield Road
Toftwood
Dereham
Norfolk
NR19 1JB

Tel: 01362697828
Website: www.blackswan.co.uk

Date of inspection visit:
01 September 2016

Date of publication:
29 September 2016

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 took place on 1 September 2016 and was announced. Westfield House is registered to provide accommodation and personal care for up to twelve people who have a learning disability. It opened in May 2016 as a service for people who have a learning disability. We gave the service 24 hours' notice of the inspection because it is small and we needed to be sure that people would be in. On the day of the inspection, there were two people living at the service.

There was a registered manager in post. 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 service had sufficient staff to meet the needs of the people living there. Staff were recruited only after completing the necessary checks to make sure they were suitable to work at the service. There were systems in place to reduce the risk of people experiencing abuse.

People were cared for by staff who were kind, caring and compassionate. People were also treated with dignity and respect.

Staff had received appropriate training to enable them to support people effectively and to keep them safe. Staff received regular supervision and were supported in their roles. Good leadership was demonstrated and senior staff were always available to staff so they could seek advice and guidance if needed.

People were asked for their consent before care was provided. The provider followed relevant legal guidance when making decisions on behalf of people who were unable to make and consent to them themselves.

The care was being delivered to meet people's individual preferences and people were supported to maintain good health as they had access to relevant healthcare professionals when they needed them.

Relatives were complimentary about the service and the support their family member was receiving. There was information available if people or their relatives wanted to complain.

The management team assessed and monitored the quality of the service, and improvements were made when they were identified.

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.

There were sufficient numbers of staff to provide people with the support they needed.

Recruitment policies were in place and focussed on ensuring that only staff that could meet the needs of the people that used the service were employed.

Medicines were given to people in a safe way.

Is the service effective?

Good ●

The service was effective.

Staff were well trained and supervised to enable them to provide people with good quality care.

If people became unwell staff sought medical advice promptly to promote their health.

Where people communicated in non-verbal ways staff were trained and were familiar with these.

Is the service caring?

Good ●

The service was caring.

Staff understood each person's choices and preferences, and knew how to communicate with people effectively.

People were treated with dignity and respect.

Relatives were positive about the care and support provided by staff.

Is the service responsive?

Good ●

The service was responsive.

Staff delivered care that was in line with people's assessed needs and preferences.

There was a system in place to investigate and respond to any complaints or concerns that were raised.

Is the service well-led?

Good ●

The service was well-led.

Quality assurance checks were completed by the management team and staff to help ensure the care provided was of good quality.

The registered manager demonstrated leadership and a knowledge of the people being supported.

Staff felt the registered manager had good management oversight of the service and supported them when they needed it.

Westfield 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 1 September 2016. The provider was given 24 hours' notice because the location was a small care service for adults who are often out during the day and we needed to be sure that someone would be in. The inspection was completed by one inspector.

The provider completed a Provider Information Return (PIR) before the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help us plan the focus of our inspection.

We also reviewed the information we held about this service including notifications. A notification is information about events that the registered persons are required, by law, to tell us about. We also made contact with the local authority quality assurance team to ask their views on the quality of the service.

People who used the service were unable to tell us verbally about their experience of care. However, staff who knew people well were able to assist some people to communicate their views in other ways. We made observations of people's experience of care and how staff interacted with people. This enabled us to better understand people's experience of the support they received. We also spoke with two people's relatives.

We spoke with three care staff and the registered manager. During the inspection we looked at one person's support plans as well as records in relation to the management of the service including staff recruitment records, staff supervisions, complaints procedures and quality assurance records.

Is the service safe?

Our findings

People were kept safe from the risk of avoidable harm by a staff team who understood how to support people safely. Staff were aware of indicators of abuse and knew how to report any worries or concerns. They told us this would be reported to the registered manager and they were confident it would be dealt with appropriately. Staff also knew how to contact the local authority with concerns if this was needed. The provider had a policy on safeguarding people from the risk of abuse, and staff knew how to follow this. Staff received training in safeguarding people and this was recorded in training records we were shown.

People had risks to their health and welfare individually assessed, reviewed and monitored. People's support plans included comprehensive risk assessments for all areas of their daily living. Risks assessments outlined measures in place to enable people to maintain their independence with minimum risk to themselves and others.

There were sufficient staff deployed to meet the needs of the people who lived at the service. The provider determined staffing levels based on people's assessed needs.. This meant that people were provided with the staffing they needed to help keep them safe. Staff told us there were always enough staff on duty to meet people's needs and support them to go out and take part in activities safely.

We viewed staff records to see if the provider had made the required checks to make sure the staff recruited were suitable to work at the home. We saw that staff applying for a job were required to complete an application form setting out their previous experience and relevant skills. Staff were only recruited after an interview to assess their suitability for the role, receipt of satisfactory references and a Disclosure and Barring Service (DBS) check was obtained. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services.

Hazards in the service were risk assessed and managed. There were up-to-date maintenance contractors' reports, including the landlord's gas safety certificate, the electrical wiring, and the safety of electrical appliances. Fire equipment was checked and serviced regularly to ensure it was ready to be used if needed. Risks related to the evacuation of people in an emergency had been assessed and people had personal emergency evacuation plans (PEEP) in place. These were in place to guide staff on how to evacuate people safely. These had been reviewed regularly to make sure the information they contained was current.

Systems were in place to ensure people received their medicines safely. All staff received medicine administration training and were assessed as competent before they were allowed to administer people's medicines. Their competency was also checked annually by the registered manager to ensure they followed best practice when giving people their medicines. All medicines were administered by two members of staff, one who administered and one who witnessed the administration. Medicines were safely stored in a locked cupboard for the safety of the people who lived in the service. Audits of the medicines were carried out every month in order to ensure they were managed safely and any medicine errors, if applicable, were addressed.

Is the service effective?

Our findings

People were supported by staff who were trained and experienced to provide their care. One person's relative told us, "All the staff are trained in supporting people who have autism; it means we can all work together. What they say, we say. We're consistent and that is so important."

Staff we spoke with were knowledgeable about people's individual needs, and this was reflected in the support plans we looked at. All staff had a probationary period before being employed permanently. The provider had a programme of induction which included role-specific training, shadowing experienced colleagues and skills checks. All staff undertook relevant training the provider felt essential to meet people's health and social care needs.

Staff members told us that they had received enough training to meet the needs of the people who lived at the service. This included training in core subjects to enable them to support people effectively. For example, adult safeguarding, infection control and autism awareness. We saw the effectiveness of the training as staff communicated with people in a clear and calm way.

Staff told us and records showed that they had received regular supervisions. This helped to monitor the skills and competencies of staff and to identify any training needs they might have. Staff were positive about the support they received. One member of staff told us, "We [staff] receive regular supervision, however less formally [registered manager] has an open door policy and we can approach for support at any time."

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 is called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA, and found that they were. Staff had good understanding of the principles of the MCA, including how to support people to make their own decisions, and when a DoLS application may be required. The provider was working in accordance with the MCA, and people had their rights upheld in this respect.

We found that the service had submitted a DoLS application to the appropriate supervisory body which had been approved. The manager was aware of their responsibilities in ensuring the conditions of the approved authorisation were met.

Care staff were knowledgeable about the importance of obtaining people's consent when supporting people with their care and in other areas of their lives. One member of staff told us about a person they

supported who may refuse to have assistance with certain aspects of their personal care. The member of staff confirmed to us that they would respect the person's decision and then offer again later. The staff member also told us that they provided people with visual information when making choices to reinforce the verbal communication. They gave the example of showing a person a shampoo bottle and jug when offering hair washing and that this was important to ensure that they were supporting understanding as much as possible.

People were supported to make their own decisions and moved freely around the service without restriction and this was respected by staff. People's support plans instructed staff to ensure that people made their own decisions and provided guidance on how they communicated their choices and preferences.

People were supported by staff with their meal preparation and to access food and drink. People had a choice of meals and could eat when it suited them. Staff monitored people's food and fluid intake to ensure people were eating and drinking enough and supported them to keep healthy and well. A relative told us, "He gets choices. They encourage him to eat, it used to be that he would have his food removed if he didn't eat it but they know here [Westfield House] that if he is left he will go back to it and it works."

People were supported to maintain good health. Staff were responsive to any changes in the health or well-being of the people who lived at the service. Routine appointments were scheduled with opticians and dentists and people had access to wider healthcare support such as GP's and hospital services. We spoke with a healthcare professional on the telephone as part of this inspection who told us, "The team are responsive to a multi-disciplinary approach. They support people to attend appointments and to action recommendations. They pick up on any medical concerns and seek medical advice. They don't take risks with people's health."

Is the service caring?

Our findings

Throughout our inspection visit we observed staff working well as a team, providing care in an organised, calm and caring manner. Staff spoke with compassion and kindness when they told us about the people they supported. One member of staff said, "This is a happy place to be. We are aiming to increase people's independence so they can move on to be independent." Another member of staff told us, "I am confident there are not many places like this."

During our inspection and whilst people were at home, staff interacted with them in a kind and supportive way. There was a good rapport between people and staff. Staff talked positively about people and were able to explain what was important to them such as personal items, chosen activities and routines. Staff knew the importance of encouraging people to be as independent as possible. A staff member told us, "We are enabling people to take steps towards self-determination and independence. They are encouraged to make choices and as a result we take very small steps forward. If we take a step backwards, it's okay we can reflect as a team what worked and what didn't."

People who lived at the service were unable to fully express their needs verbally. Staff had a good knowledge of how people communicated. Support plans contained information to assist staff to communicate with each individual. For example with the use of pictures or showing the person objects. We observed staff being courteous to people and their interactions were respectful and friendly.

The registered manager and staff were very aware of people's needs and demonstrated a consistent understanding of people's communication and behaviours. A staff member told us, "One person has set routines; we know their triggers and take a calm approach, a calm positive voice." The staff member provided specific examples of how they ensured the environment was suitable and relaxing for this person and told us, "We have a sensory room. [Person] can access it freely and they enjoy that." The registered manager told us, "We [staff] have no raised voices. We take a calm approach and this rubs off on the individual [people]. If we didn't and responded to people with raised voices it would raise anxiety levels. It's positive interaction and it works."

People were supported to maintain relationships with people that were important to them and visitors were able to visit without restriction. Relatives told us that they knew all staff well and they were regularly in touch with the service. Relatives also told us that they were kept up to date with events at the service through regular contact with the registered manager and staff. One relative said, "They [staff] keep us updated, we know what it going on. Special thanks goes to [person] key worker. They give us a full account and make sure we know what is happening. They are brilliant."

Staff knew how to protect people's dignity and privacy. They told us they respected people's right to privacy. Each person had their own bedroom which they could access whenever they wanted to. We saw this to be the case on the day we visited. One member of staff told us, "It is their [people] own rooms. I was supporting someone who didn't want me in their room so I didn't go in."

Is the service responsive?

Our findings

People received care that was responsive to their individual needs. A relative told us, "It's fantastic, they are making [relative] independent he is now sticking up for himself. If there is anything wrong they are encouraging him to speak up. They [the manager and team] are working really hard."

People's needs had been assessed with theirs and their family involvement, prior to them moving into the service. A person's relative confirmed they had participated in the initial assessment and had since been involved with any discussion and review of their family members care and support. The registered manager and staff told us that people using the service had participated in a transition programme of visits to the service prior to moving in. We were told that this was to help them, their relatives and staff to make a decision as to whether the service could meet the person's needs. We saw on the day of our visit that an empty bedroom had been decorated with two different colours on the walls. Staff told us that the colours were chosen by a person who was due to move into the service shortly.

Following this assessment, a support plan was developed which was personalised to reflect the person's needs and preferences. The support plans we read were personal to the individual and gave information to staff about people's needs and how they made choices. The registered manager had recognised that the support plans needed further development where people may have displayed behaviours that challenged themselves and others. Work had been carried out by the registered manager who had developed further information and had begun preparing and completing additional support plan documents to help guide the staff within these areas.

Staff demonstrated skill in providing person centred care for each of the two people living there through their approach to supporting people. Person centred planning is a way of helping someone to plan their life and support, focusing on what's important to the person. Staff had a good understanding of people's support needs and the staff we spoke with told us it was extremely important to people that there was a consistent approach to communication and to their support.

People's likes and preferences were clearly documented throughout support plans. For example, preferences about when to get up and when to go to bed. People's choices about the gender of staff to support them were also considered as part of people's support plans.

People were encouraged and supported with their hobbies and interests. We saw people were able to spend time how they wanted and were moving freely around the communal areas of the service. Some people chose to watch television in the communal lounge for a short period of time, another person requested to use the telephone in order to make a call. During our inspection both people were supported to go out to eat lunch. In the afternoon one person chose to go in the garden with a member of staff and play football.

The provider had a complaints procedure which enabled people or their relatives to raise complaints or concerns. Relatives told us that they had not had to make a complaint, but felt confident that if they did, that

it would be dealt with satisfactorily. This was because they found the registered manager and staff approachable and easy to talk to.

Is the service well-led?

Our findings

People's relatives that we spoke with were all very complementary about the registered manager and the way the service was led. Comments from relatives included; "[Manager] is fantastic, really good." Another relative told us, "The manager is brilliant, always there. It's a nice place and they know what they are doing." A health professional we spoke with told us, "The registered manager has experience with working with people who have a learning disability and autism. That makes a difference. His leadership makes a difference."

There was a staffing structure which gave clear lines of accountability and responsibility. In addition to the registered manager there was a deputy manager, support staff and a transitions officer as well as a regional manager who visited the service regularly.

The registered manager told us they were proud of their staff team and the relationships that they had developed with people. They told us, "I am really pleased with the team; I'm blown away by them. I am a great believer that I am only as good as my team and they are as good as I lead. We have a good level of professionalism."

The staff we spoke with told us the registered manager was approachable, listened to them and was always available to provide advice and support. One member of staff described the registered manager saying, "[Manager] is a positive leader. He guides the ship and steers us. He is held in very high regard within the team. If he is off work on holiday then we are pleased to see him back. We know he is always at the end of the phone for reassurance and guidance." Another member of staff told us, "[Manager] is the best manager I have ever had. He is not afraid to get stuck in and is so easily approachable." A third staff member told us, "[Manager] is part of the team. He's not like other managers I've had."

Staff understood their roles and responsibilities. Staff morale was good and staff told us they received good support from the management team and their peers. One member of staff said "Our team has a mixture of skills we can bring to the table. We work together and help each other out." Another staff member said, "The culture of the team is a positive one. The way we approach care is collective. We agree and deliver the best we can following the leadership of the manager."

Staff attended regular staff meetings where their views were encouraged. These meetings were also used to share important information and updates about the service. Staff told us that the meetings were a chance for them to share views and opinions and that they could speak openly.

There were quality assurance systems in place to monitor care and plan on going improvements. We were shown audits and checks to monitor safety and the quality of care people received. There was regular involvement in the service from the regional manager to ensure people and staff were happy and they were providing a good service for people. Staff and the registered manager told us that they felt supported by the regional manager.

The registered manager also undertook health and safety audits and infection control audits to ensure the safety and wellbeing of the people living in the service, people visiting the service and to promote a safe working environment.

The registered manager and deputy manager were aware of their responsibilities with regards to reporting significant events to the Care Quality Commission and other outside agencies. Services providing regulated activities have a statutory duty to report certain incidents and accidents to the Care Quality Commission (CQC). We checked the records at the service and we found that all incidents had been recorded, investigated and reported correctly.