Tracs Limited

Westholme

Inspection report

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Date of inspection visit:
02 May 2017

Date of publication:
09 June 2017

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

Westholme is a care home for up to 13 people who have an acquired brain injury, mental health needs or who are living with Autism. At the time of our inspection 13 people were living at this home.

At the last inspection on 24 and 25 June 2015 the service was rated Good.

At this inspection we judged that the service provided remained Good.

Why the service is rated Good.

People received the support they required to live a full and active life, while maintaining their safety and well- being. There was a temporary shortage of established permanent staff. Action was being taken to cover these vacancies and in the longer term to recruit permanent staff. The registered provider had established robust recruitment checks to ensure new staff were suitable to work in adult social care.

Risks relating to people's healthcare needs and lifestyle had been assessed. Staff were aware of the support people needed in these areas, and we saw staff providing support that was consistent with these assessments.

The majority of people required the support of staff to manage their medicines, although arrangements were in place for people to be able to do this independently whenever this was possible. Staff responsible for administering medicines had been trained and assessed to be competent. The systems to manage and check medicines were robust.

Staff had received training and support to ensure they were aware of people's needs and how to meet them. People were supported to see a wide range of health professionals and they received the help they required to maintain good health. People had the opportunity to plan, shop for and prepare a wide range of meals and drinks that they enjoyed and that would ensure they maintained good hydration and nutrition.

People were supported to have maximum choice and control of their lives and staff supported people in the least restrictive ways possible. When restrictions on people's liberty were necessary the registered manager had ensured the correct applications had been made to protect each person's legal rights.

The staff we met knew people well, and were able to tell us about people including their needs, preferences and had knowledge of what was important in the person's care. We saw people joking with and teasing the staff. This showed that they had built up trusting relationships with the staff that were supporting them.

A range of activities and opportunities were provided each day that were tailored to each person's needs and preferences. People were encouraged to develop skills related to independent living such as making simple meals and drinks, housework and laundry. People had been supported to maintain links with

people, places and activities that were important to them, and which they had enjoyed earlier in their life.

As far as people wished and were able they were involved in developing and reviewing their care plans. When people could not or chose not to contribute to this process staff had involved people that knew the person well and used their knowledge of the person to plan care that they felt was in the person's best interest and best fitted their known preferences and wishes.
People and their relatives felt able to raise concerns and complaints. Two complaints had been received, and these had been dealt with thoroughly.

We received consistent feedback that the home was well run, and that the registered manager and senior staff team were supportive and promoted good practice. The registered manager had stayed up to date with changes and developments in adult social care, and had ensured he had a good knowledge of the specific health care needs that people living at this home experienced. This ensured care was always delivered in line with best practice. The registered manager and registered provider had a wide range of checks and audits in place that ensured the on-going safety and quality of the service. These had been effective at providing assurance that the service remained good, and that the service was meeting people's needs and all of the fundamental standards.

Further information is in the detailed findings below

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 remained good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remained good.	**Good**
Is the service responsive? The service remained good.	**Good**
Is the service well-led? The service remained good.	**Good**

Westholme

Detailed findings

Background to this inspection

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

This comprehensive inspection took place on 02 May 2017 and was unannounced. The inspection was undertaken by one inspector. A member of the CQC 'Intelligence' team shadowed this inspection as part of their learning and development. As part of the inspection we looked at information we already had about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care. We refer to these as notifications. We reviewed the information from notifications to help us determine the areas we wanted to focus our inspection on. We also requested feedback from the local authority who purchase this service.

We visited the home and met nine of the people currently living at the home. Some people living at the home were unable to speak with us due to their health conditions. We spent time in communal areas observing how care was delivered to help us to understand the experience of people who could not talk with us.

During our inspection we looked at parts of two people's care plans. We looked at the systems in place to check medicines were managed and administered safely. We looked at the recruitment records of three staff. We looked at the checks and audits undertaken by the registered manager and registered provider to ensure the service provided was meeting people's needs and the requirements of the law. We received feedback from one health professional that supports people living at this home. As part of our inspection we spoke with four relatives. We also spoke with four members of staff, the deputy manager, senior carer and the registered manager.

Good

Is the service safe?

Our findings

People we spoke with told us they were happy with the service provided and had no concerns for their safety or well-being. People told us, "I feel quite safe," and "I can tell the staff if I feel happy or unhappy." Throughout our inspection we observed people looking relaxed and calm. Relatives we spoke with told us they felt confident that people were safe. One relative told us, "We are really happy [name of person] is here, we have no concerns about safety at all." Another relative told us, "I have complete peace of mind, I cannot praise the service highly enough."

Staff we spoke with explained to us how the care and support they provided focussed around helping people do the things that were important to them, and keeping people safe. Staff we spoke with were aware of people's needs and had received training to ensure they could meet these needs safely and in line with best practice guidance. Risks to people's safety that were related to their health needs or lifestyle had been assessed. The staff we spoke with were aware of how to support people in ways that reduced the impact of these risks, while enabling people to maintain an active lifestyle, doing the things that were important to them. Staff confidently described the action they would take in the event of abuse being reported or alleged. This would ensure people got the support they required and that the relevant agencies would be informed.

A recruitment drive was underway to recruit new permanent staff. In the interim existing staff were working additional hours with the support of agency staff. Our observations, discussions with people, staff and relatives showed that while there were always adequate numbers of staff on duty to help maintain people's safety, there were not always sufficient staff to support people in undertaking activities that were important to them. We spoke to one person about staffing and they told us, "Staff, there's hardly any of them ever here." A relative we spoke with told us, "The individual staff are lovely, but sometimes they are very short staffed." Interviews had been held and action was underway to provide more, consistent staff to support people.

Robust checks had been made before offering new staff a position within the home. This ensured people were supported by staff suitable to work in adult social care.

People could be confident that their medicines were well managed. Staff had been trained and assessed as competent before they were given the responsibility of administering people's medicines. Staff we spoke with consistently described the process they followed to ensure medicines were safely administered and managed. One of the people we spoke with confirmed they were happy with the support they had in relation to their medicines. If people wished and had been assessed as being able; arrangements were in place for people to administer their own medicines. We saw that a range of checks were undertaken each day and periodically by the management team to ensure that medicines were given and managed safely.

Good

Is the service effective?

Our findings

People could be assured that the staff team had been trained and supported to develop the skills they required to meet people's needs. Throughout our inspection we observed staff confidently meeting people's needs in relation to their mental health, with mobility and specific health conditions. One of the relatives we spoke with told us, "They are very used to working with [name of person] and have been trained to meet both his physical health needs and his mental health needs."

The registered manager confirmed that the induction provided equipped new staff to support people safely. One member of staff told us, "I did an induction, shadow work and then I had a buddy until I felt confident." The registered manager had ensured that staff had received training for their role and that the Care Certificate was available for any new staff that required this. The Care Certificate is a nationally approved set of induction standards that ensure staff have the knowledge they need to provide good, safe care.

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 decision made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA. People told us there were no rules or unnecessary restrictions placed on them. We heard and observed staff offering people choices and patiently providing explanations to enable people to make choices regarding their own care.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff we spoke with had an adequate knowledge of their responsibility to support people in line with the MCA. The registered manager demonstrated an in depth knowledge of this and when restrictions on people's liberty had been identified as necessary to keep people safe, these had been discussed with the relevant professionals, and alternatives explored that might be less restrictive. Applications had been made to the supervisory body when required, and systems were in place to ensure these were applied for again, before they expired.

People told us that they enjoyed the food provided, and that they were able to join staff in planning, shopping and preparing food and drinks. During our inspection we observed people freely accessing the kitchen to make drinks, snacks and meals. One relative we spoke with told us, "When I go and visit I'm offered drinks, or I can go into the kitchen and support my brother to make his own."

People had been supported to maintain good health, and to access the healthcare services relevant to them. Changes in people's healthcare needs had been noted and support and advice had been sought from the relevant professionals when required. One person told us, "If I need to see the Doctor I just ask and they will book me in. I get an annual MOT [health check-up], and to see the dentist and optician and as well as

that I donate blood on a regular basis." A relative we spoke with described how their loved one had experienced unsettled mental and physical health before moving to Westholme. They described them now as being "Settled, stable and as well as they could possibly be." They told us this was due to the compassion and support offered to their relative by staff working at the home.

Good

Is the service caring?

Our findings

People were mainly supported by staff that they had got to know well. New or temporary staff were introduced to people and they worked alongside more experienced staff until they got to know people. All the care and support we observed was offered with kindness and compassion. The interactions between staff and people living at this home showed that people had developed trusting relationships with staff. People looked relaxed and calm with the staff who were supporting them. The people we spoke with described the staff as, "Angels," and "Golden." People felt comfortable to make jokes and tease the staff which was evidence of the confidence and secure relationship people had with the staff supporting them.

During our observations we saw and heard people being spoken to with kindness, we saw staff exercising patience in trying to help people understand questions and make choices, and we saw interactions and support that promoted people's dignity and independence. Two of the relatives we spoke with described how their loved one was at risk of neglecting their own care needs and that they needed staff to support them with this. They described how staff did this respectfully to help people maintain a good standard of personal hygiene, even when they had no insight or awareness of this need themselves.

Some of the people we met were not able to explain their needs and wishes easily. We observed staff using their knowledge of the person, and their experience of what different words and gestures meant to help people make choices and express their wishes.

Staff were aware of the individual wishes of each person, relating to how they expressed their culture, faith and gender. We observed that people had been supported to live a life that was reflective of their individual wishes and values. If people wished they were supported to attend places of worship. The registered provider had ensured that all staff had been trained in equality and diversity. Staff we spoke with described how this impacted on the support they gave to each person, and contributed to the positive relationships and morale within the team. People could be confident their individual preferences and choices relating to their culture, faith and gender would be respected.

Good

Is the service responsive?

Our findings

People told us that they were involved in developing and reviewing their care plans. Some of the people we spoke with were able to describe their life goals and ambitions and the written plans we read documented these and the action taken to help the person achieve these goals. Some people were able to tell us about activities and holidays they had undertaken that had been planned in response to their wishes. When people could not personally contribute to this planning or review process, staff had involved people that knew the person well and used their knowledge of the person to plan care that they felt was in the person's best interest and best fitted their known preferences and wishes. One relative we spoke with told us, "We are invited to the care reviews,reviews; we get to talk about the care provided with the social worker and manager. They also call anytime if they need to let us know anything."

Relatives we spoke with confirmed that staff from the home contacted them if any changes occurred in the health or well- being of their loved one. Our observations and people's care records showed that each person had been provided with care and support that was tailored to meet their individual needs and wishes. Staff we spoke with were aware of the preferences of each of the people we met, areas in which they were able and wished to be independent, and areas in which they required support.

A range of activities and opportunities were provided each day. The planned activities were tailored to each person's needs and preferences. We were informed that on occasions these plans could not be achieved when staffing numbers did not facilitate external activities. People were encouraged to develop skills related to independent living such as making meals and drinks, housework and laundry. Staff we spoke with were aware of people's preferences for activities, meals and drinks, television programmes and music. People we spoke with told us with pleasure about events including quizzes, trips to see tribute bands, a concert at the home, days out to places of interest and holidays that they had particularly enjoyed. People we met who were spending time at home had also been supported with activities they enjoyed including watching films or TV programmes of particular interest to them, and playing board games.

The registered provider had an established complaints procedure that would ensure complaints were recognised, investigated and responded to robustly. This service had received two complaints since our last inspection. One relative told us, "They are really helpful if there are any problems. They'll sort it out and get back to you." People felt able to raise any concerns or questions with the registered manager or a member of the staff team.

Good

Is the service well-led?

Our findings

We received consistent feedback that the service was well-led. The home was organised and purposeful without any undue routines or restrictions being placed on people. A relative we spoke with told us, "The three managers are all lovely, approachable, friendly, helpful."" Another relative told us, "I cannot fault the service or praise it highly enough." A member of staff told us, "I think the management [named three people] are brilliant, approachable. I can go to them with any problems and know they will listen and I help. I feel very supported." Staff we spoke with described some recent changes within the company that had been unsettling, however described feeling loyal to the people they support, the home manager and the organisation.

There was a registered manager in post who was present throughout the inspection. 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 and the registered provider had developed and utilised a wide range of audits and checks to ensure that the service being offered was meeting people's needs, was safe and meeting the requirements of the law. These had been mainly effective at providing assurance that this service was still good and at driving forward improvements. The registered manager and registered provider had identified that the physical premises of Westholme required some upgrading and improvements. Plans were in place to address this as far as possible. We tracked the time taken to replace or repair two broken showers. Although it was evident staff at the home had reported and chased the repairs, the registered providers arrangements had not been effective at ensuring these repairs were undertaken promptly which had impacted on people's choice of where to meet their personal hygiene needs.

Discussions had been held and ideas were being explored about how the home could continue to develop in ways to meet people's needs and to achieve the rating of 'Outstanding'. Audits undertaken by agencies external to the home, including food hygiene inspections, and quality monitoring by the local authority also confirmed that this was a good, safe service.

The registered manager had stayed up to date with changes and developments in the field of adult social care, as well as the specific needs of the people living at this home. This ensured he was able to lead and support staff in providing care that was consistent with best practice guidelines. The current CQC rating was on display both at the home and on the registered provider's website. This showed an awareness of legal regulations as well as demonstrating transparency and an open culture.

The registered manager shared with us feedback from a recent staff day where they had explored the culture of the home, looking at existing strengths and considering ways they could provide an even more positive culture within the home. Staff we spoke with described feeling proud of the service offered, and spoke of the ways they practically demonstrated how they valued each of the people they supported.