

Tracs Limited Westholme

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 

Overall summary

This unannounced inspection took place on 24 and 25 June 2015. The service was last inspected in January 2014 when we found three breaches of legal requirements. In January 2014 we found the registered provider was failing to safely manage medicine administration, did not have effective systems in place to monitor safety and quality and that people's care needs were not always well met. We asked the provider to take action and at this inspection we found the required improvements had been made.

Westholme can support up to 14 people who may have an acquired brain injury, a learning disability or mental health needs. The home had bedrooms and bathrooms

on the ground, first and second floor. There were shared lounge, kitchen and dining facilities on the ground floor. Lift access was available to all floors. At the time of inspection 12 people were living at the home.

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.

We found that people using this service were safe. The registered manager and provider had been pro-active in assessing, identifying and acting upon risks that people

Summary of findings

may present or be exposed to. Measures had been put in place to ensure these risks were well managed and that people were protected, however this was undertaken discreetly in a way that still enabled people to enjoy freedom, independence and ability to maintain their human rights.

Adequate numbers of staff were on duty; they had been well trained and had been supported to develop the skills they needed to meet the needs of the people they were working with. Robust checks were made on staff before they started work in the home to ensure they were suitable to work in adult social care.

Medicines were safely managed. We observed staff practising good medicine administration, and records showed staff had received training in this. Records and stocks of medicine were checked and this audit suggested people had received the medicines they required at the correct time.

People were supported to stay healthy. Opportunities were provided and people were supported to see a wide range of health professionals and to attend health related appointments.

People had access to a wide range of food and drinks. People were encouraged to be independent and where they were able people could make their own hot drinks, help themselves to a range of snacks, and prepare a light meal. Staff offered people the opportunity to help or to observe with the preparation of meals each day.

Staff were aware of their responsibilities under the Mental Capacity Act 2005. They had ensured people received the assessments and support they required and when necessary had made applications to the local supervisory body for Deprivations of Liberty Safeguards (DoLS). Staff we spoke with were aware of the act, and how this affected them in their day to day work with people.

We observed and were informed that staff were kind and compassionate in the way they supported and cared for people. People were treated as individuals and had chance to pursue interests and hobbies that they had earlier in their life.

There was a complaints procedure in place. People told us they had opportunity to raise concerns and to give feedback about their experiences and things that were of concern to them. People told us, and records showed that action was taken to address these matters.

We received consistent feedback that Westholme was a good place to live, to work and visit. People told us the home was well managed, and the findings of our inspection supported this. The registered provider had developed and used a wide range of tools and systems to ensure the service being offered was safe and of good quality.

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 safe.

People, relatives and professionals consistently told us this people living here were safe.

There were established systems to assess and plan for risks people might experience or present.

Systems were in place to ensure there were adequate numbers of staff that could meet peoples' needs, including supporting them with their medicines, moving and handling and distressed behaviours.

Good



Is the service effective?

The service was effective.

People, relatives and professionals consistently told us people living here received good care.

Staff received the training they required to develop and maintain the skills necessary to meet the needs of the people they were supporting.

Arrangements were in place to ensure people had enough to eat and drink. People had opportunity to choose the menu, and participate in cooking and preparing meals and drinks.

Good



Is the service caring?

The service was caring.

People, relatives and professionals consistently told us staff cared and worked with kindness and compassion.

People were supported to maintain their dignity and their human rights.

Staff were motivated and passionate about providing good care. They spoke with pride about the service they delivered and with enthusiasm about the people they supported.

Good



Is the service responsive?

The service was responsive

People, relatives and professionals consistently told us that care was delivered in an individual way, and that regular reviews ensured the care and support provided always met people's current needs.

People were supported to undertake activities that they enjoyed, were individual to them, and which reflected the hobbies and interests they had before they lived at Westholme.

Concerns and complaints were taken seriously. We saw that they were investigated, responded to promptly and used as a way of improving the service.

Good



Is the service well-led?

The service was well led.

People, relatives and professionals consistently told us this was a good service with an effective and approachable management team.

Good



Summary of findings

The registered provider and registered manager continually strived to improve the service and build on developments already made.

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 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 unannounced inspection took place on 24 and 25 June 2015.

The visit was undertaken by one inspector. Before the inspection we looked at the information we already held

about the provider from statutory notifications they had sent us, and their completed provider information return. Prior to our visit we also spoke with service commissioners (people that purchase this service on behalf of people living at the home) to obtain their feedback.

During the inspection we met and spoke with all 12 of the people living at the home, spoke at length with five members of staff, spoke with three relatives or friends of people, and three health care professionals. We spent time observing day to day life and the support people were offered. We looked at records about staff recruitment, training, care and support and the quality and audit systems in place at the home.

Is the service safe?

Our findings

We last inspected this service in January 2014. At that time we found the provider was breaching the regulations and not meeting people's needs as medicines were not being safely managed. We asked the provider to take action. The action taken by the provider had been effective and people could now be sure their medicines were being safely managed.

People who lived in the care home told us they felt safe. Comments from people included, "I do feel safe. Sometimes it is annoying when other people shout out, but sometimes this happens. I know staff do their best to help each of us, and it doesn't make me feel unsafe", and "I have no concerns about my safety at all." Relatives of people who lived in the home supported this and told us, "Yes [name of my relative] is safe here. I have no concerns about his safety at all", and "It is a big relief for me, for [name of relative] to be here [at Westholme] I am confident he is happy and safe."

Staff we spoke with were all able to describe a wide range of safeguarding concerns, and describe the action they would take in response to abuse being reported or suspected. Staff described the actions they took each day to keep people safe. They were aware of their own responsibilities for the safe running of the home for that shift and the needs and risks associated with particular people they were supporting that day. Staff we spoke with told us, "Yes, this is a safe place for people to live. Over time we have developed knowledge and skills that help people to live together as safely as possible", and "Yes people are safe. I notice working here that all staff are vigilant, and quick to report anything they think affects people's safety."

People were supported and encouraged to be as independent as possible. Sometimes there were risks to the person or to others associated with this independence. During our inspection we observed one person being supported and guided to ride a bicycle they had recently purchased. Staff were aware of how to assess the risks associated with the activity, but did this in a positive and effective way that enabled the person to have the experience they wished as quickly and safely as possible.

Some people we met communicated their distress or needs through their behaviour. This could at times be unsettled and require support from the staff team to help

the person calm down, and to keep them and other people in the home safe. We observed the way staff supported people when they became distressed. We saw staff working discreetly to move people away from people who were distressed and they used a wide range of techniques to help the person calm down and resolve their situation. Staff we spoke with explained how they worked together as a team, and how they used their training, experience of the person and written documents such as the person's care plan and risk assessments to bring the episode to a calm conclusion. We saw there were systems in place to record and monitor these incidents to ensure that any trends or patterns could be picked up and action taken. The registered manager explained how he was planning to implement a further level of review after events to improve on their safety record even further if possible.

The systems to ensure the safe administration of medicines were robust. The stocks of medicine and records we checked suggested all medicines had been administered as prescribed. We observed staff supporting people to take their medicines. We saw staff support people at a pace and using words and techniques that they could understand to help them take their medicines safely. We asked people about their medicines. Everyone we spoke with told us they had no concerns about their medicines or the way they were administered to them. One person told us, "Staff help me with my medicines. I usually check them, and yes they are right"

People told us the number and quality of staff working in the home had improved. We observed that staff were able to respond quickly to people's requests and needs. Some people had dedicated staff to support them with an activity or to help manage risks they had been assessed to have. These staff supported people consistently, and enabled them to have fulfilling and interesting opportunities during the day. We asked the registered manager how they could be certain there were enough staff on duty. They were able to explain how they calculated the numbers and the opportunities they had to "flex" these when people had specific appointments to attend, or if their needs changed.

We looked at recruitment records. New staff did not start work at the home until robust recruitment procedures had been completed. There were also systems in place to ensure people who had worked at the home for some time

Is the service safe?

remained suitable to work in social care. Staff we spoke with confirmed they had been asked to provide references, attend an interview and apply for a Disclosure and barring check (DBS) before being allowed to work in the home.

Is the service effective?

Our findings

We last inspected this service in January 2014. At that time we found the provider was breaching the regulations and not meeting people's needs as care and treatment was not always planned and delivered in a way that would ensure people's safety and welfare. We asked the provider to take action. The action taken by the provider had been effective and people could now be sure their care and support needs would be met.

People and relatives we met spoke highly of the staff and felt confident they were able to meet their needs. People shared with us specific examples of things members of staff had done with them or for them that had a positive experience on their life.

Staff we spoke with reported that they had received plentiful, good quality training in their time employed at the home. Their comments included, "I'm always supported here. A lot of training has been provided." Staff who had started work more recently told us they had received an induction, and had opportunity to shadow more experienced members of staff before being expected to work on their own. We observed staff supporting people to move around the home and out into the community. This activity was completed safely and people were not rushed by the staff supporting them. Since our last inspection the provider had obtained a hoist. Staff we spoke with and training records we viewed showed staff had been trained to use the hoist.

The staff we spoke with all told us that the needs of the people they were supporting at Westholme had changed over time, and they felt they needed further training to meet some people's needs in areas where they had less experience and knowledge. One member of staff described the needs of one of the people they supported and how difficult they found this. They went on to say, "It is not that I don't care about them, it's just I don't know what to do for them." We spoke with the manager about this, who confirmed this was the case and that the registered provider had identified this and was in the process of sourcing and delivering the training people needed.

Feedback we received from professionals who had supported people with some of the needs staff described were entirely positive about the attitude and skills of the staff team at Westholme.

Staff we met and spoke with had an adequate knowledge of the Mental Capacity Act 2005. Staff were aware of the deprivations that had been identified for people living at the home and the actions they were taking in response to these. We observed and heard people being consulted and asked for their consent before being administered their medicines, undertaking an activity or being moved for example. Staff showed a high regard for people's human and legal rights and showed commitment to ensure they worked in a way to protect these rights.

People we met told us about improvements to their health they had enjoyed since moving to Westholme. People confirmed they were able to see a wide range of health professionals and received the support they needed to attend appointments at clinics and hospitals. We looked in detail at the work undertaken by the home to assess risks to people's health (such as changes in their weight), to monitor people's health conditions, and to plan care where a need was identified. Feedback from health professionals confirmed the home followed their instructions, worked co-operatively with them and identified promptly when people needed a health referral.

A wide range of food and drinks were available. People were able to contribute to menu planning and to participate in food shopping to ensure they obtained food they liked and which met their cultural needs and preferences. Throughout our inspection we observed people accessing the kitchen and helping themselves to snacks and drinks. Although one main meal was cooked each meal time we observed that people had a variety of different meals and variations on the meal which met their preferences. This included people having an entirely different dish of their choice, or having the main dish served with a different side dish which better met their needs or preferences. People and their relatives all reported favourably about the food provided and their comments included, "The food is plentiful. I have seen a very wide range of different dishes prepared from scratch in the time [name of person] has lived here" and "I have no complaints in that department."

Is the service caring?

Our findings

People we spoke with told us about the staff team, and described some of the things they did with and for them. People described staff with warmth and in friendly terms. Comments included, “The care staff are all lovely, some especially are particularly good and kind” and “Staff are really kind and helpful. I do as much as I can for myself, but I know any of them will help me.” People shared examples of activities that staff had undertaken with them, and opportunities they had been able to experience and enjoy that without the support of staff they might not have otherwise had. There were examples of things staff had done that showed they had gone “the extra mile” to help people when they were providing care and support. People’s feedback was that staff were aware of their interests, life history and goals and during the inspection we observed that individual activities were provided for people that met these wishes and promoted people’s rights to be an individual.

We observed staff working consistently in a respectful way, helping people to maintain and promote their dignity. Some people were not aware that for example their clothing was not well adjusted and that it was not protecting their dignity. We observed staff work with compassion and discretion to help people address this. People were offered the opportunity to get up and to undertake their personal care and morning routine. When people declined this staff explained that they checked the person was comfortable in bed, that they had a drink and then left them. Throughout the inspection we observed staff checking and reporting back to ensure people were comfortable. Doing this was a way of respecting people's

rights and choices. One relative told us that their relative was often reluctant to undertake their personal care. They described the ways staff had tried to encourage this, and described staff working patiently, creatively and with compassion to ensure the person maintained a good level of personal hygiene.

We observed staff support was arranged in such a way that people had time each day where staff were able to spend time with them. During the inspection we observed that some people had quality time talking with staff, talking through anxieties and up-coming events, some people were able to undertake an activity such as visiting a local town centre, church or work placement with staff. People explained how much they enjoyed this and how much it contributed to them feeling calm and happy. We observed one person return from a one to one activity with the staff. The person’s healthcare needs meant they gave us very limited verbal feedback, but what they did say was positive. We also observed from their mood and body language that they were happy and relaxed and had enjoyed the experience. Staff we spoke with demonstrated that they had come to know and value the people they were working with. They were aware of people’s individual interests and goals. One staff told us, “It is like winning the lottery here, when a person achieves a goal they have been working towards. We all celebrate.”

This service would rarely support people at the end of their life. However we looked at the care and support given to one person who had recently died following a brief illness. Staff had supported other people living at the home, and the person’s family with empathy and kindness. This was reflected in the letters of thanks and appreciation from them that we were able to read during the inspection.

Is the service responsive?

Our findings

People were able to describe the ways they had been involved in ensuring their care and support met their needs and preferences. Written care records we looked at were individual to each person, and there was a strong sense of the person's views and involvement in developing the plan. One person told us, "I help plan out my care. I can say what I would like to do, what's working and if there is anything I would like to be done differently."

The written plans we looked at were thorough and contained a lot of detail about each person, and how they liked their needs to be met. We saw that the plans had been reviewed each month, and as people's needs had changed to ensure they stayed up to date and reflective of the person's most current needs and wishes. The written records we looked at reflected the person's "whole life" including their goals, skills faith and people important to them. Staff we spoke with told us that training looked at the experience and perspective of the people using the home. One staff member told us, "I'm quite new to care and I have liked the emphasis on the client experience and perspective. It makes you think."

People told us they had opportunities to do things each day that they enjoyed. We found that staff had worked with each person, and where appropriate other people who were important to them, to find out what each person enjoyed, and what their interests, hobbies and work had been earlier in their life. Where possible staff had supported people to access courses, work placement or to take up

hobbies that reflected these strengths and interests. One relative told us, "[name of person] regularly gets to go out for walks, go on holiday, play billiards, chess, and attend a work placement." Members of staff we spoke with explained how they planned activities for people that reflected interests they had, or their earlier work career. People told us, and relatives confirmed that the manager placed great value on maintaining relationships with people's family and friends. Staff we spoke with described how they supported people to remember and celebrate birthdays, anniversaries and Christmas for example with people important to them. This included sending cards, photographs, inviting relatives to visit the home, and supporting people to visit their family home.

People were encouraged and supported to give their views and to raise concerns and complaints. People told us they had opportunity to talk with the manager or their key worker if they had any concerns or questions about any aspect of their care or the running of the home. One person told us they particularly appreciated the open relationship they were encouraged to have with the manager. They told us, "He is a good lad [the manager]; he always has time to talk and listen. Talking about things has been one of the best parts of living here." Another person told us, "They often ask me if there is anything I don't like or am unhappy with. I have the right to complain if I want to." In the complaints record we saw that people had been supported by staff to record and raise concerns. People had received feedback about the concerns they had raised and action had been taken by the registered provider to resolve the issues raised.

Is the service well-led?

Our findings

We last inspected this service in January 2014 when we found that people were not always benefitting from a service that was safe and effective as the assessing and monitoring of the quality of the service was not robust. We asked the provider to take action. At this inspection we found that the action the registered provider had taken had been effective, and this regulation was now met.

People we have spoken with about Westholme have consistently described it as good. People living at the home told us, "This is a great place to live, there is nothing here I am unhappy with or would change. Stuart is a great manager" and, "This is still a really good home." This was supported by their relatives and friends whose comments included, "It is excellent, fabulous. I can't speak highly enough of the place and the work they do with [name of the person]." Health professionals confirmed that the home worked co-operatively with them, and that the health outcomes for people were positive because of the work and approach undertaken by the staff team. A member of staff we spoke with had worked at the home for many years and they told us, "This has always been a good home, but this is the best I have ever seen it work."

The registered provider had set out a vision and values for the organisation. These were displayed around the home, and staff we spoke with explained how they are covered in induction, at supervisions and in staff events. The observations we undertook in the home showed staff understood and implemented these values in the way they supported and interacted with people.

We observed staff working in ways that were inclusive. Staff enabled people to be as independent as possible, providing support and verbal prompts and encouragement when people needed this. People were able to actively contribute to the running of the home, to decision making about their own care as well as about key decisions such as the décor of the home, menu planning and house hold

management. One person told us, "There are regular opportunities to attend meetings, to talk with the management. We can bring ideas into the home, make complaints or put over our perspective."

Staff we spoke with were clear about their role and what was expected from them. Staff were able to describe the responsibilities and their role for that shift and wider responsibilities they held such as for food hygiene or fire safety. They were able to describe the values and attitudes that were expected of them by the manager and the organisation.

The home had a registered manager. Feedback was consistently good about their leadership of the home. We observed that the manager was often interacting with people using the service, supporting the staff and role modelling a positive response to people's needs. Organisations registered with CQC have a legal obligation to notify us about certain events. The registered manager had ensured systems were in place and staff had the knowledge and resources to do this. The registered provider and manager had developed action plans to ensure shortfalls identified at the last inspection were addressed. We found this work had been undertaken thoroughly and promptly to ensure people using the service were safe and were receiving a good service. The provider had a formal system for measuring feedback and quality. This involved sending surveys to people using the service and other people connected to the home on an annual basis. The result of these surveys was analysed found to be mainly positive. A quality report was generated so people could see the results. Plans were made to address the suggestions and feedback people gave.

The registered provider and manager had developed other tools and appointed people within the organisation to check on quality and to ensure best practice was being delivered within the home, which demonstrated their commitment to service improvement and development.