Jeesal Residential Care Services 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?	Requires Improvement
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 by one inspector 10 February 2016 and was unannounced.

Westbrook House provides accommodation, care and support for up to six people with a learning disability. At the time of our inspection there were six people living in the home.

The service had 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.'

This inspection found that mental capacity assessments had not been carried out when necessary for people who were unable to make their own decisions. This meant that the service had not acted in accordance with the Mental Capacity Act 2005.

People were safe living in the service and were supported by staff that were knowledgeable about safeguarding matters. There were enough staff available to meet people's needs and to provide caring and personalised support. Recruitment procedures were robust and people's medicines were safely managed.

Staff received effective and comprehensive training which was specifically tailored to meet people's individual needs when this was necessary. People enjoyed the food in the home and were able to participate in choosing what meals they wished to have. Where people had specific nutritional needs these were planned for and met. Prompt referrals were made to health professionals when necessary and people benefitted from a wide range of health professionals involved in their support.

People received care from staff that were patient and friendly. Positive relationships had been developed between people and staff. Staff used a variety of methods to communicate with people in order to support them to express their views. People's privacy and dignity was supported.

The service was responsive to people's needs and staff had a thorough understanding of people's likes and dislikes. They were supported to maintain as much independence as was possible. People we spoke with told us they would be happy to raise any concerns if they had any and felt that staff would take any concerns seriously.

The service was well managed which helped ensure people's welfare. Staff were supportive of the management team and an open culture had been fostered which ensured that staff felt comfortable to raise any queries or make suggestions for the benefit of people living in the home. There were systems in place to ensure people's views were frequently obtained and to ascertain and improve the quality of the service people received.

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.

Risks to people's welfare were identified and plans were in place mitigate any risks as far as possible.

There were enough staff available to meet people's needs.

People received their medicines when they needed them and they were managed safely.

Is the service effective?

Requires Improvement

The service was not consistently effective.

People's consent was obtained on a day to day basis. However, there was a lack of understanding of the requirement to carry out mental capacity assessments.

People received sufficient food and drink of their choice and were supported with their nutrition when necessary.

Staff received suitable training to ensure they were able to meet people's needs.

Is the service caring?

Good

The service was caring.

Staff interactions with people were caring, friendly and attentive.

People's privacy and dignity were protected.

Is the service responsive?

Good

The service was responsive.

People's welfare and social needs were met.

The service took account of people's views and a complaints procedure was in place.

Is the service well-led?

Good

The service was well led.

Staff had confidence in the service managers and felt well supported.

Systems were in place to assess and monitor the quality of care.

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 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 10 February 2016 and was unannounced. It was carried out by one inspector.

Prior to the inspection, we reviewed the information we held about the service including any statutory notifications received. Providers are required to notify the Care Quality Commission about events and incidents that occur including injuries to people receiving care and safeguarding matters.

During the inspection we spoke with three people living in the home and another person's relative. We made general observations of the care and support people received at the service throughout the day. We also spoke with the registered manager, the deputy manager, three members of care staff and a visiting reflexologist. We reviewed two people's care records and medicines administration record (MAR) charts. We viewed three records relating to staff recruitment as well as training, induction and supervision records.

We also reviewed a range of monitoring reports and audits undertaken by staff members, the service managers and the provider.

Good

Is the service safe?

Our findings

People living at Westbrook House were kept safe by staff who were able to describe signs of potential abuse to us and who knew what actions they would need to take in response to any concerns that arose. Contact details for the local authority's safeguarding team were made available for staff on a noticeboard. One person told us, "I feel safe living here." Another person's relative told us, "My [family member] is perfectly safe at Westbrook House."

Staff told us they had received regular safeguarding training to ensure they kept up to date with current practice. This was confirmed by training records we reviewed. One staff member told us, "We know what to do here."

Some people living in the home required support from staff when accessing the community, whilst some did not. The service had implemented the Herbert Protocol. This is a national scheme whereby useful information is collated about a person which can be utilised in the event of them going missing.

A fire notice was depicted in an easy read format in the main hallway to tell people what to do in the event of a fire. Emergency contact information for local tradesmen was available for staff in the event of any breakdown with the heating, water, electrical and fire systems.

Risks to people's individual welfare were identified and plans were put in place to minimise the risks as far as was possible. We saw a wide variety of risk assessments and management plans from how to ensure people were safe when crossing the road and using public transport to how people were supported with compulsive behaviours.

The staffing arrangements in place ensured that staff were always available to meet the assessed needs of people using the service. One person received one to one care for most of the day and we saw that records were kept to show what support the person had received throughout this period and how the person was. During the day, depending on what people were doing, there were a further two or three care staff on duty. At night one staff member was on the premises. There was a deputy manager or manager on call overnight if further assistance or support was required by the night staff.

Staff told us there were enough knowledgeable staff on shift to meet people's needs. On the day of our inspection we observed there were enough staff available to support people with their day to day lives.

We reviewed the recruitment records of three staff members and found that appropriate checks had been carried out to help reduce the risk of employing unsuitable staff. For example, references had been sought and staff had been checked in accordance with the Disclosure and Barring Service. Staff did not commence duties until all checks had been satisfactorily completed.

People's medicines were well organised and managed in the home. Medicines were safely stored, administered and disposed of when necessary.

One person was administering their own medicines. A risk assessment was in place for this and staff told us how they regularly checked to make sure the person was taking their medicines correctly. Robust processes were in place to enable people's medicines to be taken with them when they went out for the day. We observed arrangements being made for one person to take their inhaler out with them when they went shopping.

Each person had their own lockable medicines cabinet in their room. Protocols were in place to guide staff as to when it would be appropriate to administer some PRN (as required) medicines for people. These showed what alternative actions needed to be taken prior to considering using a particular medicine and the circumstances when it would be appropriate to use the medicine. This guidance helped ensure that people's behaviour wasn't controlled by excessive or inappropriate use of medication.

Requires Improvement

Is the service effective?

Our findings

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). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found that whilst staff had a good understand of general consent issues in the service there was a lack of understanding about the requirement for mental capacity assessments and who was responsible to carry these out. The manager provided us with the organisation's consent policy, dated March 2014. This indicated that staff should contact the multidisciplinary team in order for mental capacity assessments to be made.

The manager advised us that applications for DoLS had been submitted in respect of two people and that one person had a DoLS authorisation in place. We reviewed the documentation in relation to the DoLS authorisation and established that no conditions on the authorisation were in place. The service had restricted the person's independent access to the kitchen and the community in order to keep them safe as they had little sense of danger. Mental capacity assessments had not been carried out in respect of the two other people for whom DoLS applications had been made.

The service acted appropriately when obtaining people's consent. One person's records showed that their ability to consent fluctuated depending on how they were feeling. Staff were guided to delay any decision as far as was possible in order for the person to be able to make it themselves. We also saw where a person had declined health screening how this had been talked through with them to ensure they understood the benefits and risks of their intended course of action. Their decision had been respected and they had been supported to decline the health screening.

The provider had a robust training programme in place to support staff. Training was a combination of workshops and e-learning across a variety of topics including health and safety, first aid, food hygiene and safeguarding. Where people living in the home had specific health conditions, staff were provided with training for them. Two people had a diagnosis of epilepsy. Whilst they had not experienced any seizures for a considerable period of time, staff had been trained in how to respond in order to ensure their welfare should the need arise.

New staff also completed the Care Certificate as well as the provider's induction programme. A new staff

member told us that their induction was, "...very thorough." Another staff member told us that the training they received was, "Absolutely brilliant." The Care Certificate is a set of 15 standards that staff need to be able to demonstrate they can meet in order to support people safely and effectively. These standards include knowledge and application of equality and diversity, basic life support and infection control. Staff were supported with supervisions every two months and were complimentary about the support and guidance they received from other colleagues and managers in the home.

People were able to choose what they wished to eat. Everyone was involved in choosing meals at weekly meetings with the use of pictures of food to help people decide and communicate their decisions as necessary. When appropriate staff supported people to make healthier food choices. Staff had discussed one person's high cholesterol level with them and the person had asked staff to help them reduce this and make healthier choices. For example, they were being supported by staff in reducing the amount of cheese they ate.

People's care records showed that their nutritional needs had been assessed and health professionals had been involved when necessary. One person was on a soft diet and we saw that appropriate meals were provided for them. Staff members we spoke with had a good knowledge of people's nutritional requirements and preferences.

Each person had a 'health passport' component to their care plan. This identified the health professionals involved in their care, for example the GP and chiropodist. They contained important information about the person's health needs and how they needed to be supported. Should there be a need for the person to go to hospital this documentation would go with them. These were clearly written and provided health care staff with information about people's care needs.

We saw that people's health needs were discussed with them. One person confirmed that staff had discussed with them about how they used their inhaler and spacer. Some people living in the home enjoyed the services of a reflexologist. We saw that the manager had contacted the people's GP to query whether the reflexology oils used were compatible with people's medicines. We spoke with the reflexologist who was visiting people on the day of our inspection. They were very positive about the service and felt that people's health needs were met. They told us they would know if people hadn't been attended to by the chiropodist. One person told us they had missed their last chiropody appointment as they hadn't been well at the time, but that they were due to be visited the day after our inspection. They told us, "I was very poorly, but staff looked after me well and I am better now."

We saw from people's records that they had access to a wide range of health professionals including their GP, learning disability nurses, community nurses, opticians, dentists and chiropodists. Routine appointments were planned for in advance.

Good

Is the service caring?

Our findings

One person's relative told us that their family member had had the same key worker for some time and that they couldn't fault the attitude of staff in the home. One person told us that staff were "…very good and I'm getting to know the new ones." Another told us that staff were caring and looked after them well. We observed other people who were unable to communicate verbally with us and found that they were comfortable in the presence of staff they knew and did not hesitate to approach them. Staff approached people in a gentle, non-patronising manner. They were
patient with people when they were attending to them and were caring and respectful at all times.

Staff spoke about the people they supported with warmth, empathy and affection. One male staff member who was a key worker for a man living in the home told us how much they both enjoyed playing football together. A newer staff member told us their delight at having one person who was often reticent with people they didn't know take their hand a few days earlier. The staff member told us, "They've begun to smile at me, I really feel I've made a breakthrough here."

Staff were knowledgeable about the people they supported. They were able to describe people's likes and dislikes, their hobbies, interests and life histories. People were supported by staff that knew and respected them as individuals. Staff told us how they communicated with some people with the use of signs or pictures and they told us what gestures and expressions meant for people who could not communicate verbally. Staff developed a good understanding of how to interact and communicate with people, ensuring their needs were met. Staff were patient and gave people the time they needed to communicate with them and to respond.

The atmosphere in the home was cheerful and friendly. Whilst staff provided support it was clear that people looked upon staff as their friends. There was plenty of laughter and good natured banter between staff and people. Staff were mindful to include those who did not communicate verbally or were less outgoing in nature than others. We observed these people were watching and smiling a lot of the time.

Most people living at the service were unable to participate in any detail about planning their own care. However, we saw that people's care was planned for them on an individual basis and took into account their needs and preferences. A family member told us that staff contacted them to keep them up to date with as necessary or when they wanted their opinion on something.

Where people did not have family members to support them to have a voice, the registered manager had good knowledge of how to access local advocacy services. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

We found that people's privacy and dignity was respected. Staff ensured people's permission was asked before we went into their rooms. One person chose to show us their room themselves and gave us permission to look at their care records. One person had their own self-contained flat within the premises and chose to spend their time there, rather than in communal areas. Staff and other people living in the

home respected this person's decision.

People were appropriately dressed and staff took time to ensure they looked nice, were suitably dressed for the weather and were comfortable before they went out. One person's relative told us that their family member was always "...well turned out" whenever they saw them. We found that staff were discreet and lowered their voices if they needed to speak about anything of a sensitive or personal nature with people.

Good

Is the service responsive?

Our findings

People received care that was personalised to their wishes and preferences. They were able to make choices about aspects of their day to day lives and change their minds when they wanted. The reflexologist told us with good humour that one person had "…kicked them out." Staff supported people in accordance with their wishes. One person hadn't wanted to spend money at the hairdressers so had asked a staff member to colour their hair for them. This had been a success.

Staff told us that care plans enabled them to understand people's care needs and to deliver the required care appropriately. One staff member said, "They give us me the information I need about people, particularly as I'm a newer member of staff." We looked at care plans and saw they contained detailed information about people's health and social care needs. We found clear sections on people's health needs, communication methods, mobility and personal care needs. There were also detailed descriptions of people's daily routines and how they liked to spend their time.

People were supported to develop and maintain relationships with people that mattered to them. Their daily lives also gave them opportunities to meet other people in the community. One person had developed a friendship with a person in a neighbouring home. The managers and staff of both homes liaised so that each person was able to visit the other as they wished. One person was assisted to visit their family member every five weeks as this relative, who lived some distance away, was no longer able to visit them.

We found that people were engaged in a wide range of meaningful and enjoyable activities and often led busy lives. However, if people didn't want to do anything they were equally able to spend their time at home. Most people were supported individually with activities of their choice, but they came together for some things, for example playing music. On the afternoon of our visit some people enjoyed a musical afternoon where they played instruments. Some people were positively engaged with this and sang as well. Some people preferred to watch and they were also welcomed. Other activities people participated in were social clubs, church attendances, cafes and sporting activities, visiting friends and family. One person liked to go nightclubbing occasionally and this was arranged.

People's independence was encouraged and supported as far as was practicable. For example, one person regularly enjoyed shopping trips in the town centre or neighbouring towns. Staff told us that whilst supporting this person with their shopping they were also assisting the person to develop their banking and budgeting skills and gain confidence in the wider community. People were encouraged to contribute to the domestic activities around the home and were supported to keep their rooms clean. One person enjoyed cooking with staff support.

House meetings were held on a weekly basis. During these meetings discussions were held about what people wanted to do in the coming week and what was already planned, what meals they wanted and whether anything particular was on their mind. Minutes for these meetings were produced which were in an easy read format. These contained pictures of people who attended the meeting and pictures of people due to visit the following week and why they were coming to the home. The minutes were written in a person

centred way and clearly showed people's individual involvement in the discussions.

The service hadn't received any complaints in the twelve months prior to our inspection. However, a complaints procedure was in place. Three people told us or indicated that if they were unhappy about something they would tell staff. One person's relative told us, "I couldn't criticise the home about anything. But I would be happy to speak up if I had any concerns and I know they would listen to me and deal with the matter competently."

Good

Is the service well-led?

Our findings

The registered manager had managed the service for ten years, but had worked at the home for over twenty years. Most people living at the service had been there for upwards of ten years. This stability of management had no doubt helped to foster a secure environment that people were able to rely on for continuity of care. There was a relaxed and friendly atmosphere which benefitted people living and working in the home.

One person's relative told us, "The place is wonderfully run." Staff were positive about the manager and their deputy. One told us that, "The managers are straight forward and honest. They are receptive to staff views and suggestions. It's a pleasure to work here." A staff member who had returned to work at the home for a third time told us, "The managers are brilliant. They are very open. This is a relaxed place, it's a home from home for me." Two staff members told us that the managers were supportive of them, both professionally and personally.

Incidents were monitored on a monthly basis. Few incidents occurred, but when necessary enquiries were made to determine whether the incident could be prevented from occurring again. A few incidents had been recorded where one person had tripped over their footrest when getting up. Staff had encouraged the person to be mindful and ensure their footrest was moved out of the way when they got up. Where a medicines error had occurred we saw that a detailed investigation had been carried out to determine how and why the error occurred. Steps were then taken to reduce the risk of a similar error happening again.

We found the home managers were proactive in monitoring people's needs and the quality of service provision. They responded in a timely manner when these areas required additional input from them or staff required further guidance or support.

The manager carried out checks and audits on a regular basis which were supported by a provider audit carried out on a quarterly basis. The last provider audit had been carried out in September 2015. This was relatively comprehensive, but when auditing how the Mental Capacity Act had been implemented it was not identified that mental capacity assessments had not been carried out. Staff were responsible for completing various daily checks which the shift senior then reviewed and signed off.

People's care plans and risk assessments were reviewed and updated regularly. Communication within the service was good with monthly staff meetings being held. These meetings included information and discussions in relation to people's wellbeing, staffing issues, premises issues and training updates.

Policies and procedures for the effective management of the home were in place. These included management of medicines, whistle blowing, safeguarding vulnerable adults, health and safety, confidentiality and infection control. Staff we spoke with knew about the whistle blowing procedure and were confident about reporting any concerns or poor practice to their managers. One staff member told us, "I know what to do and I am confident the managers would deal with things. But I have no worries here."