

Millsted Care Ltd

Westhaven

Inspection report

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Date of inspection visit:
31 October 2018

Date of publication:
07 December 2018

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 31 October 2018 and was unannounced. Westhaven is a residential care home that provides accommodation and personal care for up to six people with learning disabilities. At the time of our inspection five people were living and receiving support at the home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is rated Good.

Care was planned and delivered safely. There were sufficient and suitable staff employed to support people in a way that met their needs and preferences. Staff understood their role in safeguarding people and taking steps to reduce the risk of avoidable harm. Medication systems were safe and people received their medicines as prescribed. The service was kept clean and staff maintained good infection control practices.

People maintained a healthy and balanced diet and their healthcare needs were met. Staff were well trained and worked collaboratively with each other and external professionals to deliver effective support. Staff had a good understanding of the Mental Capacity Act 2005 and people received their care in the least restrictive way. The environment included adaptations and equipment which promoted people's independence and safety.

Staff were kind and caring towards people. Care was provided in a way that promoted independence and protected people's privacy and dignity.

People receive personalised care that was planned in partnership with them and responsive to their changing needs. Staff sensitively supported people to make choices about their end of life care and recorded advance wishes where appropriate. People had opportunities to engage in activities that were meaningful to them and developed their skills. People and relatives knew how to raise a complaint and were confident their concerns would be addressed by staff or management.

The manager had worked at Westhaven for many years and was in the process of applying for registration

following a recent promotion. People, relatives and staff felt the service was well managed and communication across the service was effective. All stakeholders were committed to a shared vision of continuous improvement.

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 remains safe. | Good ● |
| Is the service effective? The service remains effective. | Good ● |
| Is the service caring? The service remains caring. | Good ● |
| Is the service responsive? The service remains responsive. | Good ● |
| Is the service well-led? The service remains well-led. | Good ● |

Westhaven

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 carried out to check whether the provider was now 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 an updated rating for the service under the Care Act 2014.

This inspection took place on 31 October 2018 and was unannounced. The inspection team consisted of two inspectors.

Prior to the inspection we reviewed the information we held about the service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

As part of our inspection we met with four of the five people who lived at the home. We also made telephone contact with two people following the inspection visit. During the inspection, we spoke with four staff, including the manager. We observed interactions between people and staff and also joined people at lunchtime for an informal discussion about life at the service.

We reviewed a variety of documents which included the care plans for two people, three staff files, medicines records and other documentation relevant to the management of the service such as audits, meeting minutes and feedback questionnaires.

Is the service safe?

Our findings

People confirmed that they felt safe living at Westhaven and we observed that people were relaxed in their environment and comfortable approaching staff. Relatives told us they felt their family members were safe at Westhaven. For example, in response to us asking if they felt people were safe, one relative replied, "Very much so."

People continued to be safeguarded from the risk of abuse. Staff attended regular safeguarding training and demonstrated that they knew what to do if they had any concerns. For example, one staff member told us, "I know I can speak to [the manager], or the safeguarding team or CQC." There were systems in place to ensure people's money was managed safely, including regular checks and audits of people's accounts.

People continued to be kept safe from known risks. Equipment was kept in good working order and care plans contained information that identified risks and steps taken to keep people safe from avoidable harm. One relative told us, "They carry out things as they should and follow all the appropriate guidelines. I just know from going there that [person's name] is fine."

There were sufficient staff to meet people's needs and keep them safe. A family member told us, "It's well staffed, I've known a lot of them many years. They keep their staff because it's a good service and that means that there's not many changes for people living there." Staffing levels were based on people's level of dependency and activities and records showed that these were sustained. Where new staff had been recruited, checks had been carried out to ensure staff were suitable for their roles.

People's medicines continued to be managed and stored safely. A relative told us, "If [person's name] comes home, we're always given his medication. Everything seems to be fine there." Staff received relevant training and competency checks to ensure safe administration of medicines. Staff supported people in a person-centred way that ensured they received their medicines as prescribed.

People lived in a clean and safe home environment. A relative confirmed, "The home is always spotless." Staff received relevant training and followed best practice in relation to infection control. The provider ensured appropriate personal protective equipment was available and did regular checks against cleaning schedules to ensure all areas were properly maintained.

Where incidents or accidents occurred, staff took action to learn from these and prevent re-occurrence. All events were recorded on the electronic system, as well as being shared in the communication book which staff read and signed each day.

Is the service effective?

Our findings

People's needs continued to be assessed before using the service. One person regularly accessed respite services at Westhaven and their needs were re-assessed prior to each stay. Assessments referred to information provided by the local authority and covered all aspects of people's needs, including any risks and preferences. This information was then used to form the basis of people's care plans.

Staff continued to undertake training to enable them to deliver their roles effectively. A relative told us, "Without a doubt they've had the right training." New staff confirmed that they completed induction training in line with the Care Certificate. The Care Certificate is an agreed set of training standards for staff working in a care setting. Regular staff meetings were also used to share good practice examples relevant to the people they supported.

People told us they enjoyed their meals and staff continued to support people to maintain a healthy and balanced diet. One relative commented, "They monitor his weight. Last time I visited I complimented him on how well he was looking. It's easy to pack on weight in services like that but they monitor it well." People were able to make choices about the food they ate and mealtimes were observed to be a social occasion where people and staff ate together. Dietary needs were known and catered for.

Staff and management continued to work effectively as a team and with other professionals to enable people to maintain good health and lead fulfilling lives. A relative said, "They monitor his hearing and oral care really well." Care records documented that people attended regular health checks, including vision tests and dental appointments. Each person had a 'Care Passport' which was a document that provided a summary of key information about people's health needs which could be shared with other healthcare professionals in the event of an admission to hospital.

The design and layout of the premises was suitable for people's needs. Hand rails were located throughout the service and people had access to adapted bathrooms which maximised their independence and maintained their safety. A ramp provided level access to the service for people using mobility aids.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS)

The service continued to work within the principles of the MCA. One relative told us, "It's very apparent that they ask for permission first." Similarly, another commented, "They always talk to him and tell him what they're doing." We saw staff routinely included people in decisions about their support and understood how people communicated their views. For example, one staff member informed us, "We constantly ask people if it's ok to do something. If they're non-verbal we know how to read their body language to know if they're happy for us to do it or if they want us to back off." Care plans recorded the types of decisions that people may not be able to make independently and who should be involved in the best interests' discussions if the need arose.

Is the service caring?

Our findings

People continued to have positive relationships with the staff who supported them. People told us that they got on well with staff and could talk to them if they were worried or upset. Relatives echoed the same feedback, saying of staff, "They are very loving" and "I know he's happy there."

During the inspection we observed staff interacting with people in a warm and compassionate way. For example, one person was feeling a bit down about a personal situation and we noticed staff giving them a hug and spending time reassuring them. Staff spoke affectionately about people in their conversations with us, with one staff member telling us, "We have a really close bond with the people here." At lunchtime a person left the table to use the toilet and on their return, a staff member offered to re-heat their meal which was appreciated by them.

People continued to be actively involved in the planning of their care. Care plans provided information about how people liked to be supported, ranging from what time people liked to get up through to their dreams and aspirations. Regular residents' meetings took place where people discussed how they felt, what they enjoyed and ideas for further improving the service they received. Where people made specific suggestions or requests, we saw that these had been actioned.

People were encouraged to be as independent as possible. A relative told us, "He has a lot of independence but where he needs help the staff help him and are professional." We saw people following their own individual routines and staff enabling people to do things for themselves where possible. Care was planned in a way that positively balanced risk and choice.

Staff respected people's privacy and as such they routinely knocked on people's bedroom doors and sought permission before entering. One person chose to keep their door locked and staff respected that wish and said they did not go in there when the person was out. People's bedrooms had been personalised and furnished with items that reflected their own interests and preferences. Staff took appropriate steps to ensure their dignity was upheld. For example, we noticed when a person came to say goodbye to a staff member, the staff member noticed toothpaste on the person's chin and discreetly took them to remove this.

Staff respected people's human rights. and people were supported to follow their own religious and cultural preferences and beliefs. Two people using the service were married and staff supported and respected their relationship and right to a private life.

Is the service responsive?

Our findings

People continued to receive person-centred support. People confirmed that staff helped them in the way they wished. One person told us they liked to eat most of their meals after others had finished and we saw staff facilitate this.

Each person had a personalised plan of care that outlined their individual needs and preferences. This included a pen portrait of the person that provided a summary of their needs, interests and care preferences. One new member of staff told us, "Literally the second I started here they made me read through the care plans. They were so detailed that I knew exactly what I was doing." Care plans were kept up to date and staff took immediate action to review the support in place when people's needs changed.

People continued to access activities that were meaningful to them. The provider also ran a local day service facility and people were able to select the sessions which interested them. People were continuously encouraged to talk about the activities they enjoyed and any changes they wished to make. For example, staff had noticed one person was getting very tired attending a whole day of external activity sessions, so in discussion with them this had been changed to two half-day classes instead. Another person had said an aspiration was to go to the theatre and on a boat trip and had been supported to do both.

End of life care was planned sensitively and, where appropriate, care plans included information about people's advance wishes and information that was personally comforting to the individual. For example, one person had chosen specific music to be played and meaningful items that they wanted to have with them at the end.

The service had not received any complaints since our last inspection. The provider had a complaints policy which was displayed and people had copies of an accessible version in their rooms. Relatives were complimentary about the care people received and said they had not needed to complain. One family member told us, "I've got no concerns at all." Similarly, another relative said, "I think [person's name] would express his concerns to me if he was worried, but he never has. He's very happy there."

Is the service well-led?

Our findings

The manager had worked at the service for many years and was in the process of applying to become the registered manager. The previous registered manager had moved to take on a different role within the organisation. All the feedback was consistently positive about the leadership and openness of the service. One relative told us, "They're all approachable and brilliant." Another family when talking of the manager said, "She's great. I really like her, she's down to earth and approachable."

Staff told us that they felt supported by the manager and that the culture was inclusive of everyone. There were regular staff meetings and minutes showed that these were used to pass on important messages, share ideas and discuss best practice. Daily handover meetings took place where staff discussed people's needs and passed on important information between shifts and key information was recorded in the communication book for all staff to see.

The manager was fully aware of her legal responsibilities and understood the information that needed to be shared with CQC. The manager ensured compliance with registration requirements in respect of submitting statutory notifications and the provider information return. The provider had taken appropriate steps to ensure the CQC rating was conspicuously displayed both within the service and on their external website.

People had opportunities to influence the running of the service. We saw records of regular residents' meetings that provided opportunities for them to make suggestions about how to improve daily life, including food and activities. All stakeholders, including people, relatives and professional visitors, were invited to complete an annual questionnaire. Results from these reflected positively on the way Westhaven delivered people's care.

The manager and provider were both committed to the continual development and ongoing improvement of the service. A new online recording system had recently been introduced which enabled staff to record and view information in real time. The system was also beneficial for the provider's auditing systems, both remotely and within the service.