

Mrs Kemi A Beckley and John Femi Beckley

Westside Home 2

Inspection report

26 Kenton Gardens
Kenton
Harrow
Middlesex
HA3 8DE
Tel: 020 8907 7979

Date of inspection visit: 9 October 2014
Date of publication: 07/01/2015

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

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.

The previous inspection of the service took place on 7 November 2013 when it was found to meet all the required standards. This inspection was unannounced.

Westside Home 2 provides personal care and support to up to 6 people with mental health needs. The service is used as a step down facility from more secure mental health settings. There were four people living at the service on the day of our inspection. The service has a registered manager. 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.

Summary of findings

People who used the service told us they were very satisfied with the care they received. People said that they felt safe at the home and that they were involved in the development of their care plan and making decisions about how and when their support was delivered.

People said staff listened to their views and treated them with respect. Each person received support that met their specific needs. For example, people were supported to access local colleges to gain further education or were in voluntary employment. People told us that this had helped them to integrate better in the community and provided them with additional skills to become more independent.

People cooked their own meals; however, we saw that the ingredients were purchased by the provider. People told us that they were happy with this arrangements and that food was always available.

People told us the manager of the service knew them and regularly met with them. They said they were asked how things were going in relation to their support and whether any changes needed to be made. People said staff were trustworthy and they received care which kept them safe.

People said they got the support they needed with their medicines and had easy access to health care professionals such as community psychiatric nurses (CPN), psychiatrists, GPs and psychologists if required. Some people told us that they accessed alcohol and drug support services, which they found very helpful and supportive.

People told us staff were well trained and had a good understanding of mental illness and how to positively support people.

The service had learnt from incidents and made changes to improve the service. People's views were sought during community meetings and suggested changes were listened to. For example one person suggested having flowers at the front door and this was supported.

Information we received from a CPN at the local mental health team confirmed the positive views of the service. The provider told us that they were in the process of developing a satisfaction questionnaire which they planned to send out to people in the autumn of 2014. People said they received a reliable service which met their needs and staff were friendly and treated them with dignity and respect.

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 told us the service enabled them to feel safe. They said risks to their health and personal safety were assessed and staff followed the plans put in place to keep them safe. Staff were trained to identify and report any concerns about abuse and neglect and knew how to respond to emergencies.

Some people received support from staff to manage their medicines. They received their medicines safely and as prescribed. The provider had effective recruitment processes and ensured there were sufficient staff with skills and experience to care and support people safely.

Good



Is the service effective?

The service was effective. People told us they received support from well trained staff who understood their needs and knew how to care for them in the way they wished. They said they received their support as planned.

The provider had made appropriate arrangements for people who may lack capacity.

Records confirmed staff received appropriate training and support. People told us they got the support they needed to eat and drink well. The support provided varied according to people's needs.

People said that it was easy for them to arrange to see a doctor or a nurse. Health professionals told us staff in the service contacted them promptly when people were unwell and put their advice into practice. People received support with their healthcare needs as required.

Good



Is the service caring?

The service was caring. People said staff were very caring and always showed an interest in them and how they were feeling. People said staff always respected their privacy and their views. Staff were trained to treat people with dignity and respect. The registered manager checked how staff communicated with people and ensured that positive relationships between staff and people were promoted.

People who used the service had access to regular community meetings, which provided them with opportunities to express their view about the care provided.

Good



Is the service responsive?

The service was responsive. People told us they were involved in planning their support and they received individual support, which met their needs. People said they were asked what they could do for themselves and received support that allowed them to maintain as much independence as possible.

People were asked what they thought about the service at regular reviews of their support. Any complaints they made were followed up in order to improve their experience of the service.

Good



Summary of findings

Is the service well-led?

The service was well-led. People told us they thought the service was well run. They said the manager of the service listened to their views and acted on them. Staff told us that they were encouraged to raise any concerns and good team work was promoted by open discussion. The provider checked the quality of the service, identified areas for development and made changes when necessary.

Health professionals told us that the service had learnt from incidents and there had been recent improvements. They said the managers of the service were responsive and professional and worked effectively in partnership with them. Staff were clear about the standards expected of them and told us their managers were available for advice and support.

Good



Westside Home 2

Detailed findings

Background to this inspection

This inspection took place on 9 October 2014 and was unannounced. This inspection was carried out by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses care services for people with mental illnesses.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information that we held about the home and used it to plan the inspection.

On the day of the inspection we spoke with three people who used the service. We looked at four people's care records and medicine administration records and we checked how people's medicines were stored.

We spoke with one staff member and the registered manager. We asked them about how people's needs were assessed and how care was planned and delivered. We saw three staff records and notes of team meetings and meetings with people who used the service. We also looked at accident and incident records, complaints records, medicines administration records and quality assurance monitoring records.

Prior to our inspection we contacted health care professionals' and asked for their view about the treatment and care provided.

Is the service safe?

Our findings

People told us they felt safe using the service. Comments made by people who used the service included “I feel safe because during the night they lock the door” or “staff are here to make me safe and they have helped me a lot.” We found from community meeting minutes that personal safety was discussed. All people who used the service had mobile phones, which they used to contact the home if they experienced any problems in the community. Staff told us that they regularly contact people to find out if they had any concerns in regards to their safety. Health professionals informed us they had no concerns about the safety of people who used the service.

Safeguarding adults and whistleblowing policies were available to ensure staff were aware of actions to take if they had any concerns of abuse. Staff we spoke with knew the types of abuse and how to recognise them. They were aware of their responsibility to report abuse to their manager. Where required, staff had followed appropriate local authority reporting protocols as well as notifying CQC. The registered manager told us that there had been no safeguarding concerns since our last inspection. A member of staff told us, “People living here are very vocal; they would tell us immediately if there was a problem and we would report it to the manager.”

We looked at the support plans for all four people using the service. These were up to date and included areas in which support was needed such as mental and physical health, nutrition, personal care, accessing the local community and medicines. People’s risk assessments were individualised and included the number of staff required to support them to meet their needs. We asked staff how often risk assessments were reviewed. Staff told us “Usually we review risk assessments every six months, but we do it sooner if risks to people changed.”

There were emergency protocols in place, which staff were aware of. For example, staff were able to tell us how they would act in the event of fire or medical emergencies, including calling the fire brigade and ambulance services. There were emergency protocols for each situation. The accident and incident records we saw showed that staff had followed appropriate guidance when an emergency arose. Support plans showed that some people using the service had been trained and were aware of actions to take in the event of an emergency.

People told us there was sufficient staff to support their needs and that staff cover was provided when needed. Staffing arrangements were planned taking into consideration the number of people using the service. We looked at staff rosters and saw that the staffing arrangements in place were sufficient to meet people’s needs. Staff told us that there was sufficient staff on duty to meet the needs of people who used the service. People who used the service confirmed that there was always sufficient staff on duty. One person told us “during the day there is always enough staff around, however sometimes at night time I found staff sleeping, but I am not worried about this, because we are asleep too.” We discussed this with the manager who told us that people never told her this, but she does regular unannounced night-time visits to monitor staff. She advised us that she never found waking night staff asleep during these visits. We were satisfied that this was an isolated incident and people who used the service were not put into unnecessary danger.

There was a robust recruitment and selection process. Staff records included documents such as copies of personal identification to demonstrate staff had the right to work in the United Kingdom, two references, and criminal record checks. Records we hold about the provider showed that people’s credentials to work at the service were regularly monitored. Where staff were found to be unsuitable to work in social care, appropriate actions were taken to ensure that people using the service were protected.

People’s medicines were obtained, stored and administered appropriately and safely. One of the people who used the service was self-administering his medicines.

This had been agreed by the person’s psychiatrist during a care plan approach (CPA) meeting in June 2013 and was reviewed in consecutive CPA review meetings. Guidance for the safe self-administration was in place and staff told us that they were aware of this procedure and told us the process to be followed. Staff had received medicines training provided by the dispensing pharmacy and their competency had been assessed by the provider. Medicines were stored in the staff office, which was kept locked. We viewed medicines administration records for all people who used the service, which were of good standard; most were completed correctly and without errors. However during the day of our inspection we noted that medicines

Is the service safe?

for one person had been correctly administered, but was signed on the wrong day. We spoke to staff about this and this mistake was rectified immediately. None of the people were on any medicines prescribed as required (PRN).

Is the service effective?

Our findings

People told us they felt staff had the appropriate skills to support them. For example one person told us “Staff are compassionate towards our needs, they understand what we are going through.” Another person told us “Staff are very kind and have a good understanding of what problems mental illness brings to a person.” Staff we spoke with informed us that they received an induction when they began working at the service. The induction programme included completing mandatory training, shadowing experienced colleagues and familiarising themselves with the provider’s policies and procedures. The staff records we looked at confirmed staff had been supported with induction.

Staff training records showed mandatory training was up to date in areas such as food hygiene, first aid, health and safety, manual handling, safeguarding adults, dealing with challenging behaviour, breakaway and medicines administration. Staff had also received other training courses specific to people’s needs such as supporting people with mental health and diabetes. Staff we spoke with were complimentary about the level and regularity at which they received training. Most staff confirmed they had qualifications in health and social care and some staff said their managers were supporting them to enrol on these courses. This showed that people were cared for by staff that had the appropriate skills, knowledge and support to meet their assessed needs.

Staff we spoke with informed us that they received regular supervision from their line manager. Records we looked at for various staff were mostly up to date and supervision was being undertaken in line with the provider’s policy. Annual appraisals were carried out and staff spoke positively about how this had helped them to develop and work more positively with people who used the service. Systems were in place to cascade information to staff at various levels including the use of staff meetings. Minutes of monthly staff meetings we looked at showed that topics covered included staff rosters, records management, policies and procedures, support planning, risk management and health and safety protocols. However we

noted that minutes of the monthly staff meetings were not available at the home and the manager had to obtain them from another service managed by the provider. All staff we spoke with felt they were adequately supported to perform their role to the required standard.

We found the requirements of the Mental Capacity Act (2005) code of practice were being met. People who used the service had full capacity and were seen to come and go as they pleased. The home has a 10:00pm curfew in place, which had been communicated with people prior to admission and people told us that they agreed with it. One person told us “The curfew is sometimes difficult to adhere to, but I know it’s here to protect us from getting into trouble.”

People were supported to eat and drink sufficient amounts for their wellbeing. People told us they met with staff weekly to discuss and tell them the ingredients needed to cook for them. People cooked all meals independently, but told us that staff would provide support if they asked for it. Staff were aware of people’s nutritional needs and how these should be met. There was a menu in place to provide guidance to people, but people told us “I can cook what I want.” People told us that at times food in the freezer went missing even if a sticker clearly stated who the food was for. We spoke about this with a member of staff who told us that they would buy bread and milk throughout the week and if food ran out people were given money to purchase what they needed. Overall people we spoke with were satisfied with the nutritional support that was in place for them.

All the people using the service had detailed physical and mental health information in place in their care plan. People managed their health appointments independently; however, they told us staff were always available if they needed their support. People received input from professionals such as GPs, dentists, community psychiatric nurses (CPN), social workers and psychiatrists. Regular physical health checks were carried out to ensure that appropriate care and treatment was in place for people using the service. People told us “I can see the doctor when I am sick” and “Staff take me to hospital appointments if I ask them.”

Is the service caring?

Our findings

Everyone we spoke with was positive about the staff, manager and provider. People said staff were “caring”, “excellent” and “they do their best and that’s all you need.” One person told us, “The staff encouraged me to seek support for my alcohol and drug problem, this is very helpful and I can see I learn to deal better with my addiction.” Another person told us “I asked them if I can do some planting in the front garden and they helped me with this, I find this very therapeutic.”

People told us they were involved in their support planning and therefore were aware of the support staff should provide. The provider had a keyworker system in place. A key worker is an individual that monitors the support and progress needs of a person they have been assigned to support. We found that the key worker system was effective in ensuring people’s needs were identified and met. We saw that people met with their keyworker monthly to review their goals and set new targets for the coming months.

People and their relatives told us that both staff and the management team respected and acted on their views. People told us that they were involved in discussions about their care. One person said, “We have regular meetings, where we can make suggestions and discuss anything which is important to us.” All the support plans we looked at had been signed to demonstrate people had been involved in making decisions about their support. A copy of people’s care plans and CPA was given to people, a comment made by one person “I have a copy of my care plan.” Care plans also included people’s likes and dislikes and the things that mattered to them.

We found that people did not have access to an independent mental health advocate (IMHA) if they required any help and support to make informed decisions in regards to their mental illness. We recommend that the service considers the commissioning guide which has been prepared by National Institute for Mental Health in England 2009 on providing IMHA’s for patients.

The provider had an ‘active support’ system in place which empowered people to be actively engaged in their daily live chores. For example, people accessed the local community independently to go to college, fitness studios, university or voluntary work. All staff we spoke with explained how they promoted people’s independence. For example, they told us they encouraged people to do their own cooking, laundry or clean their bedroom.

People we spoke with told us that staff respected their privacy and dignity. They said staff knocked on their doors before entering their rooms. Staff we spoke with were aware of actions to take to promote privacy and dignity. They told us that they called people by their preferred name, asked for their permission before accessing their belongings and generally asking them if they felt ok.

People told us that staff encouraged them to maintain relationships with their friends and family. We found that people, their relatives and those that matter to them could visit them or take them out into the community. Arrangements were in place for people to visit their relatives where this was required.

Is the service responsive?

Our findings

People told us they were asked for their feedback during face-to-face meetings. People who used the service were supported and encouraged to express issues that mattered to them. Community meetings were held once a month. Minutes of these meetings showed people were given opportunities to express their views on how they would like to be supported. For example we saw one person requesting flowers at the front door to make the appearance of the front door more inviting. We spoke to the person who told us “I am responsible for the upkeep of the flowers.” We asked people if they were able to complain. People told us “I would complain to the manager, if I have a problem, but usually we resolve any issues between each other, we are responsible adults here.”

People confirmed they had a care plan in place. They told us that their support needs were regularly reviewed. One person told us “This happens usually every six months, but if I want to discuss anything I can talk to my key worker anytime.” People had signed their care plans to demonstrate they were in agreement with the support that was being provided. We saw an example of an assessment which had been carried out recently together with the person who recently was admitted to the home. The assessment was detailed, but it was clearly evident that it was a working process and had not been fully completed. We discussed this with staff who told us that the person does not always want to meet and take part in the assessment, but staff told us “It’s better to meet more regularly and do only a little part of the assessment, this does suit the person better.”

People were supported with stimulating activities and access to the local community. We found that people accessed day centres, gyms, colleges, drug and alcohol support and universities. One person who recently left the service did voluntary work at the local church. Another person gained a qualification as a fitness instructor since living at the home. People who used the service told us accessing local communities and participating in activities ensured they gained relevant skills and become more independent.

People who used the service and their relatives told us that they knew how to complain if they were unhappy. The complaints procedure was displayed in the hallway for staff and people who used the service to refer to. A comment made by two people who used the service “I have no complaints, but I am happy to talk to staff if there was anything wrong.” We asked people if there would be room for improvement. One person told us “It’s good living here, but there is always room for improvement.” We asked people what they would like to improve and they told us “It would be nice to have my room redecorated.” There were systems in place to ensure people’s complaints were taken into consideration and acted upon. We saw that the provider’s complaint policy was included in the service user guide. The complaints log we looked at showed that the service took into consideration people’s views and made improvements to ensure people were satisfied with the service they received.

Is the service well-led?

Our findings

People who used the service told us that “Staff and the manager are approachable” and “the manager is here almost every day, she is easy to talk to.”

Staff told us they were happy working at Westside Home 2. They told us they found the registered manager supportive and approachable. They said they could easily raise any concerns with the manager and were confident any issues would be addressed appropriately. Staff told us that they felt well supported in their roles. One staff said, “If I ask for something, it always gets looked at properly and usually goes through.”

People who used the service knew who the registered manager and registered provider were. People told us they felt comfortable to contact them if they had any concerns. This shows that the manager was approachable and people were able to talk to the manager if they had any issues that they may wish to discuss with them.

Professionals in the community felt the service was well led. All three CPNs we contacted prior to this inspection told us that the registered manager and staff were accessible, approachable and dealt effectively with any concerns they or others had raised, which had contributed to a better service delivery.

People who used the service were involved in the development of the service. For example, we found people were involved in the recruitment process and sat on interview panels to ensure new staff were capable of supporting them and in meeting their needs.

Where incidents or accidents had occurred, detailed records had been completed and retained at the service. We saw records were maintained with regards to any safeguarding issues or complaints which had been brought to the registered manager’s attention. Where appropriate these were reported to the CQC. These records demonstrated what action had been taken at the home to ensure people were kept safe.

The provider had systems in place to monitor the quality of the service. This included monthly, quarterly, and annual audits completed by the registered manager and senior care workers. The audit documents we looked at covered areas such as safeguarding people from abuse, complaints, finance, medication, accidents and incidents, health and safety and staff supervision. We saw that where recommendations were made, these were being monitored and appropriate actions taken to implement them. People were actively involved in developing the service in a variety of ways. For example, community meetings were used to gather people’s views on all aspects of the service, with different topics on the agenda each month. Following one meeting during the summer one person asked to do the gardening; we spoke to this person who told us that he enjoyed gardening and found it therapeutic. This showed that people were listened to and their views were taken into account.

Staff meetings were held regularly to discuss the running of the home and discuss how improvements could be made. Minutes of meetings were shown to us to confirm staff attended and participated in these discussions. One staff member said, “They are informative and it gives us a chance to raise any issues.” Another staff member said, “I do attend these meetings they are held quite often.”