

Royal Mencap Society

Westley Brook Close

Inspection report

5, 12, 14 Westley Brook Close
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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 ●

Summary of findings

Overall summary

This inspection took place on 12 January 2016 and was unannounced. At our last inspection on 8 April 2014, the provider was meeting all the regulations that we assessed.

Westley Brook Close is registered to provide accommodation and personal care for up to 12 adults who lived with a learning and/or physical disability. There are three homes located within Westley Brook Close that were providing care and support to nine people at the time of our inspection.

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.

People were safe and secure. Relatives believed their family members were kept safe. Risks to people had been assessed appropriately. Staff understood the different types of abuse and knew what action they would take if they thought a person was at risk of harm. The provider had processes and systems in place that kept people safe and protected them from the risk of harm

There were enough staff, which were safely recruited and had received appropriate training so that they were able to support people with their individual needs.

People safely received their medicines as prescribed to them.

Staff sought people's consent before providing care and support. Staff understood the circumstances when the legal requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) should be followed.

People were supported to have food that they enjoyed and meal times were flexible to meet people's needs.

People were supported to stay healthy and accessed health care professionals as required.

People were treated with kindness and compassion. We saw that care was inclusive and people benefited from positive interactions with staff.

People's right to privacy was promoted and people's independence was encouraged where possible.

People received care from staff that knew them well. People benefited from opportunities to take part in activities that they enjoyed and what was important to them.

Staff were aware of the signs that would indicate that a person was unhappy, so that they could take

appropriate actions. Information was available around the home in easy read formats for people.

The provider had management systems in place to audit, assess and monitor the quality of the service provided.

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.

People were protected from the risk of harm and abuse because the provider had effective systems in place and staff was aware of the processes they needed to follow.

Risks to people was appropriately assessed.

People were supported by adequate numbers of staff on duty so that their needs would be met.

People received their prescribed medicines as required.

Is the service effective?

Good ●

The service was effective.

People's needs were being met because staff had effective skills and knowledge to meet those needs.

People's rights were protected because staff understood the legal principles to ensure that people were not unlawfully restricted and received care in line with their best interests.

People were supported with their nutritional needs.

People were supported to stay healthy.

Is the service caring?

Good ●

The service was caring.

People were supported by staff that knew them well and who were caring.

People's dignity, privacy and independence were promoted as much as possible and maintained

People were treated with kindness and respect.

Is the service responsive?

Good ●

The service was responsive.

People were supported to engage in activities that met their needs.

People's needs and preferences were assessed to ensure that their needs would be met in their preferred way.

People were well supported to maintain relationships with their relatives.

Complaints procedures were in place for people and relatives to voice their concerns. Staff understood when people were unhappy so that they could respond appropriately.

Is the service well-led?

Good ●

The service was well led.

The provider had systems in place to assess and monitor the quality of the service.

Relatives said the registered manager was approachable and responsive to their requests.

Staff were supported and guided by the management team.

Westley Brook Close

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 12 January 2016 and was unannounced. The membership of the inspection team comprised of one inspector.

When planning our inspection we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. 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 contacted the local authorities who purchased the care on behalf of people to ask them for information about the service.

During our inspection we spent time with eight people living at Westley Brook Close. Some of the people had limited verbal communication and were not always able to tell us how they found living at the home. We saw how staff supported people throughout the inspection to help us understand peoples' experience of living at the home. As part of our observations we used the Short Observational Tool for Inspection (SOFI). SOFI is a way of observing care to help us understand the needs of people who could not talk with us.

We spoke with three people who lived at Westley Brook Close, the registered manager and five care staff. We spoke with four relatives of people and one health care professional by telephone. We looked at the care records of three people, the medicine management processes and records maintained by the home about recruitment and staff training. We also looked at records relating to the management of the service and a selection of the service's policies and procedures, to check people received a quality service.

Is the service safe?

Our findings

Two of the people we spoke with were able to tell us they felt safe living at the home. One person told us "I feel safe here", another person said, "Staff come with me when I go out." Most of the people living at the home were not able to tell us how they were protected from the risk of harm. We saw that people looked relaxed and comfortable in the presence of staff. We saw that staff acted in an appropriate manner to keep people safe. For example, staff were aware of the potential danger in kitchens that could pose a risk to people and ensured these risks were minimised through supervision. One staff member told us, "We make sure all the chemical cleaners and other hazards are locked away because some people would not realise it could hurt them and try to drink it." People's relatives told us that they had no concerns about their family member's safety. One relative told us, "I have absolutely no concerns about [person's name] safety." Another relative said, "I am confident [person's name] is safe here" A health care professional explained they were satisfied that the home kept people safe.

Staff told us they had received training in protecting people from abuse and they were knowledgeable about the different types of potential abuse. One staff member said, "I've not long completed my safeguarding training, we talked about the different types of abuse." Staff recognised that changes in people's behaviour or mood could indicate people may have been harmed or they were unhappy. Another staff member told us, "We know people's moods and if they were to become suddenly quiet or unresponsive to us, we'd know something was wrong." A third staff member said, "I would contact the manager or the local authority if I was concerned about anything." We saw the provider had procedures in place so staff had the information they needed to respond and report concerns about people's safety.

Staff spoken with was knowledgeable about the risks to people. Care records we looked at showed that the risks to people had been assessed and plans were in place to manage this risk. One staff member explained how one person had been risk assessed to transfer themselves independently from their wheelchair to a chair and vice versa. We saw that people were supported in accordance with their risk management plans. For example one person was liable to have regular seizures. Staff were able to explain, in detail, what signals and signs they would look for that could indicate when the person became unwell. They continued to explain how they would ensure the person was kept safe during their seizure and when it was necessary to call the emergency services.

Most of the staff we spoke with and relatives felt there was sufficient staff to meet people's needs. One relative told us, "I think there's enough staff." Another relative said, "Sometimes there isn't a staff member on duty who can drive and this can mean [person's name] doesn't always get to go out when they want to." The registered manager explained they had a number of vacancies that existing staff were covering. They also told us that former staff, who had retired, were prepared to return on a temporary, short term basis to work the occasional shift. The registered manager confirmed when there were unplanned staff absences these were also covered by staff working additional shifts. This ensured people were supported by staff that knew them well and maintained consistency of care.

We saw the provider was in the process of recruiting staff. One staff member told us, "We are all working

more hours to cover; I know the manager is doing her best." Another staff member said, "I don't mind covering, it's about making sure everyone here is cared for safely." On the day of our inspection visit, we saw that people did not have to wait for support from staff and there was enough staff to take people out to the shops and appointments.

The provider had a recruitment policy in place and staff told us that they had completed a range of checks before they started work, including references and checks made through the Disclosure and Barring Service (DBS). We reviewed the recruitment process that confirmed staff were suitably recruited to safely support people living at the home.

Relatives told us they had no concerns with their family member's medicine. One relative said, "To my knowledge, there haven't been any issues with [person's name] medicine." Another relative told us, "The staff manage all [person's name] medicine and I am happy for them to do that." We looked at the systems for managing medicines in the home and saw that there were appropriate arrangements in place for the safe handling of medicines. Staff told us they only administered medicines when they had been assessed by the registered manager following an observed practice. We saw there were appropriate systems in place to ensure medicines were received, recorded, returned and destroyed safely.

We saw that medicines were stored securely in two of the three homes. Medicines in one home were not stored in an appropriate cabinet. We discussed this with the registered manager and immediate action was taken by the provider to relocate the medicines to a more suitable and secure location.

Administration records detailing when people had received their medicines had been completed by staff. We checked daily records of three people and counted the medicine that confirmed people had received their medicine as prescribed. Some people required medication on 'as required' basis. Guidance was available for staff when people would need their 'as required' medicine. Staff we spoke with were able to explain, in detail, the signs and behaviours that would indicate when people were in pain or distressed and required their medicine.

Is the service effective?

Our findings

All the people we spent time with, in the three homes, were able to indicate to us through their conversation, facial expressions and body language that they were happy living in their respective homes. Relatives spoken with felt staff had the skills to meet people's needs. One relative said, "The staff are very patient with [person's name]." A second relative told us, "Staff do have the skills [person's name] needs to support him." A further relative said, "Staff know exactly what they are doing." All of the staff spoken with said that they had received the training they needed in order to do their job effectively. One staff member said, "The training is excellent." Another staff member said, "It's really good, I've learnt a lot especially about Mencap, it's been very interesting." A third staff member told us, "Training is pretty good." We saw that staff had received appropriate training and had the acquired skills they required in order to meet people's needs.

Staff told us that they felt supported and that the manager was approachable. They told us there was an open door policy and they received regular supervision from the registered manager. One member of staff said, "The manager is really good, she is always on hand when you need her." Another staff member told us, "If you are really stuck or worried about something you can call her anytime, day or night, she's very approachable." Relatives felt assured by the registered manager, one relative told us, "The manager always rings me if there is anything she needs to discuss, and I would have no concerns in contacting her." We saw that the manager was accessible and available; staff freely approached the manager for guidance and advice when needed.

We saw most of the people that lived at the home did not have the mental capacity to make an informed choice about some decisions in their lives. Throughout the inspection we saw staff cared for people in a way that involved people in making some choices and decisions about their care and support. For example, staff encouraged people to choose what they wanted to eat and drink. One staff member told us, "We sometimes use picture cards that people will point to." We saw that staff understood people's preferred communication styles and used these to encourage the person to make informed decisions. Where people lacked the mental capacity to consent to decisions about their care or medical treatment, the provider had arrangements in place to ensure decisions were made in the person's best interest. A relative told us, "They [staff] involve and ask me about everything."

Staff told us that they had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). MCA is important legislation that sets out the requirements that ensure that where people are unable to make significant and day to day decisions that these are made in their best interest. DoLS are in place so that any restrictions in place are lawful and people's rights are upheld. We saw the provider had made applications, where applicable, for the people using the service to the Statutory Body to authorise the restrictions placed upon them. The provider had acted in accordance with the legislation and people's rights were protected.

The home had a weekly menu planning system that used photographs of food, where appropriate, so people could make a decision about what they wanted to eat. Staff spoken with were able to tell us about people's nutritional needs and knew what people's food likes and dislikes were. One staff member told us,

"If people don't like what is given to them, they won't eat it and we offer something else, we always give people a choice." Another staff member said, "Every week we try to set a different menu and encourage people to eat vegetables and fruit, most are pretty good and some prefer fruit to chocolate." At lunch time we saw staff gave people choices of what to eat and the person chose what they wanted. At tea time we saw that people appeared to enjoy their meal, some helped to prepare the meal by slicing and chopping food up.

We saw that for people who had specific dietary requirements for example diabetes, a dietician had been involved in supporting staff with buying suitable foods. Staff explained how they encouraged people to eat healthy alternatives and purchased low sugar substitutes. One relative told us, "I am very happy with the support [person's name] gets with his food, he has to be careful what he eats."

People looked well cared for. Relatives spoken with thought that their family member's health needs were being met. One relative said, "Any concerns with [person's name] health and the staff will call the doctor." A health care professional explained how they visited on a regular basis and was very familiar and happy with the support from the home. We saw from care records that people were supported to access a variety of health and social care professionals. For example, psychiatrist, dentist, podiatrist, opticians and GP, as required, so that their health care needs were met.

Is the service caring?

Our findings

The atmosphere within the three homes were warm and welcoming. The hallways and living areas had been tastefully decorated. One person told us, "I like it here." A relative said, "It is excellent here." A second relative told us, "Staff always go that extra mile." We saw that the interactions between people using the service and staff showed that they had good relationships. Conversations were sensitive, caring and respectful. A member of staff said, "I love working here and supporting everyone." Another member of staff said, "We all have a genuine affection for people who live here."

We saw that staff knew people well and could tell when people were happy or becoming anxious. For example, one person became anxious and wanted to remain in their room. The staff member recognised the person's distress and told us when the person felt like this, they wanted to be left alone. We saw this was respected by staff. Most of the staff we spoke with had worked at Westley Brook Close for a period of time and this had provided stability and consistency of care for people. Staff demonstrated in their actions that they were able to interpret people's non-verbal behaviours so that they could respond to what the person wanted.

Care plans we looked at were personalised with people's pictures and celebrated their individual qualities. For example, characteristics about people's personality. They also provided detailed information about their health care and support needs. We saw the plans were regularly reviewed and updated when people's needs changed.

We saw that there was information available to people in accessible formats so that they could make choices and make decisions about their care. Such as what they ate, what they wanted to do and where they choose to spend their time. Staff supported people to do what they wanted. For example, one person chose to stay alone in the dining area of their home and listen to the radio and staff respected this decision.

We saw people's privacy and dignity was promoted. People could spend time in their room so that they had privacy when they wanted it. Staff spoke to people respectfully and personal care was delivered in private. Staff made sure that bedroom and bathroom doors were closed and did not speak in a loud manner that could be heard in the hallways, preserving people's dignity. We heard staff addressing people by their preferred names. People were dressed in their own individual styles of clothing that reflected their age, gender and personality. One person showed us their new clothes and other presents they had received for Christmas. We saw staff were polite. Staff we spoke with explained how they promoted people's privacy and dignity. People were supported to be as independent as possible. For example we saw some people helped with domestic chores around their home, one person was assisted to make cupcakes and another person was supported to make a hot drink.

Is the service responsive?

Our findings

We saw that staff knew people well and they knew what people liked. One relative told us, "Staff know [person's name] really well, they know just what he likes and what he doesn't like." People met with staff regularly and planned what activities they would like to do and what they would like to eat for each week. We saw people were encouraged to make as many decisions about their support as was practicably possible. For example, staff would ask people what they wanted either verbally or using pictures and gestures. Relatives we spoke with told us they were all involved with their family members care reviews and were in regular contact with the homes about their family members support needs. A relative told us, "I am very happy with the support [person's name] receives from staff, they do listen to what I have to say." A health care professional told us that any instructions they gave to staff was always carried out and if there were any concerns or worries, they would always contact them for guidance and advice.

We saw that all people living at the homes had their own bedrooms that were decorated to reflect people's individual tastes and interests. Rooms were personalised and contained items and pictures that were important to the person. Staff supported people to celebrate events and photographs were on display around the homes. We could see people were happy in the photographs.

Throughout our inspection we saw that people had things to do that they found interesting. For example, a number of people had gone out for the day to the shops, bowling, the day centre or private appointments. One person told us, "I've been on the bus today to the shops." They showed us what they had bought. A relative said, "[Person's name] has more of a social life than I do (laughing), the staff take them everywhere, the pictures, theatre, to eat out, it's fantastic." A staff member told us, "We try to take those who want to, out every day when we can even if it is just for a walk in the park."

Staff supported people to maintain the relationships that were important to them. All of the relatives we spoke with told us that they were able to visit at a time that was convenient. One relative told us, "I visit regularly every week." Another relative said, "I can't visit as much as I used to but I speak with [person's name] every week."

We saw there had been no complaints made about the home since the last inspection. However, relatives we spoke with told us they knew how to make a complaint should they need to. One relative told us, "I am very happy with the home, I've never had to complain but I am confident the manager would investigate it thoroughly if I ever did." Another relative said, "Westley Brook is an excellent place, no complaints whatsoever." People living at the home would not be able to say if they were unhappy, however, staff knew the things that people didn't like and what would upset them. We saw that staff recognised when people were unhappy and were able to respond to them appropriately. The provider had a complaints procedure in place. We saw there was a structured approach to complaints in the event of one being raised. We saw how it would be monitored and audited by a quality team that identified trends and developed action plans where required.

Is the service well-led?

Our findings

Staff spoken with felt supported and were confident they could approach the manager and be listened to. Staff were clear about their responsibilities and all said that the people who used the service were central to the care they provided. There were regular staff meetings and staff told us they felt confident to contribute to the meetings. Staff we spoke with all told us that they felt listened to and had confidence in the registered manager. A health care professional gave us examples of why they felt the registered manager ran the home well.

We saw the registered manager had an open door policy. One relative told us, "There isn't anything I would change about the home." Another relative said, "I think the home is well managed, the manager is always happy to speak with me when I ring." A further relative told us, "I can see that [person's name] is very happy at the home it would upset him if he ever had to leave." Staff told us they regularly went to see the registered manager and confirmed she would help staff around the home. One member of staff said, "I absolutely love it, we all get on as a team and I love the people here," another staff member told us, "We are all supportive of each other, the manager is lovely very approachable." Another third staff member said, "We all get on really well." We saw the registered manager was visible around the homes. The provider had a whistleblowing policy and staff told us they would have no concerns about whistleblowing and felt confident to approach the registered manager. They confirmed if it became necessary they would also contact Care Quality Commission (CQC) or the police.

We were told in the past the provider had held house meetings with people but felt that these had become 'tokenistic'. The registered manager explained how they had changed this to individual meetings in their place. This included staff reviewing daily logs at handover to ensure events and activities were recorded in detail. We saw this system allowed staff and the registered manager to identify any changes quickly and amend care plans accordingly.

Relatives we spoke with told us they were satisfied with the care their relative received. A relative said, "I have in the past completed and returned a questionnaire" Another relative told us, "We are always been asked if everything is ok, I'd tell the manager if I had any worries about anything." The registered manager explained how the provider sent surveys out to relatives and health and social care professionals and showed us how this information was collated and used to improve and develop the service.

There was a registered manager in post who had provided continuity and leadership in the home. We saw that accidents and incidents were logged so that learning could take place from incidents. The registered manager had completed our Provider Information Return (PIR). The information provided on the return, reflected what we saw during the inspection. The provider had a history of meeting legal requirements and had notified us about events that they were required to by law.

We saw there was a system of internal audits and checks completed within the home by the registered manager to ensure the safety and quality of service was maintained. For example, regular checks of medicines management and care plans. The area manager also carried out monthly audits from which

action plans had been generated and where there was a need for improvement, this had been identified. We saw that the action plans enabled the provider to monitor that actions were completed in a timely way.