Westward Care Homes Limited

Westward Barns

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 19 June 2017 and was unannounced. The last comprehensive inspection to this service was on the 11 and 13 April 2016. The service was rated overall as requires improvement with one breach of regulation 10; Privacy and dignity of the Health and Social Care Act 2014. At this inspection we found the service had made improvements and was no longer in breach of this regulation. We have rated the service as 'Good', however we identified that improvements still need to be made in the key area of Well Led.

Westward Barns provides accommodation and residential care for up to 18 people. People have their own flats which are fully equipped but they also have shared communal facilities should they wish to use them. At the time of our inspection, the service was providing support to 18 people. The home 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.

The service provided individualised support to people with a wide range of needs and did this successfully. Staff were knowledgeable and competent and the service worked well with other health and social care agencies.

People had one to one support around their individualised needs and wishes. The service was fully staffed and managing to cover staff sickness and holidays.

Medicines were administered as prescribed and given by staff who were sufficiently trained and assessed as competent.

Risks to people's safety were clearly identified and attention was paid to how to reduce risk whilst not stifling people's independence.

Staff recruitment was satisfactory but people using the service could be more involved in the recruitment process. The recruitment and selection process did not always fully explore potential staff's employment history so that people were protected as far as reasonably possible.

Staff had the necessary skills and competencies for their job role and their professional development was encouraged. Staff received good support and the opportunity to discuss all aspects of their employment.

Staff understood the Mental Capacity Act 2015 and supported people appropriately. They gained people's consent before offering or delivering support. Where people lacked capacity to make day to day decisions or more complex decisions, staff acted in their best interest.

People were supported to eat and drink sufficiently and make their own dietary choices. Staff were mindful of people's specialist dietary needs and any risks associated with people's needs. Guidance was in place to ensure people's support was provided safely.

Staff were skilful in meeting people's health care needs. Staff monitored people's health and supported people to stay well and have treatments as required.

Care and support plans were detailed and staff used these to inform them of the person's needs. Care and support was highly individualised and people were supported to identify how they wanted to spend their time and what they wanted to do.

There was an established complaints procedure and the service took into account feedback from people using the service to enable them to improve the service and people's experiences.

The service was caring. Staff developed positive, meaningful relationships with people they were supporting. They encouraged people's independence and respected their rights, wishes and rights to self-determination.

The registered manager was committed to running a good quality service and making improvements. The service gave people the opportunity to discuss their care and wider issues affecting their experiences. Annual surveys collated feedback from health care professionals, people using the service and their family. Recently residents meetings were being held. Staff received regular opportunity to discuss their progress.

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 were well managed to help keep people safe.

Medicines were administered as intended by staff qualified to administer it.

Staffing levels were suitable to people's needs.

Recruitment procedures were adequate but could be improved to ensure they are sufficiently stringent.

Is the service effective?

Good

The service was effective.

Staff had the necessary skills and experience. They were well supported in their role.

Staff were acting lawfully and offered people choice and supported them around their needs and wishes.

People were supported to eat and drink sufficient to their needs. Risks associated with inadequate nutrition were mitigated as far as reasonably possible. Risks from aspiration of food and, or medicines were documented and steps taken to reduce this.

People's health care needs were met and the service engaged well with other health care professionals.

Is the service caring?

Good

The service was caring.

Staff knew people well and promoted positive choices and opportunities.

People's independence was encouraged and people were treated with dignity.

People were consulted about their care but not always about the

wider service and its development.

Is the service responsive?

Good

The service was responsive.

People received individualised care around their needs, wishes and aspirations.

People were encouraged to participate in a range of different activities and new opportunities.

There was an established complaints procedure that people could access and feedback helped shape the service.

Is the service well-led?

Good

The service was well led.

The manager was open and transparent.

Staff were well supported and people were supported in having the care that they needed.

Audits were in place but there was limited evidence of how people were asked their views or how quality assurance systems identified room for improvement.

Westward Barns

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 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.

This inspection took place on 19 June 2017 and was unannounced. The inspection was undertaken by two inspectors.

Before the inspection we reviewed the information we already held about the service such as previous inspection reports and notifications which are important events the service is required to tell us about. We received a provider information return which tells us how the service is being managed in line with the legislations and standards.

During the inspection we spoke with five people, the registered manager, deputy manager, a director, unit leaders and four care staff. We reviewed four people's care and support plans. We looked at staffing records, audits, medicine practices and observations of care. We looked at other records relating to the management of the service.

Good

Is the service safe?

Our findings

At our last inspection we rated this key question as good with no breaches of regulation.

At this inspection we found staff were able to identify what constituted abuse and knew what actions to take to protect people from harm or actual abuse. We asked people if they felt safe at the service. One person told us, "I do feel safe, it's taken a while, but it generally takes me a while to settle."

All the staff spoken with understood what abuse was and were confident to report any issues or concerns and said these would be dealt with by manager appropriately. Staff received training to help them recognise abuse and had access to policies to help them decide what actions they should take.

Where injuries had occurred, body maps had been completed and there was evidence that investigations had been completed to establish what had occurred and what could have been done to prevent it happening then or in the future. This helped to ensure people were protected from unnecessary harm.

Care plans provided good guidance of techniques to de-escalate unacceptable behaviours which at times could be directed at others or themselves and put them at risk. Staff had received training in non-abusive psychological and physical intervention, (NAPPI) and the registered manager was a train the trainer accredited with NAPPI. There was specific guidance within people's care and support plans around supporting them with stress based behaviours.

People's safety was promoted through a carefully planned service which took into account the needs of individuals and any risks associated with delivering their care. Generic risk assessments covered risks from the environment and we saw a schedule of servicing and maintenance on equipment used. Individual risk assessments were in place which we viewed alongside care plans. These included an assessment of risk and actions to be taken to reduce the level of risk. It included details of who had been involved and if any specific equipment was necessary. We saw guidance from the speech and language team particularly where people required a specialist diet or were considered at risk of aspirating on their food. There was guidance about nutrition and hydration.

There were very detailed risk assessments for people leaving site particularly where they had behaviours which could make them vulnerable based on previous history. Staff gave people the choice to leave the site but promoted that people would take money, a mobile phone with credit and an agreement about what time staff could expect them back. People let staff know when they were leaving and staff noted this.

We saw documentation around people's allergies and risks to health identified. Day to day risk assessments were completed as well as risk assessments for specific events such as holidays completed.

Staffing levels were high and each person had one to one support, sometimes more. Additional staff were on hand to support the service and manage the staff. On the day of inspection there was the registered manager on duty and two unit leaders, all of which were in addition to the care staff. Staff were usually

present within the shared, communal areas, regularly checking on people or engaging with them. All staff we spoke with said there were enough of them to keep people safe. Some agency staff were used and managers confirmed they used the same staff so they could build up a rapport with people they were supporting. There were records for agency staff which detailed what recruitment checks had been carried out and what training they had undertaken. However, it did not tell us what their level of experience was or demonstrate they had the necessary skills to support this particular client group.

Staff worked a variety of shifts and the service tried to best accommodate the needs of the people using the service and the needs of the staff as well. People mostly did not know far in advance who was supporting them. There was recognition that sometimes knowing this caused people anxiety if there was then a change in the rota. However, some people might benefit from knowing who was supporting them in advance and being able to influence this.

People received their medicines as intended and staff were trained to administer it safely. There were systems in place to help ensure people received their medicines as intended. Staff stored medicines correctly and recorded the temperature to make sure it was stored as per the manufacturers recommendations. We saw a schedule of checks to ensure this was done and internal audits which ensured peoples medicines record tallied with what should be in stock. Staff also checked temperatures in storage areas and ensured creams and bottled medicines were labelled when opened so staff knew when to dispose of these when expired. In addition to weekly audits the shift leader did a daily check of medication records at handover. This meant that any missing signatures could be accounted for and they could check if the person had been given their medicines. There was a signature identification chart in place so senior staff could easily identify who had administered the medication. The manager told us the medication policy had recently updated and they were awaiting ratification by the providers in house control board. The director we spoke with told us this would take place the following week. The updated policy took into account relevant legislation. People had sufficient information about what medicines they were prescribed, including the time and route of administration. Information included how a person liked to take their medicines and any allergies.

Staff told us they could not administer medicines unless they had received training and been assessed as competent. Staff said they were observed six or seven times. One staff member told us about an error they had made and how this was addressed to minimise future risk of errors.

Staff recruitment processes were in place and followed to help ensure only suitable staff were employed. We found the processes were not always sufficiently robust, for example we were unable to see shortlisting criteria for staff and whether the interview was used to identify if staff had the necessary checks and character to work in adult social care. We found a small gap in a person's employment and the reason for this not explored. Records in situ included an application form, references, and proof of address, working status and a disclosure and barring check. This helped ensure people did not have a criminal record or had committed an offence which meant they had been barred from working in care. One file was missing a reference. We suggested to the provider of the service that people had quite intense support and it would be helpful if people had a say in the recruitment and staff selection process.

Good

Is the service effective?

Our findings

At the last inspection we found this section good with no identified breaches.

At this inspection we spoke with staff, observed the care they provided and looked at staff records. We found that staff had the sufficient competency and knowledge to deliver effective care and support. "One person said that they felt staff had the skills they needed to support them." We also saw letters praising the staff for their knowledge and how they supported people well some with complex needs. Another praised staff for how they were supporting a person with epilepsy.

Staff had the opportunity to work towards enhanced qualifications. The unit leaders were all working towards a level five qualification in care and team leaders' level three. In addition, there was staff with specific responsibilities such a person advising on medication practices which meant staff could ask for support when needed.

Staff said they had both generic training in line with adult social care but also more specific training in line with people they were supporting such as: end of life training, autism, and learning strategies to support people's behaviour without physical intervention. Training was clearly effective as staff told us they had enjoyed it and could tell us what they learnt and how they implemented it in the workplace.

Staff met regularly which gave them the opportunity to discuss their working environment and their practices, one to one supervision, annual appraisal of their practice and performance and regular staff meetings helped them to fulfil their duties and work in line with expectation.

Staff were positive about their working environment and the support they were given to do their jobs. One staff said, "Yes I love it." Another said "Every day is different and we get lots of training." All staff completed an induction and complete the care certificate, which a nationally recognised foundation, induction course and covered all the essential competencies and skills for new workers. New staff shadowed more experienced staff for a minimum of five shifts depending on their experience and confidence. New staff were allocated a mentor who provided ongoing and consistent support to staff.

We found staff understood and had enough knowledge in regards to the Mental Capacity Act and knew how to support people lawfully. 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 decisions, any made of their behalf must be in their best interests and the least restrictive.

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 procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS. We observed staff asking people for their consent before providing support. Mental capacity assessments had been completed for people and people were deemed to have

capacity. Staff knew what processes they needed to follow for person who lacked capacity to make decisions for themselves and where a best interest decision was required. Staff gave us clear examples of this.

People were supported to eat and drink sufficient for their needs. We saw guidance for staff to follow in relation to any risk factors such as unplanned weight loss, the risk of aspiration or where a person required a specialist diet. People were supported to prepare meals and we saw staff offering people the choice of eating in their own accommodation or within the communal areas. Staff sat with and encouraged people with their meals and offered support discretely. One person told us, My food is normally good, I get help because I don't eat enough, staff help me, and sort out my supplements if I don't eat enough."

People had their health care needs met. One person told us, "I get to see my health professionals, staff make appointments for me, If I need to see my GP, staff take me." Records indicated that there was good access to healthcare such as, GP, psychologists, mental health team, Opticians, speech and language therapy and dieticians. Staff spoken with said they had good relationships with health and social care practionners and were adequately supported with people's needs. Staff responded in a timely, responsive way and demonstrated any changes in people's needs. Staff supported people to access advocates where required and there was evidence that staff were embracing technology to help people manage long term health conditions. Staff were constantly reminded to complete records which showed how people's health care needs were being monitored and met. Where people had complex conditions guidance was robust and showed risks were minimised by ensuring staff were adequately trained and assessed as competent. Regular reviews with the relevant health care professionals were held. We saw guidance around diabetes, pain management epilepsy and emergency admission to hospital.

Good

Is the service caring?

Our findings

At the last inspection we found a breach of regulation 10 of The health and social care Act 2014 in relation to people's dignity and respect. We rated this key question as requires improvement. At this inspection we found that actions had been taken to address our concerns identified in the report, and that the service was no longer in breach of this regulation.

We saw positive relationships between people and the staff that were supporting them. Most staff had worked at the service for a number of years and had developed a good understanding of people's needs and were clearly able to demonstrate how they were meeting them. One person introduced the member of staff supporting them and when asked how they got on with them they smiled and said they liked them very much. We observed another person being supported positively. Staff were gently encouraging them and checking back with them to make sure they were okay. People's support plan identified their likes, needs and personal preferences. This included their relationship with staff and who they got on with. One staff confirmed how they got an instance connection with a person and became their keyworker based on the strength of their relationship. One staff member told us, "We support amazing people, I don't see it as a job, and it's a pleasure to work here."

People's rooms were very personalised with photos, and personal items etc. that were important to them. Throughout the day we observed plentiful and meaningful interactions between staff and people. People were well groomed and obviously had their needs met according to their preferences and choices which were recorded in their care plans. Care plans highlighted areas where staff could promote peoples independence. Some people were able to work around the site doing jobs they enjoyed in return for a therapeutic wage.

People were encouraged to make their own choices and live as independently as possible. Staff supported people to shop, cook, wash up, dress, and take care of their own personal care. Care plans highlighted areas where staff could promote independence.

Staff used effective communication tools, such as now, next cards, and I-pad. They worked with both the local authority autism team and the learning disability team. This enabled staff to learn best practice knowledge from experts in this area.

One person told us "Staff are alright, some are better than others. They all treat me with respect. I get privacy when I want it. I get support to stay healthy such as with cleaning my flat." Care plans included guidance on how to support people with their needs, managing relationships and maintaining professional and personal boundaries.

One person had asked to go out but was advised that it was excessively hot which presented a risk to their health. People made their own choices but staff advised people of sensible precautions to take. People were given clear choice throughout the day and staff respected people's decisions and right to privacy. Staff knocked on people's doors and we observed doors were closed when giving personal care.

Staff were familiar with people's needs and said people were involved in the planning and review of the service. We observed staff providing structure throughout the day. Group meetings were in place to enable people to have their say but as this had only just been introduced we could not see how effective this was.

Good

Is the service responsive?

Our findings

At the last inspection we rated this key question as good with no breaches.

At this inspection we found people received personalised support around their identified needs, preferences and choices. One person told us, "I like all the staff, especially my keyworker, staff help me with personal care and going out and I like my room."

Initial assessments were carried out to gain a profile of the person's previous history and current needs. This helped the service determine if they could meet the person's needs. On admission to the service a care plan was developed determining what the persons needs were and devising a personalised plan of support. Following admission timely reviews were held to discuss the appropriateness of the service and ensure it met the person's needs. We saw for one person recently admitted to the service there was limited evidence from the previous placement of what had been accessed to support the person's needs. However, since being at this service there had been good consultation with other health care professionals and assessments around their specific needs. Their care plan gave very good detail about their support needs and what should be provided.

The plan included people's preferences such as times they liked to get up go to bed, preferences in relation to staff gender and how they would like their personal care needs met. Staff took into account what people liked to do and if they had any interests, hobbies or occupational interests. We observed staff responding to people's needs and requests for assistance.

Grab folders had been devised so information could be accessed quickly and shared on a need to know basis such as if a person was going into hospital. Staff also took relevant information with them when out so it was available in an emergency situation that could arise due to people's health care needs.

We met one person whose environment had been designed around their sensory needs. There were objects which provided appropriate sensory stimulation. They had a small team of staff supporting them across the day, to help ensure this person had continuity of support and was supported by staff who understood their communication needs. We found that staff had the skills in meeting a wide range of needs. One person considered as having complex needs had been in alternative services which had not meet their needs but staff reported they had settled here and was happy to stay and making good progress.

People's behaviours were monitored and recorded to help identify possible triggers and look at consequences of actions and what strategies would be helpful. Staff had sufficient training around understanding behaviours and how best to deescalate it and put in effective strategies to help the person manage it. Staff worked alongside other professionals to determine this.

Staff told us there were formal reviews of people's needs every three months. However, people's needs were kept under constant review and in consultation with people using the service. Key workers also provided a monthly summary, going through the person's daily notes to identify any changes, unmet needs or

highlights/achievements. Staff told us communication was very good and effectively disseminated across the team.

People had a range of interests and hobbies and where possible staff facilitated this. Staff told us there was a lot of flexibility and choice around what people did. The provider had a number of vehicles and some people had their own cars. Activities had to be planned in terms of the shared vehicles to ensure they were available for people to use. This occasionally meant people could not attend an activity of their choice if the vehicle was already booked. This had an impact on people but staff said ordinarily people could access the town which was not far away or use another mode of transport. One person asked to go out and was told the vehicle was not available until later. One person told us "I get to do what I choose to. I make a plan, sometimes trips get cancelled due to enough drivers or vehicles. Mostly gets rearranged and rebooked but not always."

We saw some activities taking place on the day of our inspection and heard what people had planned including, trips, holidays and concerts. One person told us I like it here, it's nice, I like the garden and lake, I enjoy helping in the garden." We observed people involved in domestic chore, meal preparation, watching a film and playing skittles. Some people had an activity planner which helped people understand the sequence and order of the day. Some people were out at different day placements and colleges. People had activities based on need. For example, one person went to trampoline sessions as it strengthened their core muscles. Another did a cookery class in which they ate what they made. Everyone was supported to shop, cook and increase their levels of independence. Staff also worked closely with families to support people to maintain contact with them and enable relatives to be involved in the persons care and decisions for the future.

The environment promoted peoples independence with people having their own flats and one to one staff support. In addition, there were communal areas, a kitchen, lounge and dining room people could use and we observed people using them. People had a choice about where they prepared and took their meals and where they spent their time. People we met took a pride in their accommodation. In addition, there was extensive outside space and some people were involved in horticulture.

There was an established complaints procedure and this was made available to everyone. The manager confirmed they had not received any complaints but regularly talked to people about the service and addressed any concerns accordingly.

Good

Is the service well-led?

Our findings

At the last inspection we judged this key question as requires improvement. We found that improvements needed to be made to assessing and monitoring the quality of care at the service. We found that systems in place were not effective in identifying shortfalls in recruitment records and staff supervision. At this inspection we found the service was well managed. Annual surveys were sent out to family, people using the service and other professionals to ask them for their views on the service. There was an opportunity to comment but we could not see how comments were responded to or the outcome of the quality assurance survey shared with people and other stake holders.

Improvements in the way the service communicated with people using the service had been implemented. For example regular reviews of people's needs were firmly established. The service had also recently introduced residents meetings. There was no newsletter which might be an established way of demonstrating what changes had occurred at the service and show how the provider was acting on people's feedback.

Staff were knowledgeable and competent and we found that they put people using the service at the centre of how the approached their role. Senior staff were confident in their role and also knew the needs of people and their staff well. They were visible at all times and approachable to staff and people using the service. The registered manager and administrator were in a separate part of the service but all staff said there was regular contact with them and found the registered manager approachable and their door always open. The registered manager was observed as knowing people well and had good interactions with them. We observed people coming into the building where the registered manager and administrator were and they were attentive to their needs and requests.

Regular staff meetings were held and staff were supported through supervisions and had their opportunity to discuss their work performance and work load. We saw from the team meeting minutes that there had been two periods of poor morale amongst staff in February and May this year. We discussed this with the registered manager and the visiting director. They said they were aware of this and this was being addressed through one to one supervisions with staff.

Audits were being completed and we looked at a sample of them. For example, infection control audits, room audits, daily observations, handover, medication audits and fix it meetings where an issue has been identified and how it was going to be resolved. Plans were in place to improve the service but these very limited in scope and around specific areas rather than covering all the key lines of enquiry, (KLOE) the CQC inspect against. We suggested to the manager that internal audits of the service should be regularly completed and include observational practice. The audits could be themed around the KLOES. Risks to people's safety were monitored to ensure actions taken were appropriate and risk was being proportionately managed.