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Westside Home 2

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

About the service: Westside Home 2 is a care home that provides accommodation and personal care for people with mental health problems. At the time of the inspection five people lived at the service. The home was established over two floors, with a range of communal areas including dining spaces and a large garden.

People's experience of using this service:

People told us they felt safe and well looked after in the home. Staff knew and understood the risks to people and ensured that steps were taken to reduce the level of risk as much as possible. People received their medicines at the right time and there were sufficient staff on duty to keep people safe and ensure their needs were met. Staff were recruited safely to ensure they were suitable to work in the home and were well trained and supported by the provider.

People's mental and physical health needs were closely monitored, and staff ensured people saw external healthcare professionals when they needed to. The provider was working in line with the principles of the Mental Capacity Act 2005 and people's consent was obtained before care and support was delivered. All people living at Westside Home 2 had full capacity to make their own decisions.

People were supported by caring staff who took time to get to know people and encouraged people to maintain their independence. There was a clear complaints policy in place, and people could choose whether to take part in the activities that were on offer.

Quality assurance audits were effective and improvements to the quality of the service were made if shortfalls had been identified. People and staff were happy with the way the service was led and managed and the registered manager led by example in offering warm and personalised care to people.

More information is in the detailed findings below.

Rating at last inspection:

Good (report published 1 November 2016)

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Westside Home 2

Detailed findings

Background to this inspection

The 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.

Inspection team:

The inspection team consisted of one adult social care inspector and one Expert by Experience. The Expert by Experience was a person who had personal experience of using mental health services.

Service and service type:

Westside Home 2 is a care home. People in care homes receive accommodation and personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was unannounced.

What we did:

Before the inspection we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority.

We assessed the Provider Information Return (PIR) had submitted. Providers are required to send us a PIR at least once annually to give some key information about their service, what they do well and improvements they plan to make. This information helps support our inspections.

During the inspection we spoke with three people to ask about their experience of the care provided. We also spoke with two members of care staff and the registered manager.

We reviewed a range of records. This included three people's care records and medicine records. We looked at three staff files around staff recruitment. We also reviewed records relating to the management of the home including checks and audits.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.

- People told us that staff kept people safe in the home. One person told us, "I feel safe here, no fights here. Arguments but no fights. They get resolved quickly."
- Care plans contained details of how to support people if they became upset or anxious and we saw staff using this guidance to support people.
- The provider had effective safeguarding systems in place. Staff knew how to recognise abuse to protect people from harm and were able to tell us who they would report concerns to.

Assessing risk, safety monitoring and management

- Records showed that checks were carried out on the building to ensure people were kept safe. These included checks on fire safety and water temperature checks.
- Risk assessments were in place to reduce the risks to people and staff understood how to reduce these risks. For example, risk assessments had clear information about what staff needed to look out for to ensure that any deterioration in people's mental health condition was identified and responded to quickly.
- Incidents and accidents were investigated, and actions were taken to reduce the risk of re-occurrence.

Staffing and recruitment

- People told us they thought there were enough staff on duty to meet people's needs and keep people safe. We saw that people did not have to wait for assistance. One person told us, "I feel very safe here, there are staff on duty 24 hours a day. More than enough staff." One member of staff told us, "There are enough staff to assist people. Most people are very independent."
- Staff had been recruited safely to ensure they were suitable to work with vulnerable people. Recruitment checks included a police check, two references and the staff members right to work in the United Kingdom

Using medicines safely

- Medicines systems were organised, and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage and disposal of medicines.
- We observed people being told what medicines they were taking and why.
- Some people required medicines 'as and when required' and we saw people being asked if they wanted these medicines.
- We saw that medicines were checked monthly, but we spoke with the registered manager about reviewing this procedure in response to the changes made by the dispensing pharmacist, which included no longer providing medicines in a monitored dosage system.

Preventing and controlling infection

- The home was clean, and staff used personal protective equipment to reduce the risk of infection. People

were happy with the standards of cleanliness.

Learning lessons when things go wrong

- Records showed that incidents and accidents, such as falls, were monitored and analysed so that changes could be made to reduce the risk of further harm.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People were assessed before they were admitted to the service. This ensured their needs could be met. Assessments covered people's health and social care needs.
- People's cultural needs were identified so staff could meet these. Where necessary assessments gave a brief overview of a person's religion or beliefs, so staff understood what it meant to them.

Staff support: induction, training, skills and experience

- People said the staff were skilled and competent. One person said, "Staff know what they are doing, they are qualified." Another person said, "They [staff] have training every three months."
- Staff confirmed they completed a wide range of certificated training courses including the Care Certificate (a nationally-recognised introduction to care course), health and safety, food hygiene, first aid, the Mental Capacity Act 2005, and safeguarding. Staff also had access to mental health training.
- The registered manager told us the home was now catering for a more diverse service user group. To ensure staff could meet their individual needs the service was currently in liaison with a local training provider to source specialised training.

Supporting people to eat and drink enough with choice in a balanced diet

- People said that they prepared their meals independently, with the exception of a Sunday roast which was prepared by staff.
- People had an opportunity to choose what they wanted to eat on a weekly basis and noted the ingredients they needed on the weekly shopping list.
- People had nutritional assessments. Staff encouraged them to eat wholesome food and maintain a healthy weight.

Staff provided consistent, effective, timely care within and across organisations

- People said they were supported to maintain good health and referred to healthcare professionals when required. One person told us, "I usually go to see the doctor on my own, but if I need anything I would ask."
- People had care plans for their healthcare needs and emergency grab sheets to take with them if they needed to go to hospital. Emergency grab sheets contain information about a person as an individual, for example their mental health condition and their medicines.

Adapting service, design, decoration to meet people's needs

- People told us they liked the design and decoration of the home. One person said they like having the choice of being in their bedroom, using the communal rooms, and going into the garden. They told us, "I like it here, it is much nicer than many other places I have been."

Supporting people to live healthier lives, access healthcare services and support

- People who used the service told us that they accessed health centres and doctors independently. However, health care needs were monitored by staff and people were encouraged to seek additional health care advice to improve their physical well-being.
- People had an allocated community psychiatry nurse (CPN), the CPN visited people and arranged fortnightly depot injections to ensure people's mental well-being was taken care of.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- All people who used the service had full capacity and were able to consent to the care and support provided.
- Part of the agreement of living at Westside Home 2 is a 10:00pm curfew. People who used the service has signed up to this and were aware of the curfew. However, if people were more stable and wanted to stay out after 10:00pm this was agreed once discussed with staff.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People said the staff were caring and kind. One person told us, "Staff are caring. We are treated well here. They [staff] respect our privacy and dignity – definitely."
- We saw staff talking with people in a caring and supportive way. For example, when people returned from activities staff sat down with them and had a chat about how everything had gone.
- People appeared content and settled at the home. They told us they liked living there and had good relationships with the managers and staff.
- People told us that their equality and diversity was respected, and staff confirmed that they would support all people the same and respected their cultural and sexual background.

Supporting people to express their views and be involved in making decisions about their care

- People were regularly asked for their views on the care provided. One person told us, "The staff are open to comments. Management cares about us immensely. They are always asking if everything's okay for me here and if I want any changes."

Respecting and promoting people's privacy, dignity and independence

- People's preferences regarding their privacy were in their care plans. For example, one care plan stated that the person liked to be on their own.
- People told us staff were respectful. One person said, "The staff never barge into my room. They always knock and wait for me to reply." Another person said, "Staff are caring, they prompt me to shower and clean my room. They respect my dignity and privacy."
- People had access to an independent mental health advocate, however, none of the people living at Westside Home 2 made use of this service.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People told us they received good quality care and support. Care plans were written from the perspective of the person using the service and set out how staff should meet their needs. One person said, "Care is delivered how I want it to be." Another person said, "Yes, I do have a copy of my care plan somewhere. I get opportunities to make changes."
- The multicultural multilingual staff team were knowledgeable about people's cultural needs. One member of staff told us, "In the past we had a Muslim person living here, we made sure that we only purchased Halal meat for the person and helped the person to go to the local mosque."
- Managers and staff ensured information was provided to people in an accessible format. For example, they translated information into a different language or used pictures if required.
- People took part in a range of group and one-to-one activities depending on their preferences. These included college, gym, swimming and community activities. One person told us, "I go to the college, staff helped me to find the course and now help me to get up in the morning and regularly go to the college."

Improving care quality in response to complaints or concerns

- People said they knew how to make a complaint if needed. One person said, "I never complained as there's nothing to complain about, but if there is anything I would talk to [manager name] he will sort it out." Another person said, "Nothing to complain, we have arguments, but we resolve them between one another."
- The home's complaints procedure explained what people could do if they were unhappy about any aspect of the service and who to go to if they wanted to take their complaint outside the home.

End of life care and support

- The service does not provide end of life care. However, the registered manager said that if this is something people wanted to discuss, they would record this in their care plan.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Leadership and management

- People told us the home was well managed and had an open and friendly culture. One person said, "Management is kind and cares about us." Another person told us, "The manager is good, he makes sure that staff do what they are supposed to do. He comes around most days and I chat with him regularly."
- People said the managers and staff were approachable and helpful. One person told us, "It is easy to talk with [manager's name], he is interested [about] how I feel and wants to help me."
- Staff said the home had a family atmosphere and they felt well-supported by the managers. One staff member told us, "[The registered manager] is very good, I can always ask him if I need any help. He looks after his staff and after the residents."
- Staff had regular supervision sessions and meetings. Minutes showed these were well-attended and topics discussed included professional boundaries, confidentiality, and completing documentation. Staff said this helped them to be clear about their roles.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- The registered manager notified CQC and other agencies of any incidents that took place at the home and acted to put things right.
- One person told us, "We have regular community meetings where we discuss any outings, but also talk if we want anything changed or if we needed anything repaired."

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The home's audit system covered all aspects of the service and helped to ensure the care people received was safe and the environment fit for purpose and well-maintained.

Engaging and involving people using the service, the public and staff

- People were involved in how the home was run on a one-to-one basis, at meetings, and through quality assurance questionnaires. Minutes from the most recent community meeting, showed people were given the opportunity to speak out, raise issues and give feedback on the service provided.
- People also told us that they completed questionnaires to comment about the care provided. One person said, "Once or twice I've completed a questionnaire."

Continuous learning and improving care and working in partnership with others

- The registered manager and staff worked in partnership with other agencies to ensure people got the care

and support they needed. For example, the service had a meeting with local councillors to improve the homes community presence, which had been featured in the local newspaper and was hailed as a success for the local community and home.

- People at Westside Home 2 signed up to a community charter which minimised anti-social behaviour some people who used the service presented.
- The local authority undertook a quality assurance visit which rated the service as green meaning they provided overall good quality person-centred care.