Westway Respite Limited

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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 31 March and 4 April 2016 and the first day was unannounced. The last inspection took place on 29 January 2015 and the service was compliant with the regulations we checked.

Westway Respite Limited provides respite (short stay) accommodation and personal care to a maximum of three people living with autism. The provider had recently registered to provide the regulated activity personal care. They were working with people transitioning from the location to supported living accommodation and staff from the location provided continuity of care. At the time of inspection there were three people living at the service and they were being accommodated for a longer period of time to allow an appropriate transition period to meet the people's needs. The service also provided some daytime respite hours for one person.

The service is required to have 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. The registered manager is also the provider for the service and has been in post since the service first registered in January 2013.

Relatives, healthcare professionals and where they were able, people using the service, expressed their satisfaction with the service and the way people's needs were being met.

Systems were in place to safeguard people against the risk of abuse and staff understood these.

Staff recruitment procedures were in place and being followed. There were enough staff deployed and staffing levels reflected the needs of the people using the service at any one time.

Risk assessments were in place for maintaining people's safety and were followed. Servicing and repairs were carried out to maintain a safe place for people to live.

People were given the support they needed to take their medicines safely.

People were comfortable with the staff and we saw staff supported them in a gentle and friendly manner. People's religious and cultural needs were identified and staff understood these and provided the support people needed to meet them.

Care records reflected people's individual choices and wishes. Staff demonstrated a good understanding of the care and support each person required, communicated with them clearly and treated them with dignity and respect.

Care plans were in place for people's identified needs and interests so staff had the information they needed

to meet these. People's care needs were reviewed to ensure changes were identified and could be met.

There was a complaints procedure in place and relatives said they would feel confident to raise any concerns and that they would be addressed.

The registered manager was experienced in the care of people with learning difficulties including those with autism. He identified and implemented effective ways to provide positive outcomes for people using the service.

There were systems to assess and monitor the quality of the service. The registered manager used his knowledge and followed good practice guidance to make improvements to the service they offered to people.

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. Systems were in place to safeguard people against the risk of abuse and staff understood these.

Staff recruitment procedures were in place and being followed. There were enough staff deployed and staffing levels reflected the needs of the people using the service at any one time.

Risk assessments were in place for maintaining people's safety and were followed. Servicing and repairs were carried out to maintain a safe place for people to live.

People were given the support they needed to take their medicines safely.

Is the service effective?

Good

The service was effective. Staff received training to provide them with the skills and knowledge to care for people effectively.

Staff understood people's rights to make choices about their care and the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), so they acted in people's best interests. This is where the provider must ensure that people's freedom is not unduly restricted.

People's individual dietary needs and preferences were identified and were being met.

People's healthcare needs were identified and input from health and social care professionals was accessed when required.

Is the service caring?

Good

The service was caring. People were comfortable with the staff and we saw staff supported them in a gentle and friendly manner. People's religious and cultural needs were identified and staff understood these and provided the support people needed to meet them.

Care records reflected people's individual choices and wishes. Staff demonstrated a good understanding of the care and

support each person required, communicated with them clearly and treated them with dignity and respect.

Is the service responsive?

Good

The service was responsive. Care plans were in place for people's identified needs and interests so staff had the information they needed to meet these. People's care needs were reviewed to ensure changes were identified and could be met.

There was a complaints procedure in place and relatives said they would feel confident to raise any concerns and that they would be addressed.

Is the service well-led?

Good

The service was well-led. The registered manager was experienced in the care of people with learning difficulties including those with autism. He identified and implemented effective ways to provide positive outcomes for people using the service.

Relatives, staff and healthcare professionals said the registered manager was approachable and listened to them.

There were systems to assess and monitor the quality of the service. The registered manager used his knowledge and followed good practice guidance to make improvements to the service they offered to people.

Westway Respite Ltd

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.

The inspection took place on 31 March and 4 April 2016 and the first day was unannounced.

The inspection was carried out by one inspector. Before we inspected the service we checked the information that we held about it, including notifications sent to us informing us of significant events that had occurred at the service. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about.

We spoke with the people using the service, the registered manager who was also the nominated individual and three support workers. Following the inspection we sought and received feedback from two relatives and two healthcare professionals, a speech and language therapist and a behavioural specialist.

We viewed two staff recruitment records and recruitment check confirmations for five agency staff, care records for all the people using the service, policies and procedures and a selection of maintenance and servicing records. Most of the people using the service had limited verbal communication skills, however we were able to observe the interaction between staff and the people using the service. The service submitted a provider information return (PIR) and this was viewed and information used to inform this report in conjunction with our findings at the inspection.

Good

Is the service safe?

Our findings

People were being kept safe at the service and protected from the risk of abuse. People and their relatives told us they felt safe at the service. Local authority information including a flow chart for staff to follow for reporting concerns was available in the service as well as a copy of the London Multi-Agency policy and procedures to safeguard adults from abuse. Staff received training in safeguarding. They knew to report any concerns or suspicions of abuse and were confident to do so to protect people. Safeguarding and whistleblowing policies and procedures were in place and staff understood these and knew the agencies they could contact such as the local authority, Care Quality Commission or the police to report concerns if necessary.

Risks were identified and action taken to keep people safe at the service. Risk assessments for individuals were in place and identified areas of risk and the control measures in place to minimise them. Risks identified included behaviour that challenges, community access, road safety, swimming and travelling in the minibus. We also viewed risk assessments for the premises and these included electrical safety and the safety and security of the premises. We saw the kitchen door had a keypad lock and the hatch between the dining area and the kitchen had a shutter that was closed overnight. Staff confirmed people were always accompanied when in the kitchen area and one person who enjoyed cooking had a risk assessment in place for this. Care plans also reflected areas of risk to people and the safety measures to be in place, for example, not leaving a person unsupervised in the kitchen area as they had no awareness of danger. We saw staff were available to accompany people and did so in a friendly and unobtrusive way, working alongside people.

Accidents and incidents were recorded and included a statement of what had occurred and the action taken by staff to de-escalate or address the situation. The registered manager said they looked for any trends and also for external circumstances that might impact on people's behaviour, to help better understand the triggers for people's behaviour and with managing them.

There was a maintenance and messages book and we saw repairs were reported and addressed promptly. Servicing records for gas safety, fire safety equipment, alarm and emergency lighting were available and up to date. Updated risk assessments for fire safety and for legionella had been completed in the last six months and action was being taken to address recommendations contained in the reports. Personal emergency evacuation plans were in place for each person. Policies and procedures for safety were in place including fire procedures, a missing person policy and a staff lone working policy. Staff were able to explain the action they would take if someone was unwell and needed emergency first aid. This meant procedures were in place to keep people safe and to provide staff with the information they needed in emergency situations.

Recruitment processes were followed to ensure only suitable staff worked at the service. We saw employment checks including references, Disclosure and Barring Service (DBS) checks and evidence of people's right to work in the UK were carried out for permanent staff. Agency staff were also working at the service. The agency supplied information confirming that the required pre-employment checks had been

carried out for these staff and we saw this was in place for all the agency staff working at the service. Agency staff also had identification badges on display so it was clear who they were and which agency they worked for.

There were appropriate numbers of staff on duty to meet people's needs. We saw the staffing rota for the previous month and the registered manager explained they ensured there were always enough staff on duty so people received the care and support they needed and to enable them to go out and participate in the activities they wished to. During the day there was one member of staff for each person using the service and overnight there was one waking and one sleep-in member of staff on duty. We saw the staffing was flexible and additional staff were available to enable the service to provide some daytime hours respite care when required for an individual.

Medicines were being managed so people received these safely. Medicine administration record charts (MARs) were in place and these had been signed by two staff each time a medicine was administered. Twice daily checks of the MARs were carried out and recorded, to ensure people were receiving their medicines as prescribed. Information about 'as required' (PRN) medicines was included in the care plans and all medicines were being stored securely in the service. There was a file kept in the minibus to record when medicines were being carried in it, for example, PRN medicine for epilepsy that needed to be taken with the person when they were out of the service, or to record medicines collected with people from their homes.

For people on regular medicines these were obtained from the dispensing chemist for 28 days, in seven day blister packs. The dispensing chemist provided printed MARs which recorded the administration instructions for each medicine and the number of each that had been supplied. There was a clear description of each medicine so they could be identified and staff told us they checked the packs when they arrived to make sure the contents was correct. We discussed with the registered manager evidencing the checks that had been carried out so they were recorded, which he said they would do in future. Staff had received training in medicines management and were able to describe the process they followed to administer each person's medicines safely.

Good

Is the service effective?

Our findings

Staff received the training and support they needed to provide them with the skills and knowledge to care for people effectively. Staff told us they had received training in topics including first aid at work, de-escalation and break-away techniques, autism awareness, fire safety and health and safety. Staff records also included training in food hygiene, epilepsy awareness, moving and handling and infection control topics. Staff confirmed they completed regular trainings and they demonstrated a good awareness of people's needs and how to meet them. Staff had been enrolled to complete the Care Certificate, which provided comprehensive induction training and this was being progressed. Some staff had also undertaken recognised qualifications in health and social care and demonstrated a good understanding of meeting people's needs.

Individual staff supervision sessions took place every two months and group sessions also took place. These included personal development and training, work issues, feedback from people and relatives and any other points identified for discussion. The registered manager said annual appraisals would be carried out for permanent staff once their year anniversaries were reached. Relatives were satisfied with the relationship between staff and their family members. One relative said, "[Relative] gets on really well with the staff."

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. We heard people being offered choices and being able to make simple decisions, however they did not have the capacity to make decisions around their own safety and needed to be supervised by staff so they did not place themselves in danger, for example, by walking in the road.

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 procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The people using the service were subject to DoLS authorisations when at the service and these were up to date. Staff understood the importance of supervising people to keep them safe and this was done in a friendly way, working alongside people and encouraging them. People liked taking part in activities and staff who they knew and were comfortable with and who also took part in each activity accompanied them, for example, when they went jogging or swimming. This meant people could enjoy going out of the service and taking part in activities while being appropriately supervised.

People were provided with meals to meet their nutritional needs. People using the service had a range of nutritional needs including cultural and religious needs and these were identified and being met. Staff were aware of these needs and were able to tell us about them and how they ensured people had meals they enjoyed. A relative told us the service ensured their family member ate healthily and the staff also included their favourite take-away food on occasions as part of their diet. This meant their wishes were being listened to whilst also encouraging healthy eating. People's weights were monitored each week. One relative told us

their family member had been encouraged to lose some weight and felt better for this. Food likes and dislikes, allergies, sensitivities or foods to be avoided for religious and cultural reasons were recorded and this was being followed.

People's healthcare needs were being met to help them maintain good health. We received positive feedback from healthcare professionals and comments included, "Staff were following recommendations, they were open to new suggestions and they were willing to take initiative when needed" and "Staff are understanding of the importance of effective communication with the service users and know that this will differ from person to person." People attended their own GPs and staff would accompany them to appointments. We saw people received input from healthcare professionals including GP, dentist, psychiatrist, behavioural therapist and speech and language therapist. Although this was a respite (short stay) service, some of the people have lived there for an extended period of time while they were going through the process of transitioning to supported living services. The registered manager was involved in maintaining people's healthcare, whilst observing the importance of maintaining family involvement to ensure continuity of care.

Good

Is the service caring?

Our findings

People and relatives were happy with the care provided at the service. One person said, "It's good, staff are kind to me." One relative said, "I'm very happy with the service. They treat [relative] very well" and "They have been very good to [relative]. No complaints at all." Feedback from healthcare professionals included, "I feel that Westway is a service that is bespoke and caters to the needs of the service users and their families based on their specific needs. The service users are afforded choice and respect and I feel that the service is like an extension of the family structure."

Staff understood the importance of respecting people as individuals, for example, ensuring their religious and cultural needs were identified and met. They also spoke about the importance of maintaining people's privacy and dignity and affording them time in private when they needed it. Relatives confirmed they found the staff treated their family member with dignity and respect.

Pictures of the staff on duty were on display, and also pictures of the people using the service, so anyone in the service knew who was on duty and who was living at or visiting the service. We observed staff supporting people and they did so in a friendly and gentle way, understanding people's individual communication needs and there was a happy atmosphere. We saw people were content and were able to move around the service, with staff available to supervise and to assist them if they required it.

One person confirmed they could get up and go to bed when they wanted and told us they got up at 8am and went to bed at 10pm, which was their choice. Information about people's likes and dislikes was recorded in the care records and staff were aware of these. Staff understood people's reactions could be heightened to things they did not like due to their autism, for example, a dislike of dogs. Guidelines for supporting people included the specific support each person needed and the action to take if they became anxious or very anxious, to try and de-escalate the situation. Staff understood the importance of discussing and agreeing a plan of action with a person so everyone was clear what was going to happen and therefore anxieties were minimised. For example, if someone had to attend a doctor's appointment, this would be discussed and the timings for attending identified, so the person had a timeline and knew they would be supported by staff.

Good

Is the service responsive?

Our findings

One healthcare professional told us that the way the service had worked with the family and health and social care professionals had resulted in a significant improvement of an individual. Another said, "Parents are accommodated and regular sometimes impromptu meetings are held to ensure that there is good dialogue and there is a good understanding that the family may have anxiety about whether their loved ones will be cared for adequately."

Care records provided a good picture of each person, their needs and how to meet them. Reviews had been completed and relatives confirmed they were involved with review meetings and were listened to. Where people were able to contribute they were also included in reviews. Records of the review meetings were thorough and covered each aspect of a person's needs. There was an easy read person centred plan in place, guidelines for supporting each person and a 'quick view' profile for staff to refer to, which provided clear information for staff to follow. Where families had provided additional information this was also available to staff. The records clearly identified people's behaviours, any triggers and guidance for behaviour management and the emphasis was on promoting positive behaviours and experiences for people.

There were guidelines for each activity people took part in and these included art and craft, cookery, swimming, travel training and outings and meals out. The guidance included each aspect of the activity to be considered. Examples of this were resources needed, communication needs, social interaction, flexibility of thought, sensory considerations, location, timings, preparation and verbal prompts. Staff told us they liked the guidelines and felt they helped to maximise the positive outcomes for people.

The service had a minibus and took people out of the service each day. As well as activities people would also visit their families, go to healthcare appointments and go on days out to places of interest, for example, trips to the seaside. One person liked to go into Central London each week. Staff explained each trip was discussed and planned so the activity was structured and people had a clear picture of what they were going to do, which was an important part of providing people with a positive experience that they enjoyed.

Activities people took part in were displayed on the notice board and daily records identified what each person did each day and included information about people's mood, any accidents or incidents, food and fluid intake and personal care given. This provided a good reference for staff coming on duty to read back and catch up information as well as the staff handovers. Staff also wrote diaries for people, describing the activities they had taken part in and their general well-being. These were sent home with people so their next of kin could keep up to date with their progress.

The service had a complaints procedure and relatives confirmed they would feel confident to express any concerns. Staff understood people's moods and knew to look for any changes in behaviour that could indicate someone was unhappy, so this could be explored. The registered manager said they would be producing an easy-read version of the complaints procedure which could then be displayed for people to read. There had not been any complaints received in the last 12 months and the registered manager said they encouraged people and relatives to express any issues, however minor, so they could be discussed and

addressed.

Good

Is the service well-led?

Our findings

Relatives and healthcare professionals expressed their satisfaction with the service. Comments included, "I have observed good communication amongst staff also and there is supportive team working and good management from [registered manager], who supports my work and provides guidance to his staff to work collaboratively with me."

The registered manager was experienced in working with and supporting people with learning disabilities including autism specific disorder. He was completing a post-graduate qualification in autism and had completed other training including autism specific assessment. The registered manager had also commenced a level 5 diploma in leadership for health and social care and was a member of the National Skills Academy, so he was able to access good practice guidance and information from there. He told us he attended the local authority registered manager meetings to keep up to date with issues relevant to the service. Staff, healthcare professionals and relatives confirmed the registered manager was supportive and approachable and worked to improve the lives and experiences of people using the service.

Satisfaction surveys had recently been completed in December 2014 and a recent survey had been sent out to families, some of which had already been returned. The surveys contained positive feedback and relatives were satisfied with the care their family member received. Staff meetings took place most weeks and minutes were available to show the topics discussed and any action to be taken. Staff said there was good teamwork at the service and the registered manager promoted this.

The registered manager had carried out a full audit of the service in December 2015 which was comprehensive and covered each aspect of the service including the needs of the people living there. The registered manager had drawn up an action plan with projected dates for completion. He explained some of the dates were a few months ahead to allow for people who would be transitioning to supported living and to encompass the needs associated with this. Health and safety checks of the service were carried out weekly and a monthly buildings check was also completed. This ensured each aspect of the service was being monitored and action was taken promptly to address shortfalls, for example, any repairs that were identified.

The service had a business development plan and this incorporated the building of a supported living facility. Supported living had been identified by the registered manager to give people accessing the respite service the opportunity to transition to supported living with the continuity of care staff who they were familiar with. We asked the registered manager why they had decided to build a bespoke supported living service and they explained they wanted to provide a service that was tailored to the specific needs of people with autism. At the time of inspection two people had commenced visits to the supported living service to start familiarising them with it with a view to transitioning there. One person told us, "[Inspector], I'll be moving to supported living soon" and they appeared to be happy about this.

The service used a bespoke quality assurance system and they provided the policies and procedures used by the service. We saw where these had been reviewed and updated as changes occurred and that staff had

online access to all the documents, so they could keep up to date with the information. Notifications were being sent to the Care Quality Commission (CQC) for any notifiable events, so we were being kept informed of the information we required.