

## Catholic Care (Diocese of Leeds)

# Westhaven

### Inspection report

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### Ratings

#### Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

This inspection took place on 17 October 2017 and was unannounced. At last inspection in September 2016 we rated the service 'Requires Improvement'. We found the provider was in breach of two regulations; these related to premises and equipment, and governance. The electrical installations at the property had not been checked within the required timescales and provider's audits had failed to detect the test had not been completed. The provider arranged for the electrical installations to be checked as soon as it was brought to their attention.

Westhaven is a service for up to seven people with learning disabilities. At the time of this inspection five people were using the service.

The service had 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.

People felt safe living at Westhaven. We saw they were comfortable with people they lived with and staff who supported them. People told us they could talk to members of staff and the manager if they had any concerns.

Staff knew people very well and had a good understanding of their background and histories. Care was planned and risk was managed although this was not always well reflected in the care documentation. The registered manager agreed to take prompt action where care records did not reflect people's needs or were out of date. People enjoyed person centred activities at home and in the community.

People made decisions about their care and support, and where a person lacked capacity to make decisions appropriate systems were in place to support them. We saw from people's records their health needs were met. People enjoyed the meals and chose what to eat.

Medicines were not always managed safely; we found issues around the use of non-prescribed paracetamol, medicine protocols and staff competency assessments. People lived in a safe environment but areas needed attention so people were comfortable.

Staffing arrangements were appropriate and staff received training and supervision to help them understand how to deliver appropriate care. Staff had a clear understanding of their role and responsibilities. They told us they enjoyed working at Westhaven and felt well supported.

The registered manager was knowledgeable about the service and worked alongside people who used the service and staff. We received positive feedback about the registered manager and provider. People were encouraged to share their views and put forward suggestions. People who used the service and staff

attended regular meetings. The provider had some effective quality management systems although they had not picked up some of the issues identified at the inspection. We made a recommendation around future quality management systems.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. This related to risk and medicine management . You can see the action we have told the provider to take at the end of this report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** 

The service was not always safe.

People lived in a safe environment but areas needed attention to ensure people were comfortable. Risk was usually well managed although we found one person's assessment did not evidence the risk relating to choking was mitigated.

There were enough staff to make sure people received the appropriate level of care and support.

Medicines were not always managed safely; additional checks were required to make sure people topical creams were applied effectively and staff competency was assessed.

### Is the service effective?

**Good** 

The service was effective

Staff were supported and received appropriate training which equipped them with the skills they needed to do their job well.

People were encouraged and supported to make decisions about their care.

People enjoyed the meals and received support to help make sure they stayed healthy.

### Is the service caring?

**Good** 

People were comfortable in their environment and enjoyed the company of others they lived with and staff.

Staff knew the people they were supporting well.

Care and support records contained good information to help staff understand people's background and histories.

### Is the service responsive?

**Good** 

The service was responsive.

People's care was planned although one person's information was not easily accessible. The registered manager agreed to further develop end of life care planning to ensure people's wishes were identified.

People were enabled to carry out person centred activities.

People did not have any concerns about the service and we observed they were comfortable talking to staff and the registered manager.

### **Is the service well-led?**

The service was not always well led.

We received positive feedback about the registered manager and the provider.

People who used the service and staff were encouraged to share their views and put forward suggestions.

The provider had some effective quality management systems although they had not picked up issues identified at the inspection.

**Requires Improvement** 

# Westhaven

## **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.

Before the inspection we reviewed all the information we held about the service. We contacted relevant agencies such as the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We ask providers to complete a Provider Information Return (PIR), which 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 last requested a PIR in October 2015 so information was not up to date and therefore took this into account when we inspected the service and made the judgements in this report.

The inspection took place on 17 October 2017 and was unannounced. An adult social care inspector and an expert-by-experience carried out the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

During the visit we looked around the service and observed staff supporting people. We spoke with four people who used the service and three members of staff including the registered manager. We spent time looking at documents and records that related to people's care and the management of the home. We looked at two people's care records and three staff files.

# Is the service safe?

## Our findings

People felt safe living at Westhaven. Comments included, "I do feel safe living here. I haven't had any problems", "I like living at Westhaven. It's safe" and "I feel safe here and I like living here." We saw information around 'keeping safe' was displayed in the service.

All the staff we spoke with told us people were safe and good systems were in place to protect people. They said they had received safeguarding training and training records showed all staff had completed this. Everyone was confident any concerns or issues would be dealt with appropriately by the management team. The registered manager told us there had been no safeguarding incidents in the last 12 months.

We saw examples where risk management was effective but we also saw examples where risk assessments had not been updated and staff told us the information was no longer relevant. We saw from one person's care records that risk assessments covered key areas and were detailed; they had clear actions that helped ensure the person was safe and risk was minimised. They had assessments around appropriate equipment such as bed rails, profiling bed, pressure mattress, continence and the use of a monitor to communicate with staff. They had a personal emergency evacuation plan that identified what action staff should take. However, another person's risk assessment dated December 2015 stated they were at risk of choking and a speech and language therapist (SALT) had provided guidance around foods that should be avoided. Staff confirmed the person ate pizza and skinned sausages which were two foods on the list to be avoided; they said the risk assessment was no longer relevant. The person had another risk assessment that stated they were at risk of dehydration. The action was to encourage the person to drink and monitor fluid intake. Staff told us the person 'drank loads' and the risk was no longer relevant. The registered manager said they were confident risk was well managed but acknowledged this was not reflected in the care records; they agreed liaise with the SALT team and ensure the person's risk assessment is updated accordingly.

People lived in a safe environment although we noted one shower was very hot when put on the highest setting. Staff told us regular fire tests and drills were carried out, and any safety issues noted with the building were dealt with promptly. We saw premises and equipment checks had been completed which ensured safety. These included fire alarms and firefighting equipment, gas safety and electrical installation. The home looked clean and we saw staff followed good infection control practices, for example they washed their hands before and after delivering care, and wore personal protective clothing. Some areas were well decorated; however, we also saw some areas needed decorating. We noted that only one bathroom had heating. This was a communal bathroom but was generally only used by one person. Others used a bathroom that did not have any heating. The registered manager said they would discuss the use of the bathrooms with people who used the service and ensure people could bath and shower safely and in comfort. The registered manager said the provider acknowledged the environment needed attention. They had been liaising with the local authority regarding the service and options around future provision were being considered.

People told us they received good support with their medicines. One person said, "I get my medicine, in the morning, at lunch, at tea-time and at supper time and I do get them every day." Another person said, "I get

medication on time." People had medicine care records called 'my medicine, my choice; my record'. These contained details of 'medicines, why I take them, special instructions and when medicines need to be reviewed'.

Most medicines were dispensed from a monitored dosage system which was supplied by a local pharmacist. We reviewed these alongside the linked medicine administration records (MARs) and saw they were completed correctly. We carried out checks of two medicines that were dispensed from containers and found the stock was correct.

However, we found issues around the administration of pain relief for one person. The person had been prescribed paracetamol as a 'when required' dose (PRN). They had 57 tablets in stock but we could not check if this was correct because sometimes staff used the medicine prescribed for the person and sometimes they used medicine from a communal stock. It was clear from the MAR the person had only received the prescribed dose but it was not clear which stock was used. The registered manager said they would stop this practice immediately and ensure only the person's stock of paracetamol was administered.

Some people were prescribed external medication, for example, creams. We found the service was not following current guidance because there was insufficient information recorded to help ensure that topical medicines are applied effectively in a way that keeps people safe. One person was prescribed a treatment for skin infections which should have been applied twice a day 'as directed'. They did not have a protocol or guidance around the thickness of application and area of the body to which the cream should be applied. Two days before the inspection we saw the MAR indicated it had been applied three times. The person was also prescribed a skin protective cream; the 'my medicine' record stated this was to prevent pressure sores rather than protect chafed, chapped or cracked skin. Another person had a barrier cream prescribed. The topical medication administration records (TMARs) stated a small amount should be applied twice a day and the MAR stated it should be applied two or three times a day. The registered manager said they would introduce clear guidance for the issues we identified around external medication.

All staff who were responsible for administering medicines had completed training and most had completed competency assessments although these had not always been done annually as recommended in the National Institute for Health and Care Excellence (NICE) guidance. The registered manager who was responsible for overseeing medicines said they would ensure competency assessments were done at least annually. NICE guidance for managing medicines in care homes provides recommendations for good practice around management of medicines.

We concluded the provider did not always ensure risk was appropriately managed and medicines were administered safely. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

People told us they received support when they wanted it; no concerns were raised around staffing levels. One person said, "The staff are good with us and I think there is always enough staff to look after us." Another person said, "I find there are enough staff to support me." Another person said they went out "more nowadays." Staff we spoke with also told us the staffing arrangements worked well. We reviewed rotas which showed the same core staff worked at the service which ensured people received care from a consistent workforce. The registered manager said they would be recruiting two part time staff because they had struggled to cover staff holidays and long term absence. We saw the provider followed a robust recruitment process and carried out the necessary checks before staff commenced work. One member of staff's file did not have photograph identification. The registered manager said they would obtain this from the provider's head office where all original documentation was stored.



# Is the service effective?

## Our findings

Staff we spoke with said they were well supported by colleagues and management. They said they received appropriate training and regular supervision. One member of staff told us, "We get really good support. I've done quite a lot of training in-house and with the local authority. We have regular staff meeting and supervisions." Another member of staff said, "We get good support from [name of registered manager]. She's always on with supervisions, and we meet regularly as a team." One person who used the service said, "I feel the staff are well trained." Another person said, "The staff are really good at their jobs and supporting us."

We reviewed the training matrix which showed training covered areas such as fire safety, food safety, moving and handling, infection control, equality and diversity, safeguarding, health and safety, learning disability awareness and mental capacity. The matrix also showed new members of staff completed the 'Care Certificate' which is an identified set of standards workers adhere to.

The registered manager said they were confident staff received appropriate support. They said they provided on-going informal supervision because they spent much of their time working with people who used the service and alongside staff. Staff we spoke with confirmed this.

The registered manager told us staff should receive an annual appraisal and formal supervision every two months which they said they usually achieved although sometimes sessions got cancelled due to work commitments. The provider did not have a matrix or overview record so it was difficult establishing what structured support staff had received. We reviewed three staff files and saw two members of staff had received the required support sessions; one had not because they had only received supervision in October 2016 and July 2017, and an appraisal in February 2017 and an appraisal review in August 2017. The registered manager said they would review their system for monitoring structured support.

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 so that they can 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).

People told us they could make decisions about their care. One person said, "I decide when I go out. Today I am doing my banking and shopping in the town." Another person said, "The staff do listen and they like helping people." Another person said, "I don't go out much but it is my choice."

Throughout the inspection we observed staff obtaining verbal consent and examples where people's rights and choices were promoted. Staff asked people if they would like to do things and asked permission before entering people's rooms. People decided what they wanted to do and what they wanted to eat.

Staff we spoke with told us they had received MCA and DoLS training. They understood where people lacked capacity decisions had to be made in their best interest. Staff were confident people who lived at Westhaven could make decisions about their care and received appropriate help when they needed support. We saw in one person's care record they had stated they did not want to use some equipment. At the time of the inspection the registered manager confirmed that no one was subject to a DoLS.

People told us they enjoyed the meals and chose what to eat. One person said, "I do like the food we have here, especially scampi, lasagne and meatballs. We're having meatballs and pasta tonight and it's my choice. There is a choice of other things each day if we don't like what is for tea. I get enough to eat." Another person said, "The food is okay. I get a choice of different things to eat." Another person told us, "I enjoy the food. I like chicken, salads and curry. I like most things."

On the day of the inspection two people had lunch. One person had been out shopping and bought a sandwich and milkshake, and the other person made a sandwich and had some crisps. We saw people made drinks throughout the day without any restrictions.

People told us they had a set night each week where they decided what to eat and said this worked well. We reviewed the menu and weekly planner and saw meals were nutritionally balanced and varied. If people did not like the option they could choose an alternative. For example, one person had decided to include curry on the menu; people who did not want this decided to have something different. A menu planning book contained details of recipes that had been tried and how many people would be eating.

People told us they received good support with their healthcare. Care records showed people had input from different healthcare professionals such as GPs, district nurses, chiropodists, dentists and opticians. We spoke with a health care professional who visited on a daily basis. They said people were referred to them appropriately and promptly by staff. They said any advice they gave was acted upon by staff.

## Is the service caring?

### Our findings

People told us they were happy living at Westhaven. Comments included, "I think that the staff do care about me", "The staff listen and I am happy to be here", "The staff are good if I need help with anything", "I get along with the staff. They are kind to me" and "The staff do care about me. I like the staff".

People had lived together for many years and we saw they considered Westhaven as their home. They gathered and socialised in communal areas and enjoyed the company of others they lived with and staff. Throughout the inspection there was a friendly, happy atmosphere. It was evident from discussions and observations staff were caring and knew the people they were supporting well. Some people showed us their rooms which were personalised. They had photographs on their walls and personal items on shelving and in cupboards.

Staff we spoke with said they were confident people were well cared for. They said the service promoted people's independence and gave examples of person centred care. One member of staff said, "People are well looked after and have very personalised lifestyles. Everyone does different things. Some people go out independently; others need support." Another member of staff said, "People really do have a good quality life." We saw staff encouraged people to make drinks, access the fridge and choose how to spend their day.

Staff understood how to promote people's privacy and dignity. One member of staff said, "We are respectful. Our training teaches us about respect and that we support people to do things we do not do everything for them." We observed staff knocking on doors before entering.

People had 'my story' documents which contained detailed information about their preferences, histories and background. This ensured staff had relevant knowledge about the person and helped them understand how to provide personalised care.

## Is the service responsive?

### Our findings

People told us they spoke with staff about what they wanted to do and what they liked. One person said, "They ask me what I want to do and they support me to do these things." Another person told us staff helped them make decisions about their care.

During the inspection we spoke with people who used the service and staff about lifestyles and activities. We reviewed daily records and activity programmes, and found people were enabled to engage in person centred activities. One person told us, "I have been to college today and baked some bread. I do lots of things here. I like to play my guitar, I like travelling on buses and trains, and I go for a pint. My keyworker took us on holiday to Loch Lomond." The person proudly showed us photographs of their trip. Another person told us, "I work three days and also like to go swimming; we are going out this evening. We are also going to Blackpool to see the lights soon." Another person told us, "I like listening to music in my room. I watch television and like Emmerdale and Coronation Street; we watch it in the lounge downstairs. I decide when I go out. I don't like it when it's too cold. I go to the shops. I don't go out much but it is my choice."

People told us their family and friends could visit and were made welcome. One person said, "I do have visitors and they can come whenever they want to." Another person told us, "I do have visitors. They can come when they want to. My sister comes on a Sunday; that's just the best time for them."

Staff we spoke with said people's care was planned and there was appropriate guidance and information to help them understand how to provide appropriate care to people. They said because they were a small team everyone worked together and this ensured staff understood people's needs and care was consistent. One member of staff said, "We have good care plans and are always kept up to date. Everything is passed on."

People had detailed care records that identified their daily routines; these provided guidance for staff around how care should be delivered. We also saw care planning was personalised and included continence, eating and drinking, medicines, personal hygiene and mobility. One person's needs had changed and their care plan had been updated accordingly. However, they did not have an end of life care plan even though this aspect of care was relevant. We saw one person's care plan was written in 2014. This had been reviewed and updated but it was difficult to work out what information was current. The registered manager agreed to look at end of life care planning and update the care plan that had been written in 2014.

People we spoke with said they did not have any concerns about the service. We saw they were comfortable talking to staff and the registered manager. Everyone knew the registered manager and area manager who they said visited regularly. One person told us, "If something worried me I would be able to mention it." Another person said, "I know the manager and staff well and I haven't had to raise any concerns or complain." We saw from resident meeting minutes people were encouraged to talk about anything that caused them concern. Staff were familiar with the provider's complaints procedure and told us any issues or concerns were always dealt with appropriately and promptly. The registered manager said no complaints

had been received in the last 12 months.

## Is the service well-led?

### Our findings

The service had a registered manager who was registered with CQC in April 2015. We received positive feedback from people who used the service and staff about the registered manager. People who used the service told us they liked the registered manager. One person said, "[Name of registered manager] is easy to talk to." Another person said, "I talk to her about things. She's nice." Another person told us the registered manager was "working tonight and she'll sleep here". One member of staff said, "We get very good support from [name of registered manager]." Another member of staff said, "It's a really good place to work. It's really well organised and well led."

Throughout the inspection the registered manager demonstrated good knowledge and understanding of how to provide a person centred service. They told us they were well supported in their role by the team and senior managers. Staff also told us the provider was very supportive. One member of staff said, "Catholic Care is a good organisation. They care about their staff. Senior managers visit including the director. [Name of area manager] visits a lot and sometimes it's unannounced. She always talks to staff and the people who live here."

People who used the service and staff were encouraged to share their views and put forward ideas. We also saw suggestions were acted upon. People attended 'resident meetings' where they discussed the service and were kept informed of things that were happening. For example, people had talked about what they wanted to do and where they wanted to go on holiday; we saw these were then arranged. One person had said they would like to go swimming; this was introduced and they were attending weekly. One person had shared that the front door was hard for them to lock; this was fixed and made more user friendly. Staff meetings were held regularly and we saw from the meeting minutes they discussed things that were relevant to the service, such as health and safety, polices, communication, safeguarding and cleaning.

The provider completed annual employee satisfaction surveys. The last one was carried out in November 2016 and we saw the results were positive. An action plan was developed to address any areas of concern and drive improvement. Another survey was due around the time of the inspection.

At the inspection we reviewed audits and checks which had been completed by the staff team and the registered manager, which were then used to monitor the quality and safety of service delivery. For example, staff had carried out a monthly health and safety audit that covered areas such as trip hazards, fire routes, carbon monoxide detectors, first aid box, general cleanliness and furnishings. The registered manager had completed 'month end' checks that covered the general condition of the building, general housekeeping, fire safety records and other required checks and inspections.

Senior managers carried out quality monitoring checks. We saw visit reports from January, February, May and September 2017. These covered the five domains- safe, effective, caring, responsive and well-led. In September 2017 the senior manager had checked in-house audit reports from August and September 2017, the registered manager's monthly report, staff meeting minutes, health action plans and medical notes, risk assessments and training records. They had also spoken to people who used the service and staff. Actions

from the previous visit were reviewed and additional actions were identified.

Although we saw the provider had some effective systems for assessing, monitoring and managing the service. We found they had not identified some of the issues we picked up at the inspection. For example, the medication audit did not identify concerns around medicine protocols. The hot temperature of the shower was not picked up during the health and safety checks and end of life care planning had not been recognised. We recommend the provider incorporates into their quality management systems the issues we identified during the inspection such as medicine protocols, shower temperatures, bathroom temperatures and end of life care planning.

Providers have a responsibility to notify CQC about certain significant events such as safeguarding, serious injury and police incidents. Before the inspection we checked our records and found we had not received any notifications since the last inspection. The registered manager told us there had not been any notifiable incidents. We saw when an accident had occurred relevant documentation was completed; this was then reviewed and monitored by the registered manager and the provider.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.</p> <p>The registered person did not ensure risk was appropriately managed.</p> <p>The registered person was not managing medicines safely.</p>