Leonard Cheshire Disability

Westwinds - Care Home Learning Disabilities

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

Westwinds is a residential care home accommodating up to ten adults with learning disabilities, physical disabilities and sensory impairments. There were nine people living at the home at the time of inspection.

People had significant communication needs. People mainly used body language, gestures or sounds to communicate, some people could use a few key words to communicate their needs.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were sufficient staff to keep people safe. There were recruitment practises in place to ensure that staff were safe to work with people.

People were protected from avoidable harm. Staff received training in safeguarding adults and were able to demonstrate that they knew the procedures to follow should they have any concerns.

People's medicines were administered, stored and disposed of safely. Staff were trained in the safe administration of medicines and kept relevant and accurate records. However where some people had an as required medicine, there were no guidelines in place to tell staff when and how people should have them. We have made a recommendation.

Staff had written information about risks to people and how to manage these. Risk assessments were in place for a variety of tasks such as personal care, use of equipment, health, and the environment and they were updated frequently. The registered manager ensured that actions had been taken after incidents and accidents occurred.

People's human rights were protected as the registered manager ensured that the requirements of the Mental Capacity Act 2005 were followed. Where people were assessed to lack capacity to make some decisions, mental capacity assessment and best interest meetings had been undertaken. Staff were heard to ask peoples consent before they provided care.

Where people's liberty may be restricted to keep them safe, the provider had followed the requirements of the Deprivation of Liberty Safeguards (DoLS) to ensure the person's rights were protected.

People had sufficient to eat and drink. People were offered a choice of what they would like to eat and drink. People's weights were monitored on a regular basis to ensure that people remained healthy.

People were supported to maintain their health and well-being. People had regular access to health and

social care professionals.

Staff were trained and had sufficient skills and knowledge to support people effectively. There was a training programme in place to meet people's needs. There was an induction programme in place which included staff undertaking the Care Certificate. Staff received regular supervision.

People were well cared for and positive relationships had been established between people and staff. Staff interacted with people in a kind and caring manner.

Relatives and health professionals were involved in planning peoples care. People's choices and views were respected by staff. Staff and the registered manager knew people's choices and preferences. People's privacy and dignity was respected.

People received a personalised service. Care and support was person centred and this was reflected in their care plans. Care plans contained sufficient detail for staff to support people effectively. People were supported to develop their independence.

There were activities in place which people enjoyed. The registered manager told us that they wanted to improve what activities were on offer to people.

The home listened to staff and relative's views. There was a complaints procedure in place. There had been no complaints since the last inspection.

The management promoted an open and person centred culture. Staff told us they felt supported by the manager. Relatives told us they felt that the management was approachable and responsive.

There were robust procedures in place to monitor, evaluate and improve the quality of care provided. Staff were motivated and aware of their responsibilities. The manager understood the requirements of CQC and sent in appropriate notifications.

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 to people were identified and managed appropriately. Staff were aware of individual risks and how to keep people safe.

Staff understood and recognised what abuse was and knew how to report it if this was required.

There were enough staff to meet the needs of people. All staff underwent complete recruitment checks to make sure that they were suitable before they started work.

Medicines were administered, stored and disposed of safely. However, there were not always guidelines in place for 'as required' medicines.

Is the service effective?

Good

The service was effective.

Mental Capacity Assessments had been completed for people where they lacked capacity. Applications had been submitted to the local authority where people who were unable to consent were being deprived of their liberty.

Staff had the knowledge and skills to support people. Staff received regular supervision.

People had a choice of healthy and balanced food and drink. People's weight was monitored and effectively managed for any changes.

Staff supported people to attend healthcare and social care appointments to maintain their health and wellbeing.

Is the service caring?

Good

The service was caring.

People were well cared for. They were treated with care and kindness. People's dignity and privacy was respected.

Staff interacted with people in a respectful, caring and positive way and used individual communication methods to interact with people.

People, relatives and appropriate health professionals were involved in their plan of care.

Is the service responsive?

Good

The service was responsive.

Care plans were person centred. Care needs and plans were assessed regularly.

There were some activities on offer for people. The registered manager told us they were reviewing people's activities and wanting to increase the range on offer.

Relatives told us they felt listened to. No new complaints had been received since the last inspection.

Is the service well-led?

Good

The service was well led.

There was an open and positive culture.

There were robust procedures in place to monitor the quality of the service. Where issues were identified, actions plans were in place these had been addressed.

Staff and relatives said that they felt supported and that the management was approachable.

Westwinds - Care Home Learning Disabilities

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 14 October 2016 and was unannounced. It was conducted by one inspector who was experienced in care and support for people with learning disabilities.

Before the inspection, we reviewed all the information we held about the provider. This included information sent to us by the provider in the form of notifications and safeguarding adult referrals made to the local authority. A notification is information about important events which the provider is required to tell us about by law. We contacted the local authority quality assurance and safeguarding team to ask them for their views on the service and if they had any concerns, no concerns were raised.

Before the inspection, the registered manager completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We used a number of different methods to help us understand the experiences of people who used the service. We spoke with three staff members, the registered manager and three relatives.

We spent time observing care and support provided throughout the day of inspection, at lunch time and in the communal areas. We reviewed a variety of documents which included two people's support plans, risk assessments, and peoples medicine administration records (MAR). We also reviewed four weeks of duty rotas, some health and safety records and quality assurance records. We also looked at a range of the provider's policy documents. We asked the registered manager to send us some additional information

following our visit, which they did.

We last inspected the service on 30 December 2013 and no concerns were identified.

Good

Is the service safe?

Our findings

Relatives told us that they thought that people were safe. One relative told us "X is fine there and safe." Another said "Yes they are definitely safe."

Medicines were stored and disposed of safely. One staff member was responsible for ordering and disposing of the medicines, this was to minimise the risk of mistakes being made. People required staff support to enable them to take their medicines. We looked at people's medication administration records (MAR) and their packs that contain the medicine. The records were signed by staff and without gaps, indicating that people received their medicines.

Medicines were administered safely to people. We observed medicines being given to two people; it was done in a dignified way with the person's consent. The staff member asked the person "Would you like your medicine now?"

For people that were prescribed an as required medicine (PRN), such as some pain relief or medicine to manage anxiety, there were not always guidelines in place telling staff how and when the person should take the medicine for all people. This meant there was a risk that people were not always receiving their medicines when they needed it.

We recommend that the registered manager ensures that there are PRN guidelines in place for people as per the current guidance.

People were protected from avoidable harm because staff had a good understanding of what types of abuse there were, how to identify abuse and who to report it to. One staff member told us "There is physical, mental, emotional and financial abuse. It's about people's choices and rights. If I had concerns I would report it to my line manager or the Police." Staff told us that they had training in safeguarding and this was confirmed by the training records we saw.

There was a whistleblowing policy and safeguarding policy in place with contact details of CQC and the local authority. Staff knew that there were telephone numbers of the local safeguarding team and CQC to contact if required. Safeguarding information was displayed in the staff office. The registered manager had notified us when safeguarding concerns were identified and ensured that plans were in place to reduce the risks of harm to people.

Risks to people were managed to ensure that their freedom was protected. Staff had individualised guidance so they could provide support to people when they needed it to reduce the risk of harm to themselves or others. Staff were able to describe individual risks to people and how to address these to keep people safe. Person centred plans contained risk assessments in relation to bathing, skin integrity and specific health conditions.

Where people required equipment for to help people mobilise, transfer or the use of bed rails to keep them

safe. There were risk assessments in place to reduce the harm from entrapment and risk of injury to people and staff when supporting people to move safely.

Where needed, there were risk assessments in place for people with individually identified risks and an action plan on how to manage them. For example, some people were at risk of choking due to swallowing problems. The registered manager had referred people to a Speech and Language Therapist (SaLT) who had completed an assessment and put a plan in place to reduce the risks. Staff were cutting up food and using thickener as the SaLT had requested.

Where people went out of their home into the community, there were risk assessments in place. Staff knew what risks where to people, such as road safety and use of the home's vehicles.

There were enough staff to meet people's needs. One relative said "There seems to be enough staff. There are always staff in both rooms." Another relative said "There always seems to be loads of staff." Staff told us that they there were enough staff to meet people's needs.

The registered manager told us that at night there are two waking night staff and during the day there is a minimum of three staff, often four. She told us that extra staff will be scheduled when there is a day out or a person has a hospital appointment. The rotas and our observations on the day confirmed that these staffing levels were consistently maintained. We saw that people did not wait for care or support when it was required and staff were always available in communal areas.

The registered manager had ensured that there staff were recruited safely. Appropriate checks had been carried out to help ensure only suitable staff were employed to work at the home. Before staff could support people, a disclosure and Barring Service (DBS) check. The DBS checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people. However one recruitment file was missing an application from, so no employment history was available. Another file had no references or no interview and another file interview questions were missing. Therefore the registered manager could not always ensure of staff's employment history or that staff were of good character. After the inspection the registered manager confirmed that they had the required documents at head office and would ensure that they were kept on file locally.

People would be kept safe in the event of an emergency and their care needs would be met. The registered manager told us the service had a plan in place should events stop the running of the service. We saw a copy of this plan which detailed what staff should go and where people could stay if an emergency occurred. Each person had a sheet which included personal information about them such as their diagnosis, GP, medicines and allergies.

People had personal evacuation and emergency plans (PEEPs) which told staff how to support people in an emergency or in the event of fire. Staff confirmed to us what they were to do in an emergency.

The registered manager had oversight of incidents and accidents. Incidents and accidents were recorded, however there was no follow up or action taken to minimise the risks of the incident occurring again. The registered manager told us that they completed this information and sent it through to head office. After the inspection, the registered manager sent information, which identified what actions had been taken. For example, after a person had a fall, a medicine review was undertaken by the GP and the person prescribed a short term medicine.

Staff knew what to do if someone had an accident, for example a fall. One staff member told us that they

were first aid trained. They would check the person for injuries, call 999 and complete an incident form."

Good

Is the service effective?

Our findings

People's human rights were protected as the registered manager had ensured that the requirements of the Mental Capacity Act were followed. 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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). Some people's freedom had been restricted to keep them safe. For example, some people were unable to consent to their care and required staff support when out in the community. Where people lacked capacity to understand why they needed to be kept safe the registered manager had made the necessary DoLS applications to the relevant authorities to ensure that their liberty was being deprived in the least restrictive way possible.

The registered manager and staff had an understanding of the MCA including the nature and types of consent. Staff understood people's right to take risks and the necessity to act in people's best interests when required. One staff member told us, "It's whether people have a capacity to make a decision. If they are not there should be a best interest meeting to make a decision for the person." The staff member went on to tell us that they had recently been involved in a best interest decision regarding a person's medical treatment. We saw staff throughout the day asking people's consent before supporting them with needs.

People received care from staff that had the skills and knowledge to care and support them effectively. Relatives told us that they through staff had the right skills to support their loved ones. One relative told us when their loved one moved in they needed support with a piece of equipment to meet their needs. The staff received training to ensure that they could support them safely and effectively.

One member of staff told us that a person had been recently diagnosed with a health condition that was impacting significantly on the person. The staff member told us that the registered manager had arranged for some training to be provided to staff on the health condition. The registered manager ensured that the staff had the sufficient knowledge to support that person effectively. The staff confirmed they had knowledge about the person's health condition.

The registered manage told us that when a new member of staff started in the home, they would be assigned a 'buddy' until they had passed their probation. She told us that new staff shadow existing staff until they are confident, she said "We don't rush the job." We saw that new staff had an induction checklist in place that was being completed with the registered manager. The checklist included reviewing people's care plans and reading policies and procedures.

One staff member was responsible for overseeing the training to ensure that training was scheduled and

staff were kept up to date with their knowledge and skills. This staff member was also the moving and handling advisor for the home. They would provide on the spot training or the annual moving and handling refresher training. A staff member said "We learn every day. I have had training in learning disabilities and how to communicate, NVQ 2 and 3 and training in how to use specific pieces of equipment that people use." Training also consisted of infection control, medicines, first aid and fire safety.

The registered manager ensured that staff had regular supervision which looked at their individual training and development needs. This was confirmed by staff and the records held.

People were supported to eat and drink; there was a good choice of food for a healthy, balanced diet. We observed a meal time. Staff had prepared the meal. We heard people being asked what they would like to eat; there was a picture menu on the wall in the dining room. The meal was sociable. Where people needed support with their eating and drinking this was given in a dignified way. Staff ensured that where necessary people had their food cut up and liquid thickened in line with their care plans to reduce the risks of choking. Most people ate in the dining room, one person choose to eat in the lounge.

People had a choice of hot and cold drinks throughout the day. Staff had been preparing all meals. However the registered manager told us that they had started to support people to prepare sandwiches, drinks and snacks. People's weights were monitored regularly and weight for people was remaining stable.

People were supported to maintain their health and wellbeing. When there was an identified need, people had access to a range of health professionals such a dietician, psychiatrist, dentists and optician. People were supported to attend annual health checks with their GP. People had hospital passports in place, this identifies people's health needs and which health professional is supporting them. A health professional who had visited the home recently was complimentary about a person's care they had received at the home. They stated that a person's mouth was in good condition and that they were following their care plan.

The registered manager told us about one person who had lost weight and had difficulty with swallowing. The staff supported the person to the GP and requested a Speech and language therapist assessment. The staff enabled the person to receive the treatment they needed from specialist health professionals. This person is now putting weight back on and their health and wellbeing has improved. One relative said "I can see a difference, they are much happier now."

Good

Is the service caring?

Our findings

One relative said "Staff are fantastic, they really are. I can't fault them; there is nothing they wouldn't do." Another relative told us "They are all very polite. If I was in an old peoples home I would like them to be my staff, they are very caring."

Staff had developed positive and caring relationships with people. Companionable, relaxed relationships were evident during the day of our inspection. We saw staff using humour and touch when engaging with people. There was a family atmosphere, with staff chatting and interacting with people. Staff spoke to people in a complimentary manner; one staff said to a person "You are looking very pretty today. Did you choose your top?"

The registered manager told us that most staff had worked at the home for many years. Staff knew people very well. One relative said "Staff mostly have been there so long, they know their history and their needs. Staff knew when X is thirsty and needs a drink."

Staff were anticipatory and attentive of people's needs. One person had a hand massage and staff knew that this often tired them out, so they asked the person if they wished to go to their bedroom afterwards. The person indicated that they would and staff supported them to do this. This was reflected in the persons care plan. Throughout the day staff were heard asking people if they were ok, if they wanted a drink or to do something.

Staff knew people's individual communication skills, abilities and preferences. One person liked to use the sensory room with music. The person indicated they wished to go in there. The staff member noticed that the batteries had gone in the persons favourite lights; the staff member replaced them so the lights would work. The staff member supported them to choose their own music. The person was indicating by smiling and vocalising that they enjoyed the time in there.

Staff offered people choice throughout the day. The lounge was warm and people were having their nails done by staff. One staff member asked the person sitting next to a window if they could open it. The staff member only opened the window when the person gestured it was ok. Staff told us that people were offered choices with the drinks, meals and what clothes they wished to wear. One staff member said "We know people well, what they do and don't like." One staff member told us that a person preferred a bath to a shower. We could see from the daily records that people's choice was being respected.

Staff promoted people's independence. There were a few people who had a visual impairment. Staff had put on objects on internal doors so people could feel them so they knew which room they were entering. For example, slippers on the door of the lounge, a ladle on the door of the dining room and a small bed on the door of their bedroom. Staff also requested for rails to be installed around the communal areas of the ground floor. This was to enable one person to use them as a guide from their bedroom, to the toilet, lounge and dining room. This meant that the person was now able to independently move around their home without reliant on staff to help them. The registered manager told us "I am proud that we have supported

people in this way."

Staff supported people to maintain their relationships with loved ones. During the inspection one relative called the home and thanked staff for their flowers that they had just received for their birthday. The staff member told the relative that they had supported the person to the florist and they had chosen the flowers themselves.

Relatives told us that there were no restrictions on visiting their loved ones. Relatives told us that staff were kind and caring towards them when they visited. One relative told us that staff always offered them a hot drink and cake when they visited. Another relative said "Staff are very willing to stop and talk, but they don't neglect their duties."

Staff supported people's dignity and respect. Throughout the day staff supported people to the toilet. Staff discreetly prompted and supported people with this. We observed staff knocking on people's bedroom doors before entering. One staff member told us how they support someone's dignity whilst providing personal care, "I would shut the door, talk them through that we are doing, like 'now let's wash your hair."

People's bedrooms were individually decorated and contain pictures and photographs of things that people were interested in and had chosen themselves. Relatives told us peoples bedrooms were clean, tidy and could display their personal items. We saw staff talk to people using their preferred names.

People were well dressed and their appearance was maintained by staff. People wore appropriate clothes that fitted and nicely combed and styled hair which demonstrated staff had taken time to assist people with their personal care needs.

Good

Is the service responsive?

Our findings

People received a personalised service that met their needs. People had person centred care plans in place. Care plans provided staff with information from people's communication, personal care, nutrition and mobility needs. People's preferences, such as food likes, and preferred names were clearly recorded. We saw that care was given in accordance with these preferences. The relatives confirmed that the registered manager and staff knew people's likes and dislikes were and how they liked to receive their support.

The home operated a keyworker system. This meant that one staff member was the main contact between the person and the relative. The keyworker was also responsible for updating and reviewing the persons care plans and risk assessments. Keyworkers had put together a personal story of people's history, their likes and dislikes and how they were when they were younger.

There was a one page profile in place to give staff a quick overview of a person's needs and preferences and what is important to them. The care plan gave guidance to staff on individual communication needs, such as 'x communicates via gesturing and vocalisations. They can say a few words and choose their own clothes.' We saw that this had occurred on the day.

People's needs were assessed prior to admission and there was on going assessment of people's needs. Peoples care was reviewed as required. Relatives and health professionals were involved. This was evidenced in people's care plans. One relative told us that they can call the staff any time and they well tell them how their loved one is and what they have been doing. They went on to say that when they have a medical appointment they call me to tell me how they are and if there are any changes.

One person had a new health condition. The keyworker had put together an information sheet on how the health condition impacted on the person and what support they needed. A health professional had been complimentary about the care provided to this person to support them to manage their health condition.

Staff had clear guidelines in place for people who needed specific pieces of equipment. This told the staff exactly what to do and how to use the piece of equipment to keep the person safe. As people had communicate needs, guidelines were put in place that advised staff about what to look for when a person maybe unwell or in pain.

Relatives, health or social care professionals were also involved to ensure that the person's choices and support were covered for all aspects of their life. Reviews of the care plans were completed regularly with people and their relatives so they reflected the person's current support needs. Relatives told us that they felt involved in their loved one care. One relative said "I attend the reviews, I always ask what he is doing and staff tell me. It's very open over there."

The home was responsive to people's changing needs. The registered manager told us that one person's needs had changed and they now needed two staff members to support the person at certain times of the day. The registered manager told us that they are providing two staff to support this person. They had

recently requested an increase of staffing to ensure that the person has the right level of staff to meet their needs safely. The relative confirmed that the staff had requested the increase in staffing.

The registered manager told us that due to people in the home aging and their mobility reducing, plans had been drawn up for a wet room. It was anticipated that the works would begin late Autumn this year.

Staff supported people to reduce and manage their behaviours which challenged. The registered manager told us about one person who had an extreme behaviour when they moved in. Staff supported the person by using strategies, which enabled the person to completely stop this behaviour and now participates in activities inside and outside the home.

People had some activities to participate in; however the range and availability of activities could be improved. There was a sensory room in the home, which was well equipped and used throughout the day. People were having hand massages and nails painted in the morning. One person who had a hand massage seemed happy to be receiving it, as they were smiling and using vocalisations to indicate their enjoyment. Two people went out for a drive and a hot chocolate. The afternoon people watched TV or in their rooms listening to music.

People had an individual timetable of personalised activities. For people who enjoyed music, there were one to one and group music sessions. Two people attend a day service and some people attended a communication group. Other activities were either home based or trips out shopping, going to the café or days out. The registered manager and staff told us that they wanted to increase the amount of activities on offer for people and this was currently being reviewed.

Relatives told us that they felt listened too. One relative said "I feel able to make a complaint." The registered manager told us that there had been no complaints since the last inspection. The home had a complaints policy in place which detailed how a complaint should be responded too. Staff had a clear understanding of the complaints procedure and understood that they had a duty of care to report any complaints to the registered manager so they could put things right. There had been no complaints received at the home since our last visit.

Good

Is the service well-led?

Our findings

There was a positive culture within the home between the people that lived here, the staff and the registered manager. When we arrived at the home, the staff ensured that we were introduced to the three people who were at home; because they understood it was the people's home, and not just a place they stayed to get support. The staff member told us that the registered manager was not in on the day as it was her day off. However the staff member called her and she came in.

The registered manager interacted with people with kindness and care. We observed members of staff approach the registered manager during our inspection and observed an open and supportive culture. The registered manager had an open door policy; we saw staff regularly approach her for a chat or advice. We saw the registered manager walk around the home at certain parts of the day to talk with people and staff.

Relatives and staff told us that the registered manager was approachable. One relative said "The management are very approachable." Another relative said "The management are approachable and very friendly."

Staff told us that the management were supportive and was active in supporting staff and people. One staff member said "I think she is lovely, she listens, is fair and good with the clients." Another staff member said "She is the best. She knows the clients, helps to wash and bathe. She talks to them and when we need something she always helps."

Although there was not a regular feedback system in place, the registered manager had placed a 'quality network questionnaire' by the front door. Several had been completed in the last six months by relatives and visiting activity staff, all of which were complimentary. One relative said "X has never looked so happy." A visiting activity staff noted that there was always a good atmosphere.

The registered manager told us that there were improvements she wished to make in the home to improve people's quality of life. For example, improving activities, supporting people to prepare their own lunches and to introduce a regular feedback questionnaire for relatives and professionals to complete.

The registered manager had a home improvement plan in place. Some bedrooms were being re-decorated and re-carpeted; there was a decorator there on the day. Staff told us that people choose their colours.

Staff told us they had staff meetings regularly. We saw minutes of staff meetings, items on the agenda included care practise issues, updates on people and training. Staff were clear about their roles and responsibilities. Staff showed us the handover sheets and daily routine sheets which detailed which staff member was supporting whom and what else they were responsible for during their shift.

There were robust systems in place to ensure that quality care was provided and improved where identified. There were various audits including health and safety, infection control and an internal compliance audit. From the audits the registered manager had complied an action plan, which detailed what needed to be

completed, who was responsible, date action to be completed which was signed off by the manager. For example, there was an action for to ensure that learning was being done after accidents. We saw that actions had been completed.

The registered manager was aware of their responsibilities with regards to reporting significant events, such as notifications to the Care Quality Commission and other outside agencies. This meant we could check that appropriate action had been taken. Information for staff and others on whistle blowing was on display in the home, so they would know what to do if they had any concerns. The information that the manager provided on the Provider Information Report (PIR) matched with what we found and saw on the day of our inspection.