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Westhill Care Home

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 27 October 2017 and was unannounced.

Westhill Care Home is a residential care home providing support for up to 9 people with a learning disability or autism. At the time of our inspection there were 9 people at the home. People had varying communication needs, one person was able to provide verbal feedback and we observed the care and interactions for other people living at the home.

At our last inspection we found breaches of regulation. At this inspection we found actions had been taken to ensure the regulations had been met and the service had improved.

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.

People were kept safe by robust risk assessments that identified any risks they faced and measures to keep them safe. Plans were developed to promote people's independence whilst ensuring their safety. Staff understood the importance of promoting people's independence and this was completed in line with people's care plans. Where incidents had occurred, staff took appropriate actions to prevent them from reoccurring. Checks were in place to reduce the risk of environmental hazards and plans had been drawn up to keep people safe in the event of an emergency.

People's care plans were person-centred and reflected the things that were important to them. People had access to a wide variety of activities that reflected their interests. Staff involved people in their care and encouraged them to make choices. Staff understood how people communicated and used these methods to encourage choices in areas such as activities and food.

People were served food in line with their preferences. Meals were tailored to people's choices and people were involved in shopping for food and preparing meals. Where people had specific healthcare needs, these were met. Staff supported people to attend healthcare appointments and worked alongside healthcare professionals where appropriate. Staff were trained to administer people's medicines and the provider followed best practice in the storage and management of people's prescribed medicines.

Staff were trained to carry out their roles. Staff training was specific to the needs of the people that they supported, as well as covering mandatory areas such as fire, health and safety and safeguarding. Staff had a good understanding of how to safeguard people from abuse. Staff also understood the principals of the Mental Capacity Act (2005).

People's care was delivered in line with the Mental Capacity Act (2005) and staff ensured that people's

consent was sought before care was provided. Staff respected people's privacy and dignity and involved people in their care. People were supported by staff that knew them well.

There were sufficient numbers of trained staff to meet people's needs. The provider carried out checks to ensure staff were suitable for their roles. We did identify two instances where work histories were incomplete. We recommended that the provider reviews their recruitment procedures to ensure full work histories are obtained for new staff.

Systems were in place to measure the quality of the care that people received. The provider carried out regular audits to ensure the quality of people's care. Surveys were conducted to gather the feedback of people and relatives. People had access to regular meeting sot be involved in the running of the home and staff were also encouraged to contribute their ideas. Staff told us that they felt well supported by management.

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 assessed with plans developed to ensure people's safety.

Where incidents had occurred, staff responded appropriately.

There were sufficient numbers of staff to keep people safe.

The provider carried out checks on new staff to ensure that they were suitable for their roles. We recommended that the provider reviews their processes to ensure full work histories are gathered.

People received their medicines safely.

Plans were in place to keep people safe in the event of an emergency.

Is the service effective?

Good

The service was effective.

Care was provided in line with the Mental Capacity Act (2005).

People were involved in choosing and preparing their meals.

Where people had specific healthcare needs, staff ensured that these were met.

Staff were trained appropriately to carry out their roles.

Is the service caring?

Good

The service was caring.

Staff involved people in their care.

People were supported by staff that knew them well.

Staff encouraged people to develop skills and become independent.

People's privacy and dignity was respected by staff.

Is the service responsive?

Good

The service was responsive.

People had access to a range of activities that reflected their interests.

Care plans were person centred and regular reviews were undertaken to identify changes in need.

People were made aware of how to raise a complaint.

Is the service well-led?

Good

The service was well-led.

Regular checks were carried out to assure the quality of the care that people received.

Surveys were carried out to gather the views of people and relatives.

Staff felt well supported by management.

The provider kept and maintained accurate and up to date records.

Westhill Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 27 October 2017 and was unannounced. Due to the small size of the service, the inspection was carried out by one inspector.

Before the inspection we gathered information about the service by contacting the local and placing authorities. In addition, we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

Before the inspection, the provider 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.

As part of our inspection we spoke with one person and two relatives. We also observed the care that people received. We spoke with the registered manager and two care staff. We read care plans for three people, medicines records and the records of accidents and incidents. We looked at mental capacity assessments and applications made to deprive people of their liberty.

We looked at three staff recruitment files and records of staff training and supervision. We saw records of quality assurance audits. We looked at a selection of policies and procedures and health and safety audits. We also looked at minutes of meetings of staff, people and relatives.

Good

Is the service safe?

Our findings

People and their relatives told us that they thought the home was safe. One person said, "Yes" when asked if they felt safe. A relative told us, "There is always staff with them and [person] has one to one." Another relative said, "[Person] is safe, I have got no concerns."

Risks to people were routinely assessed and plans were implemented to ensure people's safety. People's care records contained detailed risk assessments and staff provided care in a way that kept people safe whilst promoting their independence. For example, one person enjoyed going out for meals. They were in the process of learning about table etiquette and had a history of behaviour that could be considered inappropriate in restaurants. This posed a risk of the person not being able to go to restaurants that they liked. To manage the risk, there was a detailed plan for staff with prompts and phrases that could be used to talk the person through the dining experience. Staff reminded them about the types of behaviour that could be considered inappropriate and spoke to the person about these before and during outings. Records showed that the person regularly enjoyed dining out with staff and there had not been any recent problems at restaurants.

Another person had a history of behaviour that posed a risk of harm to them. This risk was clearly assessed and a plan was implemented to keep the person safe. The plan stated that staff would supervise the person and record any signs of agitation on a behaviour chart. The plan also listed things that could trigger this type of behaviour, such as overstimulation and loud noise. The person liked tea and chocolates and this was listed as a good way to de-escalate the situation if they became agitated. Records showed that there had been very few incidents in which the person had become agitated. Where staff had been concerned, these had been clearly recorded and discussed with management.

Where accidents or incidents occurred, staff responded appropriately to ensure that people were safe. Even though people living at the service had a history of behaviours that could lead to significant incidents, there had been no behavioural incidents since the last inspection. This showed that plans implemented to reduce risks were working. Behaviour charts showed that staff were recording where people started to become agitated, but situations were de-escalated before incidents occurred. There had been one minor accident since the last inspection in which a person had caught their finger in a door. Staff provided first aid and monitored the person to ensure that they were safe.

People were supported by staff that understood their role in safeguarding them from abuse. All staff had completed safeguarding training and was regularly refreshed. Safeguarding had been discussed in one to one supervisions. At the time of inspection, there had been no recent safeguarding incidents. Staff demonstrated a good understanding of how to respond if they had concerns. Staff were able to describe possible signs of abuse and were aware of the appropriate agencies to contact should they suspect that abuse had occurred.

There were enough staff present to safely meet people's needs. A relative told us, "There are staff with people at all times." The provider calculated staff numbers based upon people's needs as well as activities

that people took part in each day. Rotas showed that the provider maintained the numbers of staff that they had calculated was needed. During the inspection we observed that staff were available to people at all times. Where people required one to one support, this was maintained. Staffing numbers enabled people to go out of the home with staff throughout the day.

The provider carried out appropriate checks to ensure that staff were suitable for their roles. Staff files contained evidence of references, right to work in the UK and DBS. DBS is the disclosure barring service. This is used to identify potential staff who would not be appropriate to work within social care. The provider had asked for work histories from staff, but we did note two instances where these were not complete. The impact of this was minimised because the work histories did cover a substantial period of recent employment. We also noted that staff had worked at the home for a long time and all other checks had been completed. After the inspection, the provider addressed this and reviewed all files to ensure that the work histories were complete.

We recommend that the provider reviews their recruitment practices to ensure that a full work history is gathered before recruiting staff.

People received their medicines safely. Medicines were stored securely in a locked container. Daily checks were carried out to ensure that the correct numbers of medicines were kept and to ensure that medicines were stored at the correct temperature. Staff had been trained in how to administer medicines safely and their competency had been checked before they were responsible for administering medicines. Important information about people's medicines was written in their care plans, such as any allergies and medical conditions. Where people had 'as required' (PRN) medicines, detailed protocols were in place to inform staff of when to administer these.

Medicines administration records (MARs) contained pictures of people so that staff knew they were administering medicines to the correct person. MARs were kept up to date with no gaps and where people had not been administered medicines, staff had clearly recorded the reason why. The provider carried out regular audits of medicines to ensure records were up to date and storage complied with guidelines from the pharmacy.

People were kept safe in the event of an emergency. The provider had equipment and systems in place to respond in the event of a fire and staff had attended fire safety training. There was a risk assessment in place and fire safety equipment was regularly checked. There was a plan in place to ensure that people's care could continue in the event of an emergency. People had personal emergency evacuation plans (PEEPs) in place. These were individual plans based on people's needs that informed staff of how to safely evacuate them in an emergency.

Good

Is the service effective?

Our findings

Relatives told us that staff understood the importance of consent and people's legal rights One relative told us, "[Person] had a visit from the DoLS team the other day and they keep me informed."

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 people 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 authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At our inspection in September 2016, restrictions were placed upon people before mental capacity assessments were undertaken. This meant that people's legal rights were not protected and this was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities 2014).

At this inspection, people's legal rights were protected because staff followed the code of practice of the MCA. People's care records contained evidence of mental capacity assessments to establish whether people had the mental capacity to make specific decisions. Where people were not able to make a decision themselves, we saw records of best interest decisions. Best interest decisions were holistic and involved relatives, healthcare professionals and staff. Where restrictions were placed upon people to keep them safe, applications were sent to the local authority DoLS team. Staff had received training in the MCA and demonstrated a good knowledge of its principals how it applied to people.

People liked the food that was prepared for them at the home. One person told us, "Yes (the food is nice), I like baked beans on toast." A relative told us, "They have really nice meals, I join them sometimes." Another relative said, "They always cook fresh meals and that has really helped bring [person]'s weight down." People's care records contained information about their food preferences and records showed that these were met by staff. One person liked eggs for breakfast and this was clear in their care plan. They also enjoyed takeaway meals such as fried chicken or Chinese food, these were also recorded in their care plan. Records showed that the person regularly ate food that matched these preferences. People and staff went to the shops together and purchased food based on people's choices. We observed meal time and people were supported to prepare meals of their own choice. At the time of inspection, no one had any specific dietary needs. However, the provider had a focus on preparing fresh nutritional meals, balanced with what people enjoyed eating. A relative told us that this had a positive impact on one person who came to live at the home. They now maintained a healthy diet which had caused improvements in their weight and overall health.

People's healthcare needs were met. Care records contained important information about people's medical

conditions and any ongoing treatment or appointments that they attended. For example, one person had seen a psychiatrist at the local community team for people with learning disabilities (CTPLD). This was because there had been some changes in their behaviour. Their care records contained information from healthcare professionals, such as triggers and strategies to deploy if the person became anxious or agitated. Records showed that the person had not been involved in any behavioural incidents for a year and had since been discharged by the CTPLD. Records showed that people had regular check-ups from their GP, dentist and opticians. A relative told us, "Even if he has a cold, they contact me."

People were supported by staff that were trained to carry out their roles. A relative told us, "They (staff) know what to do." Staff told us that they received a full induction before starting work with people. One staff member said, "I met all the service users and I was given time to read all the care plans. I shadowed a senior and learnt about the policies like food hygiene and fire." Staff completed training in areas such as health and safety, moving and handling and infection control. The provider kept a record of these and staff were given regular refresher training. Records showed that staff training and induction courses followed the care certificate. The care certificate is an agreed set of standards in adult social care that staff are trained to. The majority of staff had also completed additional vocational courses in adult social care such as an NVQ (national vocational qualification) or QCF (qualifications and credit framework) course.

Staff received training specific to the needs of the people that they supported. Staff supported people with autism and records showed staff had received training in autism. Training also included challenging behaviour and epilepsy, which reflected the needs of people who lived at the home. Staff received regular one to one supervision and records showed that these were used as an opportunity to discuss their roles and how it applied to the people that they supported. A staff member said, "We discussed safeguarding, abuse and the importance of observations and recording." The provider also ensured that staff received an annual appraisal and records showed that these were up to date. Appraisals were used to discuss performance as well as to set goals and identify training needs.

Good

Is the service caring?

Our findings

People told us that the staff that supported them were caring. One person said, "Yes" when asked if staff were caring. A relative told us, "[Person] likes the staff and is used to them, they have worked there for years." Another relative said, "They have regular staff so [person] knows all of them."

At our inspection in September 2016, people were not involved in their care. There was a lack of opportunities for people to have their say on their care plans and how the home was run. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities 2014).

At this inspection, the provider had systems in place to ensure that people were involved in their care. The provider had taken action to address our concerns and had introduced regular house meetings. One person told us, "The house meeting is at 1:30." These were regular meetings where people contributed to decisions about their home and activities. At a recent meeting one person had expressed a desire to go to church. This was arranged and added to the person's timetable. Where people could not make choices verbally, care plans contained information about how they would express choices. One person used specific gestures to say what they wanted to do, such as pointing at the door when they wished to go out. These were clear in their care plan and when we spoke to staff, they were aware of how this person made choices. People's records contained evidence of regular reviews and people's responses to activities and foods were recorded in their daily notes. These were then used to help to identify things that people liked.

People were supported by staff that knew them well. Many of the staff had worked at the home for a long time and had developed a good rapport with people. We observed staff interacting with people and laughing and chatting. Staff knew people's routines well, this was important because routine was very important for some of the people who lived at the home. For example, one person liked to go out at a certain time each day. We observed that staff ensured the person had completed tasks to get ready so they could go out at the time that they were used to. Another person used certain words to request help with certain things and this was in their care plan. We observed staff responding to the person's requests as outlined in their records. The home operated a keyworker system which further ensured that staff members got to know people well. A keyworker is a staff member who gets to know a person's needs and background well by spending time with them and overseeing their care. A relative told us, "[Person] has a keyworker who spends time with him and contacts me whenever needed."

People were supported to develop skills and independence. One person told us, "I like digging." The person had been involved in growing potatoes in the garden and was observed sweeping the garden with staff. All people were involved in household chores which staff supported them with. This gave people responsibilities and ownership over their home environment. People were involved in shopping and staff worked with people to prepare their meals. People's care plans contained information on their strengths and any goals that they wished to achieve. One person wanted to develop independence around accessing the community. Staff took this person out regularly and their care plan recorded that staff should talk to them about road safety while they were out. Staff knew this about the person and staff also demonstrated an understanding of the importance of promoting people's independence. One staff member told us,

"Everyone is always out and about. I always try to teach them to do thing son their own. We encourage people with everything and they help with cleaning and laundry."

Staff respected people's privacy and dignity when providing care. Staff were observed knocking on people's doors and waiting for permission before entering their rooms. Where personal care was carried out, this was done discreetly. Staff understood the importance of maintaining people's privacy and were able to tell us how they did this. One staff member said, "We always lock people's doors and give them a towel while we support them. [Person] has a favourite dressing gown that they like to wear in the mornings."

People were supported to maintain important relationships. A relative said, "I speak to [person] three times a week, staff put him on the phone to me." Relatives told us that communication was good and staff kept them informed an updated. Records contained important information about people's backgrounds and relatives that were important to them. Where people needed support to keep regular contact with relatives, staff helped with this. Relatives told us that they were encouraged to visit at any time and relatives were able to join people and staff for meals and important appointments.

Good

Is the service responsive?

Our findings

People had access to a range of activities. One relative told us, "[Person] goes swimming and cycling. They go to church and go shopping. They really do a lot." Another relative said, "They go out every day and they have lots of parties. [Person] likes cycling."

People had individual activity schedules that staff supported them to attend each week. For example, one person enjoyed swimming, shopping and eating out. They were taken swimming by staff twice a week and had a timetable that included regular shopping trips and visits to restaurants. Another person liked aeroplanes. They had pictures of aeroplanes in their room and staff supported them to go plane spotting each week at a local air field. Music was important to another person who lived at the home. Information on music that they liked to listen to was in their care plan and we observed the person listening to music on the day of inspection. Records showed that people's activities were discussed at reviews and meetings. This gave people opportunities to identify new activities that they wished to do. A staff member told us, "We work with people to find things that they want to do. [Person] wanted to start at college so we are helping to find somewhere to go."

People received care that was person-centred and tailored to their needs. People's care plans were detailed and reflected their needs as well as what was important to them. Details about people's daily routines and preferences were listed clearly in their care plans. For example, one person liked to have a lie in and spend time in the bath before they had breakfast. This information was written up on a timetable that staff followed and staff were also able to tell us this person's routine. Another person liked to get dressed independently each day and their care plan informed staff about words they used and where they might require reassurance or guidance. The person would point and ask staff to confirm they had dressed appropriately. Staff knew the words that this person used and had a good knowledge of other phrases and gestures that this person used to communicate.

People's needs were regularly reviewed to ensure that any changes in need could be actioned by staff. Care plans had been reviewed twice a year and we saw evidence of the provider involving relatives and healthcare professionals in reviews. For example, a recent review had identified changes in a person's behaviour that had prompted a referral to a healthcare professional. When new people came to live at the home, they received a thorough assessment. The provider ensured that as much information was gathered as possible. This had added importance due to the types of needs people had and the importance of routine to people who lived at the home.

Information on how to complain was made clear to people and their relatives. A relative told us, "I know how I'd complain but I have had no cause for concern." The provider had a complaints procedure in place and relatives told us that they were aware of how to follow it. Information on how to raise any concerns was available in a pictorial format to enable people to raise concerns. People had regular meetings with their keyworkers and these provided opportunities for people to make staff aware if they were not happy. Keyworkers got to know people's behaviours and reactions and this enabled them to identify if people were not happy, even where they could not express so verbally. At the time of our inspection, there had been no

complaints but we did see evidence of staff working proactively to make changes to people's care or activities where necessary.

Good

Is the service well-led?

Our findings

Relatives told us that the service was well-led. One relative said, "Yes it's definitely well-led. They (management) always ask me to check things." Another relative said, "Communication is very good. [Registered manager] always contacts me when needed and is always around."

At our inspection in September 2016, there was a lack of quality assurance systems. The provider had not kept up to date with audits outlined in their own policy and there was a lack of surveys carried out to measure the quality of the care that people received. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities 2014).

At this inspection, the provider had met the requirements of the regulation. The provider carried out regular audits to assure the quality of the care that people received. Audits seen had been carried out as outlined in the provider's policy. Audits were carried out each month and they covered health and safety, food, fire, documentation and infection control. Where improvements were identified, these were documented and addressed by the provider. For example, a recent fire audit had identified a small repair needed to a fire door. This was documented and fixed and signed off by the registered manager. Another audit of the home environment had identified a loose toilet seat. This had also been addressed and signed off as completed. Staff also completed a daily walk around of the service as well as weekly checks of medicines.

There was a plan in place to drive improvement and to develop the home and this was renewed every year. The current plan involved a refurbishment of the home and garden. The provider had set out their aims and on the day of inspection we observed that work had already been completed in line with the provider's targets. For example, new plants had been introduced to the garden in line with the wishes of people who lived at the home. The provider had submitted a provider inspection return (PIR) to CQC before the inspection. A PIR details what a service does well and any planned improvements. At the time of inspection, the information in the PIR was observed to be up to date and improvements listed had been implemented. For example, an increase in the frequency of meetings to involve people in their care.

People were involved in the running of the home. A relative told us, "They asked me for my feedback recently." The provider carried out an annual survey of people and relatives in order to identify any areas for improvement. Surveys for people were written in an easy read format and where required, keyworkers had supported people to give their feedback. The feedback for the last survey of people and relatives had a high response rate and was all positive. There were also regular meetings of people and relatives where further opportunities were given to provide feedback on the care that people received.

Staff told us that they felt supported by management and were involved in the running of the home. One staff member said, "[Registered manager] is very approachable. We have supervisions and meetings are at least once a month." Records confirmed staff had regular contact with management through supervisions and appraisals. We also observed staff working alongside the registered manager during the inspection. Staff told us that the registered manager's office door was always open and they could speak with them whenever they needed. Records showed that staff meetings took place regularly and staff used them as an

opportunity to contribute suggestions. A recent meeting had been used to discuss ideas for outings for people and one staff member had raised that some minor repairs were required in one person's room. These had been actioned by the time of our inspection.

The provider maintained accurate and up to date records. Information that we required during the inspection was easy to hand. People's care files were organised which showed that staff had easy access to important information about people's needs. The provider kept trackers which were up to date to monitor staff training and reviews. People's personal and confidential information was stored securely and in line with best practice.

The provider understood the responsibilities of their registration. Providers are required to notify CQC of certain incidents, such as a serious injury or a death. The provider demonstrated a good understanding of when to notify CQC and had done so when required. Following our last inspection, the provider submitted an action plan within the timescales set by CQC. The provider kept CQC updated on the implementation of the improvements in an open and transparent way.