

Mrs Kemi A Beckley and John Femi Beckley

Westside Home 1

Inspection report

32 Scarle Road
Wembley
Middlesex
HA0 4SN

Tel: 02087821516

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service responsive?	Good ●

Summary of findings

Overall summary

This inspection took place on 22 September 2016, we initially planned to undertake a full comprehensive inspection, however during the inspection we spoke with the registered provider who advised us that they plan to close the service and move the two remaining people who used the service to their sister home in Kenton. We therefore changed this inspection to a focused inspection. We looked at two key questions during this focused inspection safe and responsive.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Westside Home 1 on our website at www.cqc.org.uk.

During our comprehensive inspection on 2 October 2014 we rated the service overall 'Good'.

Westside Home 1 provides accommodation and personal care for three people with mental health needs. The home is located in the London Borough of Brent North West London and is a residential property over two floors. The home is used as a step down facility for people with mental health needs with the aim to support people into more independent accommodation. There is a registered manager in place. 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 who used the service told us that the service was safe and that they had been informed and consulted about the proposed closure. People had robust risk assessments and risk management plans which ensured risks were minimised.

Sufficient staff were deployed to meet peoples' needs and robust recruitment procedures ensured that people were protected from unsuitable staff.

Staff received training in the administration of medicines and robust medicines administration protocols ensured the safe administration of medicines.

People were involved in the planning of their care and were treated with dignity, privacy and respect. People's needs had been assessed and regularly reviewed which ensured the service was meeting people's needs.

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. Staff we spoke with knew how to keep people safe. They could identify the signs of abuse and knew the correct procedures to follow if they thought someone was at risk of being abused.

The provider had effective systems to manage risks to people who used the service without restricting their activities or liberty.

Staff managed people's medicines safely and encouraged them to be independent with their care when this was possible and safe.

Is the service responsive?

Good ●

The service was responsive. There were systems in place to make sure changes in people's care needs were managed and responded to, including regular care plan reviews with people's involvement. Staff were aware of people's individual health needs and supported people appropriately.

Westside Home 1

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 22 September 2016 and was unannounced.

One inspector carried out this inspection.

During this inspection we spoke with two people who used the service, one care worker, the registered manager and the registered provider.

We looked at two care plans, three staff folders, medicines records and other records relevant to for the management of the service.

Is the service safe?

Our findings

People who used the service told us that they were safe. One person told us "I feel safe here they look after me and help me when I am unwell." We spoke with people about the upcoming closure and relocation. People told us "The manager spoke to me and it is ok, I know the people in the other home and it will be fine." Another person told us "[Provider name] spoke with me about the closing of Westside Home 1 and my relative knows about it too."

Staff we spoke with said they would recognise changes in people's emotional behaviour if things were not right. Staff understood the different kinds of abuse and knew how and where to make a referral. Staff knew what action they would take if they suspected abuse had happened within the home. Staff were aware of, and had access to the provider's safeguarding policies and they had received safeguarding training. The registered manager was aware of the safeguarding procedures and knew what action to take and how to make referrals in the event of any allegations being received.

Records and staff knowledge demonstrated the provider had identified individual risks to people and put actions in place to reduce the risks. For example, risk assessments had been reviewed after a person using the service had lost weight and additional measures were put into place to support the person around this. We saw care records had been reviewed and provided up to date information for staff as to how to ensure this person was kept safe.

We spoke with staff about the recruitment process to see if the required checks had been carried out before they worked in the home. Recruitment records we viewed confirmed this. Staff spoken with told us they had to wait until their criminal record check and reference checks were completed before they could start work.

One person we spoke with said, "Staff are available where they need them, sometimes I see they are very busy, but they are always patient and take sufficient time to talk to people." Staff told us they could meet people's individual needs. One staff member said, "There is enough staff, no one goes without. We have enough staff to cope."

Systems were in place to make sure people received their medicines safely. Relatives told us care staff supported people to take their prescribed medicines when required. One person said, "Staff always remind me of when I have to take my medicine and when my next depot injection is due." Medicines were stored at the correct temperatures and were disposed of safely and appropriately at the end of each medicines cycle. Medicine administration records (MAR) sheets confirmed each medicine had been administered and signed for at the appropriate time. We checked three people's medicines and found quantities of boxed medicines did always match the recorded stocks of available medicines. Staff who administered medicines told us they had completed training and understood the procedures for safe storage, administration and handling of medicines.

Is the service responsive?

Our findings

People were encouraged and supported with their hobbies, interests, personal goals and ambitions. Records showed that people accessed the local library, went to local cafes and went shopping to local shops. Other people visited or were regularly visited by their family members. People's aspirations were recorded in people's care plans which documented what support people needed to achieve those goals.

We looked at two care plans and found they contained detailed information that enabled staff to meet people's needs. Care plans contained life histories, personal preferences and focussed on individual needs, with appropriate risk assessments and detailed guidance for staff so people could be supported appropriately. For example, we looked at a care plan for a person who had a chronic illness. The care records contained appropriate information for staff, such as how to provide specific care for day and night time routines. Records also contained charts for staff to complete that identified potential triggers when certain behaviours were presented and what support could be offered to keep people safe. Staff spoken with told us they recognised certain signs when this person became agitated. Staff were confident they could manage this person by observing them closely until their anxieties reduced.