Way Ahead Leisure Pursuits Ltd

Weston Court

Inspection report

Kingsclere Avenue
Southampton
Hampshire
SO19 9LB

Tel: 07598810893
Website: www.southamptonrespite.co.uk

Date of inspection visit:
14 November 2018

Date of publication:
19 February 2019

Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

This inspection took place on 14 November 2018 and was unannounced. It was Weston Court's first inspection.

Weston Court is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Weston Court is designed and registered to provide short term, temporary accommodation for people with a learning disability or other disability whose family carers normally support them. It can accommodate up to three people in purpose built premises.

Taking into account the short-term nature of people's stays at the service, it has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with a learning disability or autism using the service can live as ordinary a life as any citizen.

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.

Although the home was kept clean and hygienic, the provider did not have processes in place as recommended by government guidance to reduce the risk of the spread of infection in care homes. Not all staff had received appropriate training that was available to maintain and develop their skills and knowledge to support people according to their needs and to support people in the event of a fire evacuation. We have made recommendation about referring to published guidance and making sure people could be supported safely in a fire emergency.

Records were not always in place to show staff put into practice the principles of best interests decision making, although other records were in place to show compliance with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

The provider had arrangements in place to protect people from risks to their safety and welfare, including the risks of avoidable harm and abuse. Staffing levels were sufficient to support people safely. Recruitment processes were in place to make the provider only employed workers who were suitable to work in a care setting. There were arrangements were in place to store medicines safely and administer them safely and in accordance with people's preferences.

People were supported to eat and drink enough to maintain their health and welfare. People were

supported to access healthcare services, such as GPs and specialist nurses.

Care workers had developed caring relationships with people they supported. People were encouraged to take part in decisions about their care and support and their views were listened to. Staff respected people's independence, privacy, and dignity.

Care and support were based on assessments and plans which took into account people's abilities, needs and preferences. People were able to take part in leisure activities which reflected their interests. People were kept aware of the provider's complaints procedure, and complaints were managed in a professional manner.

The home had a welcoming atmosphere. Systems were in place to make sure the service was managed efficiently and to monitor and assess the quality of service provided.

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.

The provider had not implemented processes to prevent and control infection in line with published guidance.

Planned actions to make sure people were supported safely if they had to evacuate the building were not complete.

People were protected against other risks to their wellbeing, including the risks of abuse and avoidable harm.

The provider employed sufficient numbers of staff and carried out recruitment checks to make sure workers were suitable for work in a care setting.

Processes were in place to make sure medicines were administered and stored safely.

Is the service effective?

Good

The service was effective.

There was a wide range of training available, although some staff had not completed their planned training.

Staff were guided by the Mental Capacity Act 2005 where people lacked capacity to make decisions, but records did not show that decisions were made in people's best interests where people lacked capacity.

People were supported to maintain a healthy diet and had access to other healthcare services when required.

Is the service caring?

Good

The service was caring.

People had developed caring relationships with their care workers.

People were able to participate in decisions affecting their care

and support.

People's independence, privacy and dignity were respected.

Is the service responsive?

Good

The service was responsive.

People's care and support met their needs and took account of their preferences.

There was a complaints procedure in place, and complaints were dealt with professionally.

Is the service well-led?

Good

The service was well led.

A management system and processes to monitor and assess the quality of service provided were in place.

There was a warm, welcoming culture in which people were treated as individuals and their rights were respected.

The provider cooperated with other agencies to enhance people's experience of care and support.

Weston Court

Detailed findings

Background to this inspection

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

The inspection took place on 14 November 2018 and was unannounced. We contacted family members of people who used the service after the inspection visit.

The inspection was carried out by one inspector.

Before the inspection we reviewed information we had about the service, including notifications by the provider about events affecting people who used the service and information shared with us by people's family members.

During the inspection there was one person using the service. We spoke with them and their support worker. We also spoke with the registered manager.

We reviewed records including care records of four people and staff files of two members of staff. Other records included policies and procedures, meetings of minutes, returns of satisfaction surveys, routine reports made in the course of running the service, and a local authority audit report.

Requires Improvement

Is the service safe?

Our findings

The premises, furnishings and equipment were kept clean by staff. Personal protective equipment, such as disposable gloves and aprons, were available for staff to use. The registered manager had acted on advice on the safe storage of cleaning equipment. However, there were no systematic processes, checks or audits to prevent and reduce the risk of the spread of infection. Frequent changes of occupancy increase the risk of infection. We recommend the provider review available guidance and code of practice on the prevention and control of infection in residential services.

The provider had systems and processes in place to protect people against the risks of harm and inappropriate care. Staff had received training in safeguarding and information about the safeguarding process was readily available in the home. The registered manager followed this up with discussion of case studies at staff meetings. Where concerns about people's safety were raised, the registered manager followed them up according to the provider's procedures, and involved people's advocates where appropriate. The local authority had carried out a safeguarding and quality audit, and the provider had plans in place to act on findings relevant to people's safety.

At the time of our inspection, the provider had still to make sure there was a personal evacuation plan for everyone who stayed at Weston Court, and not all staff had completed fire evacuation training. We recommend the provider complete these actions to make sure people could be supported to evacuate safely in the event of a fire.

There had been an independent fire risk assessment in August 2018. Procedures were in place for staff to follow in the event of a fire, and there had been two evacuation tests. Routine safety checks, such as those for portable electrical equipment and water temperature, were in place. Arrangements were in place for the regular servicing and testing of utilities and equipment.

There were individual risk assessments for people associated with all aspects of their care and support plans. These included risks associated with personal care, medicines and individual medical conditions, such as epilepsy. The risk assessment process graded the frequency and severity of risks before and after measures were put in place to control the risk. Risk assessments were written so that restrictions on people's freedoms were kept to the minimum possible.

There were sufficient staff deployed to support people safely, although staff told us the unpredictable nature of a respite service meant there were occasional long shifts. The provider had records in place to show that the required checks were made during the recruitment process. These included Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working in a care setting.

There were processes and procedures in place to receive medicines into the service, to store and administer them safely, and to record medicines left at the end of a person's stay. Records of medicines stored and administered were complete, accurate and up to date. Where people had medicines prescribed to take "as

required" or in an emergency, staff had guidance and protocols to follow. Staff who administered people's medicines were trained appropriately, and there was a process in place to review staff competency in this area.

When a medicines error happened, the provider made sure by checking with the person's GP that the dose administered was not harmful. They followed up the incident, identified lessons learned and improved procedures to prevent the same thing happening again. The provider used incidents and near-misses to improve the service and enhance people's safety. One person had commented in a survey questionnaire, "I feel safe when staff support me with medicines. They make sure I don't run out."

Good

Is the service effective?

Our findings

People's care and support were based on thorough and detailed assessments. The provider had assessment forms which the registered manager completed in partnership with the person, their family, and other services involved with the person. People could have a one night "taster" stay to make sure the service could meet their needs and to reassure their family carers before they arranged a longer stay. Where appropriate, the provider took into account advice from relevant health and social care professionals such as occupational therapists and speech and language therapists.

The provider had a system of training and supervision to make sure staff had the skills and knowledge to deliver effective care and support. There was a combination of computer-based and face to face training. Topics covered included medication management, health and safety, infection prevention and control, first aid, and safeguarding. Training was also available to support people with specific conditions and needs. This included specialist medicines, use of a hoist to support people with physical transfers, positive behaviour support, and epilepsy awareness. The registered manager had records to show which members of staff had completed these courses, and where staff needed to complete required training. These records showed that some members of staff had not completed all their planned training at the time of our inspection. We discussed this with the registered manager who said they would make sure staff completed their training in a timely fashion.

The registered manager followed up training and development needs in individual supervision sessions with staff. These also covered working with colleagues and people who used the service, record keeping, and vital knowledge checks. Supervisions were an opportunity for a two-way conversation between staff and their manager.

Staff supported people to have a healthy diet while they stayed at Weston Court. The type of service offered meant that it was not possible to have planned menus. Staff supported people to prepare food according to their individual preferences. During our inspection we saw a person arrive with recipes and ingredients they wanted to try during his stay. Staff supported them to go shopping for other ingredients, and then to prepare their chosen meal. One person had commented in a survey questionnaire, "The food is lovely. I am able to choose nice cups of tea."

Other people's care plans included individual guidance, such as advice on how to prepare food of a suitable consistency from a speech and language therapist. Other guidance was in place to reduce the risk of problems while eating by taking into account a quiet environment and supporting the person to sit in a position which made swallowing easier. Where people used adapted cutlery to allow them to be independent when eating and drinking, this was included in their support plan. The provider took into account dietary needs arising from people's religious and cultural needs, or other preferences.

The provider worked with other services and agencies to make sure people's care and support met their needs. We saw a handover from another agency's support worker who brought a person to the home. The

transfer was arranged so that there was enough time for a calm, relaxed and effective handover which involved the person. There was a friendly, cooperative relationship between both support workers and the person as they agreed the inventory of clothes and possessions the person brought with them.

Where required during their stay, people were supported to access other healthcare services such as their GP and pharmacist. Should a person arrive without their prescribed medicines or if staff were not certain the medicines were correct, the provider arranged an emergency prescription to make sure people received their medicines as prescribed.

The premises were adapted specifically to be used as a short-term respite care service. The décor and furniture were neutral and functional, but people were encouraged to bring personal items to decorate their room while they stayed. Adaptations to support people according to their individual needs included a ceiling hoist in one room, an adjustable bed and a shower chair. People who stayed at Weston Court were happy with the arrangements. One had described it as a "five-star hotel".

Where people were able to communicate their consent to care and support, their care plans contained guidance for staff on how to support them to do this. For instance, one person's care plan stated they should be given enough time to make a choice so that informed consent was given.

The Mental Capacity Act 2005 provides a legal framework for making decisions on behalf of people who may not have 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 make a decision, any decision made on their behalf must be in their best interests and as least restrictive as possible.

The provider's pre-admission assessment form guided staff to assess the person's capacity in line with the Act. However, records did not show that the correct best interests process was followed where people lacked capacity to make a specific decision. In one case there were no records of a best interests process although the person was assessed as lacking capacity. In another case the person's parent had signed a consent form on their behalf where their parent should have been consulted in the best interests decision. It is good practice for professionals to keep records of best interests decisions and how they are made.

People can only be deprived of their liberty so that they can receive care and support when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The authorisation procedures for this in care homes are called the Deprivation of Liberty Safeguards. Where people were at risk of being deprived of their liberty, the provider had applied for authorisations under the safeguards.

Good

Is the service caring?

Our findings

Feedback from people who used the service showed they were treated with kindness and respect, and had emotional support when they needed it. The registered manager had collected testimonials. These included, "I like coming here. I have made friends. I have lots of giggles." Another person's feedback read, "The staff are very understanding with my problems and emotional support which is designed to meet my needs, goals and objectives." Another person had said, "The staff and service…are brilliant and help me very much."

We saw one person arrive for their stay. They were confident and familiar with the environment, the registered manager and their support worker. They had a friendly relationship with staff.

The provider encouraged people and their families to be involved in decisions about the service. There was a friends and family forum where general items about the service were discussed, such as the process for arranging emergency respite care.

The provider involved people and their families in more individual decisions about people's care and support. This included care plan reviews and information to be shared if the person should have to go into hospital during a stay at the service. One regular service user had been involved in the recruitment process for more staff.

Where people had specific communication needs to be able to participate in discussions and decisions, this was reflected in their care plans. One person's plan stated, "I do understand everything you say to me…I like staff to communicate with me by using a cheerful tone and gestural prompts." Another person's care plan included, "I understand English. I am unable to communicate and speak very few words. I communicate via body language and can be vocal. My mum and carer know me and what I am trying to communicate."

The service promoted people's privacy, dignity and independence. One person used a technological solution to detect and alert staff if they had a seizure during the night. This meant staff did not have to carry out regular checks while the person was asleep.

Where people had needs arising from their religious or cultural background, these were respected. One person's care plan showed their religion was important to them and that they liked to talk about it. This meant their support workers would be aware of and could respect this preference.

Two people who used the service had discovered they had been at school together. The service supported them in maintaining this personal relationship by arranging for them to use the service for short stays at the same time.

The provider had arrangements in place to maintain people's privacy by managing access to information about people on the service computer. Access to information was allowed according to the information staff needed to support people using a password control system.

Good

Is the service responsive?

Our findings

People received personalised care that met their needs. People's care plans were thorough, detailed and individual to the person. They included information about people's communication needs, personal care, preferred routine, mobility needs, behaviours that might challenge staff, medication, eating and drinking. Where people had individual needs or conditions, there was detailed and personal guidance. For instance, for a person living with epilepsy there was detailed guidance about how to manage a seizure, including how to manage emergency medicines.

There was information available to staff to help them support people's wider social needs. This included an "about me" section in their care plans, their life history, how they saw their "life now", their preferred daily routine and activities. Where this was important to people there was a detailed timetable of activities. Staff supported people to attend day centres and other services when they stayed at Weston Court. When staff made daily records of people's care and support they included notes on people's mood and wellbeing.

Where people had individual communication needs, information was available in an accessible format for them. Where people needed them, information about consent was provided in an easy read format.

People who used the service appreciated the activities that were available to them. These included activities both inside the home, such as cooking, games and using people's own computers for games, and outside, such as swimming, gymnastics and athletics. One person had written, "I love the activities and choices." Other activities included cycling, golf, bowling, visiting local attractions, cinema and a barbecue. The service supported people to take an active part in the local community.

The provider had a complaints policy and processes. Records showed there had been one complaint in the 12 months before our inspection. This had been followed up and resolved.

Good

Is the service well-led?

Our findings

The provider had a clear vision to deliver a high quality, person-centred respite service. This was communicated to staff and appreciated by people who used the service. Comments people had made included, "Staff support me very well." People were keen to return having stayed at the service once.

There was a proportionate system of governance appropriate to the size and type of service.
The registered manager made a monthly report to the provider which covered meetings and reviews, incidents and accidents, any health and safety concerns, updates about people who used the service during the month, and any new people to the service.

The registered manager was aware of their responsibilities as the manager of a regulated service. This included notifying us of certain events and acting according to a condition of registration which limited the duration of people's stay at the service.

The provider encouraged people and their families to comment and discuss the service. There was a service user family forum, and the provider had arranged an open day to engage with the local community in cooperation with the local council. The registered manager engaged with staff on a day to day basis, and also through formal staff meetings which had occurred in July and August 2018.

The registered manager worked closely with other services to make sure there was continuity for people and that other service were briefed about their needs and how they had been met at Weston Court. They had arranged for people to take part in activities in the community hall of a neighbouring sheltered accommodation service, if they wanted to. The provider worked in partnership with other agencies to improve the experience for people staying at Weston Court.