

The Disabilities Trust

West Heath House

Inspection report

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West Heath
Birmingham
West Midlands
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

West Heath House is a residential care home providing rehabilitation and personal care to seven people who have sustained a brain injury. The service can support up to 24 people. Within the home, there were flats for people to use as and when they developed more independent skills and were getting ready to move on from the service

People's experience of using this service and what we found

The leadership and the culture they created drove high-quality, person-centred care. The vision and values of the home were person centred, empowering, inclusive and imaginative. There were consistently high levels of constructive engagement with people and staff to enable people to achieve their goals.

Mental capacity assessments had been undertaken and deprivation of liberty safeguards had been applied where needed. People's needs were assessed prior to receiving rehabilitation at the home. The home was fully accessible for people who used wheelchairs.

Medicines were managed safely. Recruitment was undertaken safely. We were assured of good infection prevention control practices regarding COVID-19. People and their relatives told us they felt safe. Care plans and risk assessments identified people's individual support needs and ways to help people stay safe.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 29 November 2019).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

West Heath House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was undertaken by one inspector.

Service and service type

West Heath House 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and received feedback from three relatives about their experience of the care provided. We spoke with nine members of staff including members of the clinical team, the registered manager, and care workers.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe. Comments from people included, "I feel it's safe here", "I feel safe" and, "They [staff] are very good at looking after my health and safety."
- Staff knew what signs of abuse to look out for and could tell us their responsibilities and the correct procedure to report concerns. A staff member said, "I could report [concerns] to the seniors or the manager. I could go above them, or I could go to the deputy manager. There are numbers on the board that we can call."

Assessing risk, safety monitoring and management

- Staff and the registered manager were proactive when people's needs changed. Health professionals were contacted on people's behalf. Care plans and risk assessments were updated following any change of need.
- Care plans and risk assessments identified people's individual support needs and ways to help people stay safe. The registered manager was implementing a new care plan format which they felt would enable information to flow better. Staff had a good understanding of people's needs and associated risks.
- Some people experienced times of anxiety and needed staff to support them, sometimes this required staff to use physical interventions to keep people safe. Where this was the case there was guidance in people's care plans for staff to follow. In addition, incident forms reflected when staff had used an intervention to keep people safe. We found one form did not reflect enough detail about what breakaway technique staff used but all other forms we viewed contained sufficient information. The registered manager said they would discuss this with staff in individual and team meetings.
- Regular maintenance of equipment was evident including fire extinguishers and electrical items. This ensured equipment in the home was safe for use.

Preventing and controlling infection

- We were assured of good infection prevention control practices regarding COVID-19.
- The registered manager told us a member of the maintenance team required a risk assessment to work safely in the home and they had scheduled a day to complete this. After the inspection site visit the registered manager confirmed this was now in place.
- We were somewhat assured that the provider was using PPE effectively and safely. We observed one occasion where a staff member alone in an office had pulled their mask down, and two occasions where staff's masks were below their noses, however throughout the rest of the inspection there were no concerns noted with staff's mask compliance.
- Cleaning schedules were in place and completed and the home was clean, tidy and clutter free. The daytime support staff had not completed the schedules on the days the cleaner was off work or when they undertook additional cleaning on high touch areas, however there were night staff cleaning schedules in

place. The registered manager said they would address this, so an accurate log of cleaning was maintained during the day.

- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance, they were preventing visitors from catching and spreading infections and were admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff. The registered manager said she was checking the results were returned but hadn't recorded this. She told us they would implement a robust log of staff test results to evidence when they had been returned and the outcome.
- We were assured the provider was meeting shielding and social distancing rules and were promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed and the infection prevention and control policy was up to date.

Using medicines safely

- Medicines were managed safely to ensure people received them in accordance with their health needs and the prescriber's instructions.
- Staff were trained in medicines management and told us their competency was checked to ensure their practice was safe.
- Where people required medicines on an 'as and when required basis' protocols were in place to guide staff on how and when to administer them.

Learning lessons when things go wrong

- Systems were in place for accidents and incidents to be reviewed. The registered manager identified any patterns and trends to ensure people were safe and future risks were reduced.
- There was one occasion where an incident had occurred, and the person's care plan hadn't been updated to reflect the specific concern. However, the clinical team took this on board and said they would update the plan accordingly. They told us of the measures they had already put in place and also strategies they were planning to put in place, following the incident, to support the person.

Staffing and recruitment

- Staff had been recruited safely. Pre-employment checks had been carried out to ensure staff were suitable for the role.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At our last inspection systems and processes were not effective and the service had not acted in accordance with the requirements of the MCA and associated code of practice. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- At the last inspection there were no MCA assessments and the management team had limited knowledge of DoLS. At this inspection the registered manager had undertaken mental capacity assessments and in-turn best interest decisions where needed. DoLS applications had been made for people who required them.
- During the last inspection we found staff knowledge was limited around the MCA. At this inspection staff were able to tell us people had the right to make decisions for themselves including refusing to participate in things, however we felt they would benefit from some additional guidance as we needed to prompt staff when discussing some areas of the MCA. The registered manager and clinical team were working on a specific supervision template and in-house sessions for staff around MCA.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to receiving rehabilitation at the home. People's protected

characteristics, as identified in the Equality Act 2010, were considered as part of their assessments. This included people's needs in relation to their gender, age, culture, religion, ethnicity and disability.

- A member of the clinical team said, "I reviewed our assessment process to ensure we have as much information as possible ... to ensure people are appropriately placed and resourced to support that person's unique needs and rehabilitation journey. Staff have spoken very positively about the recent assessment reports ... they believe the reports provide them a good understanding of the person."
- Information gathered from the assessment was used to create care plans and risk assessments, which were updated and reviewed each time a person's needs changed.
- Everyone living in the home was being supported with rehabilitation with the aim to move on. People and their loved ones were supported to be involved in regular discussions and assessments about their care and support and their stay at West Heath House. Two people told us they wanted to leave and move to a more independent setting. We reviewed their records and spoke with the registered manager and one person's relative about this. There were clear meeting minutes involving people to discuss their stay at West Heath House, their desire to move on, their treatment plans and outcomes.

Staff support: induction, training, skills and experience

- People's needs, and preferences were met by staff who knew them well. People's comments included, "The staff are caring and helpful", "[Named staff members] are really relaxed and easy going. They do their jobs properly", "Staff are nice as pie" and, "The clinical team here are fantastic".
- Staff told us they had access to training that was relevant to their role. This ensured they had the relevant knowledge and skills to meet the needs of the people they supported.
- Staff understood their responsibilities and what was expected of them. They received supervision which enabled them to receive feedback and the opportunity for development.

Supporting people to eat and drink enough to maintain a balanced diet

- Where people had undergone assessments from health professionals in relation to their food and fluids, we saw staff were following the guidelines and monitored people's food and fluid intake along with their weight.
- We observed people being offered choice in what they ate, and people confirmed they could choose what they wanted to eat. A person said, "The meals are always pleasant and adequate. There are always options, or we can ask for something else".

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Referrals were made to external health teams when needed and ongoing input was offered from external specialists and community nurses. This showed staff were actively working in partnership with other organisations to ensure people had consistent and effective care.
- The registered manager told us people had access to the dentist when needed and people could verbally express if they were in any pain or discomfort. However, they did not have a specific oral health care plan, we discussed this with the registered manager who said they would complete them.

Adapting service, design, decoration to meet people's needs

- The home was fully accessible for people who used wheelchairs to mobilise. Where people had additional mobility needs, suitable equipment was in place. For example, hoists and ramp access.
- The home had ample rehabilitation facilities such as a gym, kitchens and activity areas so people were able to engage in their treatment plans.
- The communal areas of the home were spacious, clean and tidy. The home had ample space for people, and staff respected when people wanted to have time alone in their bedrooms.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- During the last inspection we found audits of DoLS were ineffective, there was no registered manager in post and training staff received around the MCA and DoLS was not effective. We found significant improvements had been made at this inspection and there was a registered manager in post.
- The governance systems at West Heath House were well-embedded and aided a smooth running of the home. However, the audits had not identified staff COVID-19 test results had not been recorded, there were some gaps in the cleaning schedule and there were some occasions where staff had not worn their masks correctly. In addition, although measures were in place, the staff risk assessment for COVID-19 had not been carried out prior to the staff member working in the home.
- We saw examples of learning lessons following incidents to ensure robust safety measures were in place. The registered manager implemented comprehensive daily and weekly records to prevent further occurrences.
- Staff understood their responsibilities and what was expected of them. There were processes in place to monitor staff practice and performance. Staff told us they participated in team meetings and received supervision. A staff member said, "We have supervision and we have the opportunity for development, we can set goals for ourselves [that are monitored in supervision]."
- The registered manager told us audits of the home had taken place and records reflected this. There were robust audits completed by members of the quality team, and action plans in place which identified areas that could be strengthened and improved. When actions were achieved, this had been recorded on the audit.
- The registered manager had notified The Care Quality Commission of events which had occurred in line with their legal responsibilities and were displaying the ratings of their last inspection.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- West Heath House's vision and values were person centred, empowering, inclusive and people were at the heart of the service. A person told us, "I will look back at this place [when I leave] and think about how they rebuilt my life ... they have brought stability back to my life." A relative said, "This place is amazing ... West Heath House is amazing, and I'd highly recommended to anyone who needs [brain injury] rehabilitation." Another relative said, "I'd like to thank them for everything they have done for my Dad."
- Staff supported people to set goals that were stretching and challenging, but realistic and achievable. Goals included, self-administration of medicines, accessing the community safely and understanding and

responding to written correspondence. Goals were monitored with people and when achieved new goals were implemented. This empowered people to re-build skills and enhance their quality of life. A staff member said, "We manage to get people to their goals." Another staff member said, "It's amazing when you see someone come into the home using a frame then leave walking. It's amazing to see people walking out of here" A relative said, "[Person] needed two people to lift them when they moved in and now, they can walk with one stick."

- People had a rehabilitation schedule that detailed sessions with various members of staff, including activities coordinators, speech and language, physiotherapy and psychology. People's rehabilitation plans were developed with them and staff in meaningful and creative ways. The plans were monitored by the staff, clinical team and people and reviewed and updated weekly. The plans were specific to each individual person, a person said, "I moved in to the flat to help with independent living". A staff member said, "I undertake participation scores to establish if people are engaging with the activity or if we need to make a change."
- Staff were motivated and proud to work at West Heath House. There were consistently high levels of constructive engagement with people and staff from all equality groups. A staff member said "When people arrive, I gather information with them such as their religion, interests, identity and sexuality. We communicate with the whole team about people's interests ... the aim is to enable people to live the life they had before they sustained a brain injury. We devise a program for them alongside their rehabilitation."
- There were high levels of satisfaction across all of the staff and staff consistently told us they enjoyed their jobs. Excellent communication between the staff and clinical teams was effective in ensuring people's outcomes were met. Comments from staff included, "Everyone is enthusiastic and communicates well", "I love my job here, it's a forever job", "The clinical team are approachable and listen to us" and, "I was proud when I got this job as I can make a difference to people."
- Staff skill mix was considered when recruitment processes were underway to check they were suitable for not only the role, but to consider compatibility with the people using the service and staff currently working in the home. A staff member said, "Following my interview, I was very impressed by how the team spent time considering if I would be a good fit both for the service and its people, but also on a more personal level with [registered manager] and [deputy manager] and the senior team on site, before I was offered the post."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- There were consistently high levels of constructive engagement with people and we observed people accessing activities relevant to their religious beliefs. There were records of daily engagement with people including their therapy sessions, activities and discussions around aspects of their care including deprivation of liberty.
- The home enabled and encouraged people to be empowered and voice their opinions. People were actively encouraged to discuss any concerns and there were high levels of open engagement. People completed regular feedback forms asking for their opinions on aspects of the service. This feedback was then discussed with them in documented sessions with care staff and the clinical team to ensure people's voice was heard and there was continuous learning and improvement.
- There was a 'client' forum which involved regular meetings between the people who lived in West Heath House, it was led by one of the people who lived in the home. They told us, "I am part of the client forum, our suggestions are taken on board and acted on". They went on to say, "The management listen, [the meetings] are not just a box ticking exercise".
- There were consistently high levels of constructive engagement with staff. There were frequent multi-disciplinary team (MDT) meetings and handovers where people's changing needs were discussed. These meetings then led to allocation of roles for the clinical and care staff. We sat in on an MDT meeting and observed the team discussing people's current needs and follow up actions from previous meetings.
- The home encouraged people to build strong links with the community. For example, a person has

expressed an interest in singing. A staff member had found a singing group, but not only did it benefit the person's interest, it also benefitted their rehabilitation as it enabled breathing practice and practice with repetitive words.

- Incidents and accidents were reviewed, and analysis was undertaken to consider if any lessons could be learnt or improvement could be made. A member of the clinical team said, "Staff have approached me on an individual level to discuss incidents and I have talked through these with them in a reflective practice approach."

Working in partnership with others

- The home had strong links and excellent communication with external professionals to enable positive outcomes for people. One person's health needs had begun to deteriorate, and the clinical team had acted swiftly to alert their external consultant to ensure the person was supported in a timely way. The person told us, "I'm glad they [staff team] noticed the change in me, they sorted it [booked a health appointment] for me. The physio also acknowledged the change and changed my [rehabilitation] plans."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities in relation to the duty of candour regulation and was able to discuss how they would meet this requirement.