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Westward 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

We carried out an announced comprehensive inspection on 16 February 2019.

Westward Care Home provides care for people with a learning disability and associated conditions such as autism. On the day of our inspection there were 5 people living at the service.

People in care homes receive accommodation and nursing or personal care as 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 does not require a registered manager.

We checked the service was working in line with 'Registering the Right Support', which makes sure services for people with a learning disability and/or autism receive services that are developed in line with national policy - including the national plan, building the right support - and best practice. For example, how the service ensured care was personalised, how people's discharge if needed, was managed and people's independence and links with their community promoted.

The care service 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 learning disabilities and autism using the service can live as ordinary a life as any citizen.

At the last inspection on the 17 August 2016, the service was rated Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

Why the service is rated Good:

We met and spoke to all five people during our visit. However, people who lived at Westward Care Home had some communication difficulties due to their learning disability and associated conditions, such as autism. Therefore, they were not able to tell us verbally about all their experience of living there. We spent short periods of time with people seeing how they spent their day and observing the interactions between people and the staff supporting them.

People's medicines were managed safely. Medicines were stored, given to people as prescribed and disposed of safely. Staff received medicine training and understood the importance of safe administration and management of medicines.

People who required it had extra staffing when they went out. Staff confirmed there were sufficient numbers of staff to meet people's needs and to help keep them safe. Staff were recruited safely and checks carried out with the Disclosure and Barring Service (DBS) ensured they were suitable to work with vulnerable adults.

Staff had completed safeguarding training. Staff had a good knowledge of what constituted abuse and how to report any concerns. Staff understood what action they would take to protect people against harm and were confident any incidents or allegations would be fully investigated. Staff confirmed they'd have no hesitation reporting any issues to the provider.

All significant events and incidents were documented and analysed. Evaluation of incidents was used to help make improvements and keep people safe. Improvements helped to ensure positive progress was made in the delivery of care and support provided by the staff. Feedback to assess the quality of the service provided was sought from people living in the home, relatives, professionals and staff.

Staff had completed appropriate training and had the right skills and knowledge to meet people's needs. New staff completed an induction programme and completed the Care Certificate (A nationally recognised training course for staff new to care) if they did not have any formal care qualifications. Staff meetings, one to one supervision of staff practice, and appraisals of performance were undertaken.

People's risks were documented, monitored and managed well to ensure they remained safe. People lived full and active lives and were supported to access local areas and activities. Activities reflected people's interests and individual hobbies. People were given a choice of meals, snacks and drinks they enjoyed whilst maintaining a healthy diet. People had input as much as they were able to in preparing meals and drinks.

People were engaged in different activities during our visit and enjoyed the company of the staff. People were busy; however, there was a happy, calm and relaxed atmosphere within the service.

People were supported to maintain good health through regular access to health and social care professionals, such as occupational therapists. The provider worked with external health and social care professionals to help ensure a co-ordinated approach to people's care.

The service was responsive to people's individual needs and provided personalised care and support. People's communication needs were known by staff. Staff had received training in how to support people with different communication needs. The provider had taken account of the Accessible Information Standard (AIS). The AIS is a requirement to help ensure people with a disability or sensory loss are given information they can understand, and the communication support they need. Staff adapted their communication methods dependent upon people's needs, for example using simple questions. Information for people with cognitive difficulties and information about the service was available in an easy read version for those people who needed it.

People's care records were detailed and personalised to meet individual needs. Staff understood people's needs and responded when needed. People were not all able to be fully involved with their support plans, therefore family members or advocates supported staff to complete and review people's support plans. People's preferences were sought and respected.

People's care and support was based on legislation and best practice guidelines; helping to ensure the best outcomes for people. People's legal rights were upheld and consent to care was sought as much as possible. Care records were person centred and held full details on how people liked their needs to be met;

considering people's preferences and wishes. Overall, people's individual equality and diversity preferences were known and respected. Information recorded included people's previous medical and social history, and people's cultural, religious and spiritual needs. People were treated with kindness and compassion by the staff who valued them. Staff had built strong relationships with people who lived there. Staff respected people's privacy. People, or their representatives, were involved in decisions about the care and support people received.

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

People could make choices about their day to day lives. The provider had a complaints policy in place and it was available in an easy read version. Staff knew people well and used this to gauge how people were feeling about the service.

The provider had an ethos of honesty and transparency. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

People lived in a service where the provider's values and vision were embedded into the service, staff and culture. Staff told us the provider was approachable and made themselves available to people and staff. The provider had monitoring systems which enabled them to identify good practices and areas of improvement.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Westward 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.

The inspection was undertaken by one adult social care inspector on the 16 February. We gave the service 24 hours' notice of the inspection visit because it is small and people often go out during the day and we needed to be sure the registered manager would be available.

Prior to the inspection we looked at other information we held about the service such as notifications. A notification is information about specific events, which the service is required to send us by law. We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least annually to give some key information about the service, what the service does well and improvements they plan to make.

People who lived at Westward Care Home had some communication difficulties due to their learning disability and associated conditions, such as autism. People were not able to tell us verbally about all their experience of living at the service. We spent short periods of time with people seeing how they spent their day and observing the interactions between people and the staff supporting them. These observations helped us understand if people were happy with the care being provided.

During our inspection we met all five people who used the service. We spoke with three staff members and the providers. After the inspection we received feedback from one relative.

We also looked around the premises. We looked at records relating to individual's care and the running of the home. These included three care and support plans and records relating to medicine administration. We also looked at the quality monitoring of the service.

Is the service safe?

Our findings

The service continued to provide safe care. People were not able to fully express themselves verbally. However, we observed people and they appeared to be happy, relaxed and comfortable with the staff who were supporting them. Staff agreed people were safe living in the service. People's body language and interactions told us they felt safe and comfortable with the staff supporting them. One relative said; "Definitely safe there."

People were protected from abuse as staff had completed training and knew what action to take if they suspected someone was being abused, mistreated or neglected. Staff were confident the provider would take action.

People had sufficient numbers of staff to support them. We saw staff supporting people, meet their needs and spend time socialising with them. Staff were recruited safely to help ensure they were suitable to work with vulnerable adults.

People did not face discrimination or harassment. People's individual equality and diversity was respected because staff had completed training and put their learning into practice.

People had the risks associated with their care assessed, monitored and managed by staff to ensure their safety. Records showed risk assessments had been completed to help people receive the care and support needed with minimum risk to themselves and others. There were clear guidelines in place for staff to help manage these risks. Staff were aware of people's individual needs and the strategies and protocols in place helped staff manage people's behaviours.

People's finances were kept safe. People had appointees to manage their money where needed; including family members or court of protection. However, we found two people's money balances to be incorrect. The provider completed an audit, found the errors and adjusted the figures accordingly. The provider put additional checks in place to ensure future errors were picked up.

The provider had systems to audit all accidents and incidents which occurred and acted to minimise further risks to people. The provider learnt from incidents and used them to improve practice.

People received their medicines safely. Staff received training and confirmed they understood the importance of the safe administration and management of medicines. People's prescribed medicines on an 'as required' basis had instructions to show staff when these medicines should be offered to people. Records showed that these medicines were not routinely given to people but were only administered in accordance with the instructions in place. These protocols helped keep people safe.

People lived in an environment which the provider had assessed to ensure it was safe and secure. The fire system was checked with weekly fire tests carried out. People had individual personal emergency evacuation procedures in place (PEEPs) which detailed how staff needed to support individuals in the event

of a fire to keep people safe. People were protected from the spread of infections. Staff understood what action to take to minimise the risk of cross infection, such as the use of gloves and aprons and good hand hygiene to protect people.

Is the service effective?

Our findings

The service continued to provide effective care and support to people. Staff were competent in their roles and had a good knowledge of the individuals they supported which meant they could effectively meet their needs. Most staff had worked at the service for a long time.

People were supported by staff who had completed training to meet their needs effectively. The provider had ensured staff undertook training they had deemed as 'mandatory'. Staff new to care completed the Care Certificate and this covered equality and diversity and human rights training. Staff completed an induction which also introduced them to the provider's ethos, policies and procedures. Staff felt supported, received regular supervision and attended team meetings to keep them updated with current good practice models and guidance for caring for people. One staff member said; "We have plenty of training booked and coming up soon."

People's care files held individual communication guidelines. This documented how people were able to communicate and how staff could effectively support individuals. Staff demonstrated they knew how people communicated and encouraged choice whenever possible in their everyday lives. Pictorial images were displayed, for example on menus, to help ensure information was in a suitable format for everyone.

People were supported to eat a nutritious diet and were encouraged to drink enough to keep them hydrated. People identified at risk due to their medical conditions had been referred to appropriate health care professionals; for example, speech and language therapists. Their advice was clearly documented, followed by the staff and suitable food choices provided.

People were encouraged to remain fit and healthy, for example people were supported to go for local walks. People had information on their health care needs. People's health was monitored to help ensure they were seen by appropriate healthcare professionals so their ongoing health and wellbeing was assured. People continued to be supported to make decisions and choices of their own, as far as possible.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA), whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

Staff had completed training about the MCA and knew how to support people who lacked the capacity to make decisions for themselves. Staff encouraged and supported people to make day to day decisions. Where decisions had been made in a person's best interests these were fully recorded in care plans. Records showed independent advocates and healthcare professionals had also been involved in making decisions. This showed the provider was following the legislation to make sure people's legal rights were protected.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The

provider had a policy and procedure to support people in this area. The provider had liaised with appropriate professionals and made applications for people who required this level of support to keep them safe.

Is the service caring?

Our findings

Staff continued to provide a caring service to people. One relative said; "Very well cared for and looked after." A professional survey recorded; "All good and happy with the care provided."

People received care from staff who valued them. People appeared comfortable and relaxed with the staff supporting them. There was a relaxed and happy atmosphere in the service.

People were supported by staff who were both kind and caring and we observed and heard staff treating people with patience and compassion. People were seen interacting and chatting with staff and the conversations were positive. Staff were attentive to people's needs and understood when people needed reassurance and guidance.

Staff showed concern for people's wellbeing. People with any health conditions had protocols in place to assist the staff in meeting people's needs and caring for them. The care people received was clearly documented and detailed.

People had decisions about their care made with their involvement if possible, their relatives or representatives. People's needs were reviewed and where needed, updated, regularly with staff who knew people well, attending these reviews. People had access to independent advocacy services, and were supported to access these when required. This helped ensure the views and needs of the person concerned were documented and considered when care was planned.

The values of the organisation, which included equality, diversity, respect and dignity, ensured the staff team demonstrated genuine care and affection for people. This was evidenced through our conversations with the staff. People received their care from an experienced staff team. This helped ensure people's behavioural needs were met and gave staff a better understanding of people's communication needs. It supported relationships to be developed with people so they felt they mattered.

People's privacy and dignity was promoted. Staff knocked on people's doors prior to entering their rooms. Staff spoke to us about how people would be treated and cared for equally regardless of their sexual orientation, culture or religion. The provider and staff said everyone would be treated as individuals, according to their needs.

People's independence was respected and promoted. For example, staff encouraged people to do as much for themselves as possible. People were supported by staff at people's own pace. Staff were seen to be patient and gave people plenty of time while supporting them. Staff understood people's individual needs and how to meet those needs. They knew about people's lifestyle choices and how to help promote their independence.

Is the service responsive?

Our findings

The service continued to be responsive. People were supported by staff who were responsive to their individual needs. People's care plans were person-centred and detailed their medical and social history. All care plans were personalised for each person and held details on how each person needed and preferred their care and support to be delivered. People's daily routines were documented and followed by staff.

People's care records recorded people's wishes and preferences as well as any cultural, religious and spiritual needs. Staff monitored and responded to changes in people's needs. Staff informed us how they tried to encourage people to make their own choices. We saw people and staff being treated fairly and equally. The provider told us they had policies and procedures in place to ensure they met their responsibilities under the Equality Act.

People's care plans held detailed information to assist the staff to provide care and inform them of people's likes and dislikes. In addition to full care plans, there were brief one-page profiles of people, particularly about people's care, communication and any behaviour needs. This information showed the service had liaised with other agencies to support people and enabled the staff to respond appropriately to people's needs. Staff had a good knowledge about people they cared for. Staff were able to tell us how they responded to people and supported them in different situations. Staff knew how to respond appropriately to people's needs.

People received personalised care. People's communication needs were effectively assessed and met by staff. Staff told us how they adapted their approach to help ensure people received this individualised support. For example, picture or visual aids were used to assist people make choices. This demonstrated the provider had taken account of the Accessible Information Standard (AIS). The AIS is a requirement to help make sure people with a disability or sensory loss are given information in a format they can understand, and the communication support they need.

A complaints procedure was available and in an easy read version. Some people currently living in the service would not all understand the procedure due to the level of their learning disability. The provider and staff told us that due to some people's non-verbal communication they monitored any changes in behaviour. They would then act to try and find out what was wrong and address this. People also had advocates appointed to ensure people, had their voices heard.

People attended activities of their choosing. Staff said people were offered opportunities to go out daily with three people going to the local swimming pool on the day of our visit. People took part in a wide range of social activities. People's family/friends were encouraged to visit. Staff recognised the importance of people's relationships with their family and friends and promoted and supported these contacts when appropriate. This included staff taking people to visit family who lived some distance away.

Is the service well-led?

Our findings

The service continued to be well led.

People lived in a service whereby the provider's caring values were embedded into the leadership, culture and staff practice. Staff and relatives and professional's surveys returned to the service all spoke highly of the provider. They said how approachable they were.

The provider provided clear leadership and governance; ensuring the service was overseen to maintain quality. The provider's governance framework helped monitor the management and leadership of the service, as well as the ongoing quality and safety of the care people were receiving. For example, systems and process were in place such as monitoring of accidents and incidents, environmental checks plus care planning and nutrition audits. These helped to promptly highlight when improvements were required. When improvements were identified, prompt action was taken; for example, during the inspection additional audits were put in place to monitor people's money.

The provider, who was in the service most days, was open and transparent and was very committed to the service and the staff, but mostly the people who lived there. They felt the recruitment process was an essential part of maintaining the culture of the service. People benefited from a provider and management team who worked with external agencies in an open and transparent way and there were positive relationships fostered.

Staff were motivated and hardworking. They shared the philosophy of the provider. Shift handovers, supervisions, appraisals and meetings were an opportunity to look at current practice. Staff spoke positively about working for the provider and at the service.

Staff spoke fondly of the people they cared for and stated they were happy in their work. Management monitored the culture, quality and safety of the service by visiting to speak with people and staff to make sure they were happy. Staff said; "The provider is always supportive and available at any time."

People lived in a service which was continuously and positively adapting to changes in practice and legislation. The provider was fully aware of and had implemented the Care Quality Commission (CQC) changes to the Key Lines of Enquiry (KLOE). They had also looked at how the Accessible Information Standard would benefit the service and the people who lived in it. This was to ensure the service fully met people's information and communication needs, in line with the Health and Social Care Act.

The provider worked hard to learn from mistakes and ensure people were safe. The registered manager, business manager and registered provider had an ethos of honesty and transparency. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment. The previous rating was displayed in the main entrance.