

Leonard Cheshire Disability

Westmead - Care Home

Physical Disabilities

Inspection report

Westmead Close
Saunton Road,
Braunton, EX33 1HD
Tel: 01271 815195

Date of inspection visit: 30 September and 2 October 2015
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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



Overall summary

An unannounced inspection was completed at this service on 30 September and 2 October 2015. Westmead is registered to provide accommodation and support for up to 19 people with physical disabilities. At the time of the inspection there were 18 people living at the service.

When we last inspected in March 2015 we found there were not always enough staff on duty for the number and needs of people living at the service. We also found people were not being offered activities and outings as

often as they would like due to there not being enough staff available to facilitate this. We gave the service a requirement in respect of staffing. We received an action plan showing how they were intending to meet this requirement. In June 2015 we met with the provider and interim manager as the service had been non-compliant over a long period and did not have a registered manager in place. They shared with us how they intended to improve the service.

Summary of findings

At this inspection we found the service had met the requirement in relation to staffing levels. There was enough staff on duty most of the time, to meet people's needs. There had been some gaps due to staff sickness, but efforts had been made to cover the gaps with existing staff and/or agency staff. The gaps could not have been planned for. The service was in the process of recruiting more staff to ensure they had a bank of workers to cover all shifts, leave and sickness.

A new manager has recently been appointed in post and was in the process of registering with CQC. The manager has previously been a registered manager for one of the other services run by the same provider and had many years of experience. 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 2014 and associated Regulations about how the service is run.

The Care Quality Commission (CQC) is required to monitor the operation of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are put in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. At the time of the inspection there was no one who was subject to this type of safeguard.

Recruitment processes were not as robust as they should have been. Not all checks were in place to ensure new staff were suitable to work with vulnerable people. This did not follow the provider's policy on recruitment.

People said they felt safe and well cared for. Staff knew people's needs and preferences and had the right training and support to enable them to deliver care safely and effectively. One person said "Most staff know how to help me and those who are new (staff) are getting used to how I like to be helped. Some staff are better than others, but we do get a choice usually."

Care and support was well planned with individuals. This process was starting to include more goals and aspirations for the future. Risks were identified and actions put in place to minimise these.

People reported more activities and trips out were being offered. One person said they had enjoyed several trips out to local cafes and pubs. Several people said they were enjoying the computer room and one person said they had been involved in some cooking sessions.

People were supported to eat and drink in a relaxed and unhurried way. Respect and dignity were upheld in the way staff worked with people. Staff made sure people had support given at their pace and staff checked with people if they wanted more to eat or drink. One person felt the meals did not reflect their needs. This was fed back to the cook who explained what options they had been providing for people, including and ensuring individual likes and dislikes were catered for.

Healthcare professionals said people's healthcare needs were being well met and the staff team were proactive in seeking advice in a timely way to ensure this. Relatives confirmed people's needs were well met and they were kept informed of any changes in healthcare needs.

People felt their views were listened to and they could make their concerns and complaints known and were confident these would be dealt with. One person said they had been involved in the interviewing of new staff recently. They said this was important to them. Relatives confirmed their views were considered and there were opportunities to have their say via meetings or they could speak with the manager at any time. Any complaints or concerns were dealt with swiftly and comprehensively.

Medicines were managed safely and effectively. People received their medicines at a time which suited them and was as prescribed.

Staff knew how to protect people from potential risk of harm and who they should report any concerns to. They also understood how to ensure people's human rights were being considered and how to work in a way which respected people's diversity.

The provider ensured the home was safe and audits were used to review the quality of care and support being provided, taking into consideration the views of people using the service and the staff working there.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Most aspects of the service were safe, but recruitment processes were not robust and did not ensure new staff were appropriate to work with vulnerable people.

There was sufficient staff on duty with the right skills to meet people's needs

The risks to people were assessed and actions were put in place to ensure they were managed appropriately.

Medicines were well managed.

Staff knew their responsibilities to safeguard vulnerable people and to report suspected abuse.

Requires improvement



Is the service effective?

The service was effective. Staff were trained and supported to meet their emotional and health care needs.

People were enabled to make decisions about their care and support and staff obtained their consent before support was delivered.

People were supported to access healthcare services to meet their needs.

People were supported to eat and drink in an unrushed and supported way.

Good



Is the service caring?

The service was caring.

People and relatives said staff were caring and kind.

Staff relationships with people were strong, caring and supportive. Staff spoke confidently about people's specific needs and how they liked to be supported.

Good



Is the service responsive?

The service was responsive.

Care and support was well planned and any changes to people's needs was quickly picked up and acted upon.

People or their relatives concerns and complaints were dealt with swiftly and comprehensively.

Good



Is the service well-led?

The service was well-led.

The home was well-run by the manager who supported the staff team and promoted an open and inclusive culture.

Good



Summary of findings

Systems ensured the records; training, environment and equipment were all monitored on a regular basis.

Quality monitoring was an on-going process with the views of people and their relatives being used to help inform this process.

Westmead - Care Home Physical Disabilities

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 30 September and 2 October 2015 and was unannounced. Both days were completed by one inspector.

Before our inspection, we reviewed the information we held about the home, which included incident notifications they had sent us. A notification is information about important events which the service is required to tell us about by law.

During our visit we met with seven people using the service to gain their views about the care and support they received. We also met with six care staff, the manager and cook. We spoke with two relatives and one health care professional.

We looked at records which related to four people's individual care, including risk assessments, and people's medicine records. We checked records relating to recruitment, training, supervision, complaints, safety checks and quality assurance processes.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us due to their complex healthcare needs.

Is the service safe?

Our findings

Recruitment was not always robust. Two out of three recruitment files showed new workers had been employed before all their checks were back to ensure they were suitable to work with vulnerable people. This did not follow the providers own policy on safe recruitment. The manager said she had spoken with the interim manager who made a decision to start the new staff working as they needed to ensure people had staff available to them. There were no risk assessments in place to show why this decision had been made and if any risks considered. This is a breach of regulation 19(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

When we last inspected in March 2015 we found there were not always enough staff on duty for the number and needs of people living at the service. We gave the service a requirement in respect of staffing levels. We received an action plan showing how they were intending to meet this requirement. As the service had been non-complaint over a long period and did not have a registered manager in place, we also met with the provider and interim manager in June 2015 to discuss how they intended to improve the service.

During this inspection people confirmed staffing levels had been more consistent and there were enough staff on duty per shift for people to have their needs met in a timely way. One person said "Staffing levels have definitely improved since the last inspection. We are also getting new staff which is good." Another person said "There are the odd times we are short on staff, but this is much better than it used to be."

The staffing rotas showed there were usually five care staff available each morning shift plus a team leader, cleaning staff, cook, IT skills coordinator, volunteers coordinator and maintenance person. During the afternoon shift there was four care staff and one team leader. There had been a few occasions where this level of staffing had been reduced due to staff sickness. One senior member of staff said they would try to cover any shortages with existing staff and/or agency staff. One staff member said they did not like the pressure of having to cover additional shifts, but understood this was needed to ensure people had safe care provided. The manager said they were in the process of recruiting more staff so they could have enough staff to cover sickness and leave.

Staff understood how to work in a way which ensured people's human rights were protected and people's diversity was promoted. For example, some people were assisted to keep small pets which showed the service was sensitive to people's needs and rights. One person had a particular way they preferred to communicate and staff followed this to ensure the person was comfortable with interactions. The manager said they had been obtaining quotes for assistive technology to allow people to be able to open and close their own bedroom door without staff support. They would look to phase this into bedrooms for those people who wanted this.

Staff understood how to identify possible concerns and abuse and knew who they should report this to. They were aware of the whistle blowing policy and were confident any concerns would be dealt with swiftly. The manager understood their responsibilities to report any concerns to the local safeguarding team and to CQC. There have been no safeguarding concerns raised in the last 12 months. People confirmed they felt safe. One person said "If I am ever worried I talk to staff, they know me and listen to what my concern is. I feel much safer now there are more staff around."

Risks assessments were in place and were up to date for people's physical and emotional health needs. For example, where people were assessed as being at risk of developing pressure damage, equipment was in place and staff were vigilant in monitoring people's skin to help prevent any pressure damage. For example people had pressure mattresses to reduce the risk of damage to their skin. People were encouraged to have time out of their wheelchairs to relieve pressure areas.

Medicines were well managed and people received their medicines at the time it was prescribed. Records for medicines were completed appropriately and consistently. People's medicines were kept in their room in locked cabinets. They were kept in the original packaging and replaced once this stock had run out, so they were not double dispensing. People were offered pain relief when needed and staff explained what medicines they were administering. Where people chose not to take their medication, this was clearly recorded. Staff confirmed they only administered medicines once they had received training and their competencies were checked at regular intervals. There were audits to check medicine administering records against remaining stock.

Is the service safe?

Each person had a personal evacuation plan in the event of a fire. Fire risks had been fully considered, together with regular checks on fire equipment, training and evacuation

procedures. Maintenance records were up to date, and safety checks were completed by the maintenance person on a weekly and monthly basis to ensure the environment was safe and well maintained.

Is the service effective?

Our findings

People commented on how staff were meeting their needs in a timely way. Two people, for example said they had asked if staff could assist them to get up later as they wanted to have a lay in. Another person said “They (staff) understand my health needs.”

People were supported to have their needs met by staff who understood these and were given training and support to provide care and support effectively. Training included all aspects of health and safety as well as some more specialised areas such behaviour support awareness, risks of choking, equality and diversity and understanding writing care plans in a person centred way. Staff confirmed regular training updates were available. On the second day of the inspection we met with the providers training manager. She explained how she covered a number of homes within the south west and provided training in safe moving and handling, safeguarding and induction training for new staff. This meant this type of training could be offered flexibly and quickly for new staff.

New staff were completing the Care Certificate within a 12 week period. Before starting as part of the staff team, newer members of staff were given two or three shifts to work alongside more experienced staff so that they had an opportunity to get to know people’s needs and the operational ways of working in the service. One new staff member confirmed they had been supported to get to know people, the policies and procedures and had spent time looking at people’s care plans. They also confirmed they had shadowed more experienced staff and this had helped them to feel confident in being able to meet people’s needs effectively.

Staff said they had opportunities to meet with the manager to discuss their learning and training needs on a one to one basis. These meetings were being updated with staff having an opportunity to talk to the new manager about their needs and the future development of the service. Staff confirmed they found these meetings useful and an important part of their development.

The Mental Capacity Act (2005) (MCA) provides the legal framework to assess people’s capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest

decision is made involving people who know the person well and other professionals, where relevant. Deprivation of Liberty safeguards (DoLS) provide legal protection for those vulnerable people who are, or may become, deprived of their liberty. The safeguards exist to provide a proper legal process and suitable protection in those circumstances where deprivation of liberty appears to be unavoidable and, in a person’s own best interests. There was no one living at the service who was subject to this type of safeguard. Staff said they had received training in MCA and could describe how they ensured people were given choices and their rights were protected. For example one staff member described how one person communicated with eye movements and facial gestures. They said that the staff group understood the person’s way of communicating, which could be subtle at times, but with patience, they could understand the person’s choices in all aspects of their daily life.

People were supported to eat and drink to ensure they maintained good health. The chef explained how she checked with people what their favourite food were and tried to incorporate these choices within the menus. She was also trying some healthier options to encourage good nutrition, but this was not always successful for some people. One person said they did not feel their tastes were catered for, which we fed back to the chef, but could see from records, the person had been offered a range of foods they had said they liked. Where people were at risk of choking, the chef was aware of the right consistency to serve and where needed offered fortified calorie meals to help people maintain their weight.

Care records showed people’s health care needs were closely monitored and where needed healthcare professionals were called for advice and support. In particular the service made use of advice from physiotherapists. They had recently employed their own physiotherapist assistant to help with ensuring regular exercises and positioning were adopted to maintain people’s physical well-being. One healthcare professional confirmed the service did seek advice and support and also offered suggestions to improve people’s well-being. Two parents said their relative’s healthcare needs were always closely monitored and they were kept informed of any changes.

Is the service caring?

Our findings

People said the staff who worked with them were caring and worked in a way which respected their privacy and dignity. One person said “Staff do usually knock on the door before coming in and when they don’t I tell them to.....hasn’t happened very often, most staff are very good.” One person said “I can’t fault the staff here. All very good.” Two relatives said they felt the staff were very caring in their approach to people.

Staff understood the importance of offering people choice and respecting people’s wishes. Support was offered in a gentle and respectful way. When people did not follow staff advice such as having some bed rest to relieve possible pressure areas, staff respected this choice. However, they also checked with the person later as staff were aware of the risks to people’s health. We saw other examples of gentle and considerate care being delivered throughout the day. Staff who were assisting people to eat their meals, sat at their eye levels and talked with people whilst assisting them. There was a friendly atmosphere and we heard lots of laughing and joking between people and staff.

Staff were respectful when they spoke about how they supported people living at the home. They knew people’s preferences and showed affection towards people. For example when discussing one person who had been through a difficult emotional time, staff showed empathy and caring and enabled the person to express their emotions.

Staff confirmed they had received training in dignity and respecting people’s human rights. Staff said this training had helped them with their everyday practice. One staff member said “We have always been a caring staff group, when staffing levels are right, we are able to offer people the right dignity and respect because we can give them time to assist them.”

One healthcare professional said they felt staff were caring in their approach and they could see staff were working in a way to maximise people’s choices.

People were referred to by their preferred name and there was clearly a great deal of warmth between people and staff. People said they knew who their keyworker was and could have a say about which staff worked with them.

Is the service responsive?

Our findings

People said staff were responsive to their needs. One person said “Now the staffing levels are better, we do not have to wait too long for assistance. In the past we did and I was not happy about this.” Another person said “Staff do listen to us and if we want assistance now or later, they try to do it at a time which suits us. Sometimes if they are busy we may have to wait, but it is not too bad.”

Staff described ways in which they were responsive to people’s needs in their approach. For example, one staff member said they ensure they honour people’s preferred routines such as when they wished to get up and when they wished to be supported to go to bed. They said “Everyone is different, so we try to offer the support to the person as they have requested or we know they like. Not everyone can tell you, but we know from their expressions when we have done something not quite right, or they are happy.”

Where people had complex healthcare needs, these had been clearly detailed in their plans. Diagrams and photos were used to show staff how to position someone for example to maintain good posture and be responsive to their physical needs. Care plans were reviewed and updated with the person and gave detailed descriptions about how staff should support the person in all aspects of their life. People confirmed they had been involved in the review and development of their plans.

Since the last inspection more activities and outings had been organised and offered on a regular basis. These included computer sessions, cooking, arts and crafts and outings to the local pub, shops and cafes. One person said they had really enjoyed a recent outing to the pub for lunch and another said they were looking forward to going shopping. One person said they would like to go swimming and one parent said they wished their relative could go swimming as they had enjoyed this in the past. We fed this back to the manager who said they were looking at more options for activities. They had a new volunteers’ coordinator who was recruiting more volunteers to assist with activities. One volunteer came in to read to people. The manager said they had also recently involved people in more gardening projects to plant bulbs and flower gardens outside. On the second day of the inspection One staff member was engaging with people to see what flowers and planters they would like for outside their rooms. She explained how she had helped one person clear and tidy their patio area and was looking into how she could assist the person to be able to water their own garden.

The service had a complaints policy and process which was posted in communal areas of the home and given to people and their relatives. Complaints were dealt with effectively and records were kept of actions to resolve any concerns. Relatives confirmed they could discuss any concerns they had with the staff or manager and were confident any issues raised would be dealt with. People said they could talk with staff about any concerns or complaints they had.

Is the service well-led?

Our findings

Since the last inspection a new manager had been appointed. She had only been at the service for a short while but staff and people living at the service spoke highly of her. One person said “She is firm but fair. What we need.” Another person said “She got me involved in interviewing new staff which was really good.” The manager was in the process of registering with CQC. She had clear visions for the future of Westmead. This included ensuring people living at the home were empowered to be actively involved in the running of the service and to have fulfilling and enjoyable times living at Westmead. Her visions and aims were being discussed with people and staff via meetings and one to one sessions and feedback to date had been positive.

The provider sought the views of people and their relatives on an annual basis using questionnaires. The results of these were published and the manager was tasked to produce actions where results showed an improvement was needed. From the last survey, plans were being looked at for food and drink, cleanliness and comfort and involvement in medication. There were regular meetings for people who lived at the service to voice their concerns and suggestions. Relatives were also offered regular meetings to have their say. Minutes of these meetings were kept and displayed for people to read.

The manager understood their role and responsibilities and had ensured CQC was kept informed of all accident

and incidents. Audits were completed on the number and nature of accidents and incidents to see if there were any trends or learning needs for staff. Following one person being scalded from a hot drink, there were now clear details for staff to show who had what drinks and what cups and beakers should be used to keep people safe. There was also a communication book specifically for agency staff, to alert them to any potential risks they needed to be aware of.

The service had a range of audits to review the safety and suitability of the building, the medicines management and the care plan documentation. The provider completed monthly audits using another manager from another service to review a whole range of records, speak with people and staff and review the environment. This provided a further check and ensured a consistent approach across managers in different services.

The maintenance person completed weekly and monthly checks on water temperatures, fire safety equipment and the environment in general to ensure it was safe and risks had been minimised where possible.

Since the last inspection some monies have been ring-fenced to look at assistive technology to enable people to be more independent in their own room. The entry to the service had been improved to make it more welcoming and the gardens were looking cheerful and colourful. People and relatives said they liked the improvements being made.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>People who use services were not protected against the risks employing people who may not be fit and proper persons as the service had not ensured all checks as specified in schedule 3 had been obtained before employing new workers.</p>