Westward Care Homes Limited

Westward Farm

Inspection report

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Date of inspection visit:
05 December 2016
06 December 2016

Date of publication:
13 February 2017

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

This was an unannounced inspection, which took place on 5 December 2016.

We previously carried out a comprehensive inspection at Westward Farm on 23 and 26 October 2015. At this inspection, we found the provider was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the Care Quality Commission (Registration) Regulations 2009. This was because we identified concerns in respect to the training of staff, notifications of allegations of abuse, people's privacy and dignity, and quality monitoring. The service received an overall rating of 'requires improvement' from that comprehensive inspection.

After our inspection in October 2015, the provider wrote to us to tell us what action they were taking to meet the legal requirements in relation to the breaches.

We undertook this unannounced comprehensive inspection in December 2016 to look at all aspects of the service and to check that the provider had followed their action plan, and confirm that the service now met legal requirements. At this inspection, we found improvements had been made in the required areas and the provider was no longer in breach of the regulations.

Westward Farm is registered to accommodate up to 19 people with a learning disability. People living at the service have their own flats. At the time of our inspection there were 19 people living in the service.

There were two registered managers in post at the time of our inspection. 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. One of these registered managers had recently registered and was responsible for the day to day running of the service. The other registered manager was in the process of cancelling their registration following changes to the provider's organisational structure.

Staff were aware of their role in safeguarding people from the risk of abuse and had received appropriate training. Risk assessments had been devised to help minimise and monitor risk, while encouraging people to be as independent as possible. Staff were very aware of the particular risks associated with each person's individual needs and behaviour.

When staff were recruited, their employment history was checked and references obtained to ensure new staff were safe to work within the service. There was enough staff on duty to ensure people were safe.

Accidents and incidents were recorded appropriately and steps taken to minimise the risk of similar events happening in the future. Risks associated with the environment and equipment had been identified and managed. Emergency procedures were in place in the event of fire and people knew what to do, as did the

staff.

Medicines were managed safely and in accordance with current regulations and guidance. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately.

People's needs had been identified, and from our observations saw that these were met by. Staff used touch as well as words and tone to communicate with people in a positive way. There was positive interaction between people and the staff supporting them. Staff spoke to people with understanding, warmth and respect and gave people opportunities to make choices. Staff knew each person's needs and preferences in detail, and used this knowledge to provide tailored support to people.

We found the service to be meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff received specific training in this area and were able to explain to us how they used this in their work.

People were supported to eat and drink sufficiently to maintain a balanced diet and encouraged to be as independent in the preparation of food.

People were supported to maintain good health and to have access to healthcare services. We looked at people's records and found they had received support from healthcare professionals when required.

People's individual care plans included information about who was important to them, such as their family and friends and we saw that people took part in lots of activities in the service and in the community.

There was a complaints procedure, and evidence that people were consulted about the service provided.

Staff liked working at the service and felt there was a good team spirit. Staff meetings took place regularly, staff felt confident to discuss ideas and raise issues with managers at any time.

People were asked about the quality of the service and feedback was included in plans for future improvements. There were effective systems in place for monitoring the quality and safety of the service. Where improvements were needed, these were addressed and followed up to ensure continuous 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 was safe.

Staff knew how to recognise and report any abuse using the provider's safeguarding procedures to protect people from possible harm.

Risks to people were assessed and managed safely.

There were enough numbers of staff to meet people's needs. The registered managers followed procedures to recruit staff safely.

Staff managed and administered people's medicines safely.

Is the service effective?

Good

The service was effective.

Staff received regular training, support and supervision to ensure they had the skills and knowledge they needed to meet people's needs.

Staff sought people's consent to care. The service complied with the requirements of the Mental Capacity Act 2005 and supported people who were unable to provide consent.

People received their choice of food and drink. People received the support they required to enable people to be as healthy as possible.

Is the service caring?

Good

The service was caring.

Staff respected people's dignity and privacy.

There were positive and meaningful relationships between people and staff.

People and their relatives were involved in planning people's care. People were provided with the information they needed in a format they could understand.

Is the service responsive?

Good

The service was responsive.

People had their care and support needs assessed and reviewed regularly.

People were supported to engage in a range of activities.

People were supported to raise any concerns and make a complaint. There were procedures in place to receive and act on any complaints.

Is the service well-led?

Good

The service was well-led.

The was an open, positive and person-centred culture. People and staff felt the registered manager was supportive and approachable.

The registered managers and provider carried out checks on the quality of the service and made improvements when necessary.

Westward Farm

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 took place on 5 December 2016 and was unannounced. One inspector undertook this inspection. Before our inspection we reviewed the information we held about the service. We considered information which had been shared with us by the Local Authority and Clinical Commissioning Group (CCG), and looked at notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We observed care and support being provided in communal areas. Some people had complex ways of communicating and some had limited verbal communication. We spent time looking at records, including three people's care records, three staff files and other records relating to the management of the service.

During our inspection, we spoke with three people living at the service, two members of care staff, the communication specialist, two team leaders and both registered managers. We also spoke to a family member of a person living at the service. We also contacted the Local Authority quality assurance team for their views.

Good

Is the service safe?

Our findings

The service had systems in place to protect people from the risk of abuse and harm. A relative we spoke with told us, "They are safe, he is really, really well looked after, we have no concerns."

The staff we spoke with had a good understanding of the different types of abuse that people could experience. They described the actions that they would take if any concerns arose, this included reporting them to outside organisations such as the local authority or the Care Quality Commission (CQC). Staff told us that they were confident that the registered manager would deal with any concerns appropriately. We saw that the service had a policy in place that gave staff guidance and details of who to contact if they had concerns.

Risks associated with people's safety were managed well by the staff team, with risk assessments and detailed risk management plans in place. Staff we spoke with were clear that management of risks should include positive risk-taking so that people's independence would be encouraged. One relative we spoke to told us, "The staff and manager are quite creative, they have good ideas to manage people's needs but still keep them safe." Staff were able to describe to us how their detailed knowledge of people helped them to keep people safe and reduce everyday risks.

Staff knew how to support people to manage their behaviour if it challenged themselves or others. Staff described to us how they focussed on de-escalating the incident by providing constant reassurance, distraction and the offering of choices. Learning from any incidents was shared with the relevant professionals and amendments were made to the persons care plan. We found that peoples risk's to themselves and others were managed effectively.

Assessment and management of risk were regularly reviewed by the registered managers. Records were comprehensive and took in to account when the level of risk may have fluctuated due to a person's mood. Management of risks included using the least restrictive methods, such as de-escalation techniques to help people reduce their anxiety levels. They also ensured any restrictions needed to keep someone safe were time limited.

There were arrangements in place to deal with emergencies such as for fire. People had detailed plans in place which identified the support they needed if they were required to evacuate the building. Staff we spoke with knew what to do in the event of a fire.

There were systems in place to monitor the safety of the environment and equipment used within the service thereby minimising risks to people. We saw certified evidence that showed equipment was routinely serviced and maintenance checks were carried out. The premises were well maintained, and people were able to move around the service and gardens safely and independently. We saw that adaptations had been made to enable this. A relative we spoke with told us how the support staff worked with the services maintenance team to achieve this for people. They said there was an approach of 'problem solving' and 'trial and error' until the best solution was reached.

There were safe staff recruitment practices in place and we saw appropriate recruitment checks had been conducted before staff started work. This was to ensure that people were supported by staff that were deemed as being suitable by the provider for their role.

We observed that the staffing levels were sufficient on the day of our inspection to assist people promptly when they needed support. A member of staff told us, "There's always enough staff on duty." We saw that people had all been assessed as requiring a minimum of one to one support during the day, which enabled people to stay safe and do what they wanted to do. The staff rota that we viewed confirmed that this level of staffing was provided. Staff had a good understanding of all the people's needs, so could be deployed to work in any of the services two separate accommodation areas. The number of staff working in each area varied according to the number of people who were living there. A senior member of staff was available on each shift in each area. The registered managers told us that a senior member of staff provided on call support to staff during night times.

We saw that medicines were managed and administered safely. Medicines were stored securely and records we looked at showed that they had been given to people when they needed them and at the right time of day. Everyone living at the service had their medicines managed on their behalf by staff. Staff we spoke with told us that they felt confident in supporting people to take their medicines. They told us that they received regular training to do this and that their competency was regularly assessed. We saw records that confirmed this to be the case.

People had very clear protocols developed so that they could be supported to take their medicines safely. This included information about how to avoid triggers that may cause the person to become upset and distressed. Protocols were in place for when people required PRN, (as and when) medicines. These detailed that PRN medicines were only given when the protocol had been followed and authorised by the senior member of staff on duty. We looked at peoples records in relation to this and could see that staff followed these procedures.

Good

Is the service effective?

Our findings

At our previous inspection in October 2015, we identified shortfalls in staff knowledge and skills. We had concerns that some staff did not understand the principals of the Mental Capacity Act 2005 (MCA). We saw that significant numbers of staff had not completed the training identified as required by the provider. This is essential so that staff can carry out their roles and responsibilities. At this inspection, we found the registered managers had made improvements to ensure that staff now had the training and skills required to fulfil their role.

The 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. The application procedures for this in care services and hospitals are 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 were being met.

Throughout the inspection we saw staff asking people for their consent before providing support to them. People had been involved in the writing of their care plan, and consented to receiving the support detailed in them if they had the capacity to do so. We saw in people's records that when it had been considered necessary, MCA assessments had been completed regarding management of people's medicines and decisions made in people's best interests.

The registered managers and staff demonstrated a good understanding of the MCA and DoLS. From our discussions with staff and our review of the records we found that all staff had completed an induction and training programme that the provider considered essential. This included training in the MCA and DoLS. Staff also received specialist training in de-escalation and supporting people with behaviour that may challenge others.

Staff told us they received supervision every month. They told us this provided them with a useful support mechanism that helped them work more effectively with people. Identification of their training needs and the provision of effective training meant that they remained knowledgeable and skilled in the areas they required for their work. One relative of a person living at the service told us, "Staff are really great, they know what they are doing." A member of staff told us, "I get all the training I need, we get lots of support." Records we looked at evidenced this. This included discussion about key working with people, individual training needs and other important issues to do with the running and management of the service.

The registered managers told us that staff meetings took place frequently. Each area of the service had a unit leader, who oversaw a team of staff. We saw that these teams met every two weeks to review each person in detail. These were called 'core team meetings'. This included what types of support was working

and not working for people. Staff were able to share examples of what had gone well and not so well, and discuss strategies and learning that may have been successful. One staff member told us, "We discuss what people have been choosing to do in the core team meetings. We talk about things that are new, or have been trial and error. These meetings are really useful, and our views and opinions are asked and noted." This meant that staff had very up to date knowledge about a person's individual support needs and knew people very well.

People living in the service were actively involved in the purchasing and preparation of food. One person we spoke to told us that they were about to go shopping and was looking forward to this. Staff supported people living in the house to prepare food. People told us that they enjoyed the food provided. A relative we spoke to told us that they thought the food was, "of good quality" and had no concerns. People were offered drinks regularly, or were supported to make them. The monitoring of food and fluid for some people took place if needed, and was clearly identified in their support plan, with amounts recorded and reviewed. People received enough food and drink and were supported to have a healthy and balanced diet.

The registered managers and staff supported people to maintain good health. All people living at the service were registered with a GP and a dentist. Staff told us that they knew people well enough so that they could recognise the signs of when they were not well. Staff saw this as important as not all people were able to say how they felt. The registered managers told us that they worked directly with local community professionals to ensure that people's health was regularly reviewed and supported by the appropriate experts.

We saw in people's daily records that detailed information obtained during appointments with healthcare professionals was added to people's care plans and changes made where required.

Good

Is the service caring?

Our findings

At our last inspection in October 2015, we identified shortfalls in how people's privacy was maintained. This was in relation to the use of baby monitors for the monitoring of people's welfare whilst in their bedrooms, not being in line with current legislation and guidance. At this inspection we saw that improvements had been made to ensure that people's privacy was maintained.

The registered managers had reviewed each person that required surveillance to ensure their welfare and safety. During this process they had looked to see if they were using the least restrictive methods as possible. Some people required monitoring so that staff would be alerted if the person was having a seizure whilst they slept, or had become distressed. We saw that following this review, the use of baby monitors to monitor people had stopped completely. The provider had invested in new technology that alerted staff if people needed assistance without listening in on people. These devices did not broadcast any sound to a communal area. This meant that people's welfare and safety were maintained, without breaching their privacy. We saw that the registered managers regularly reviewed these arrangements to check if they were still required. This meant that they ensured people were being supported in the least restrictive way possible.

Interactions between people and staff were positive and respectful. There was sociable conversation taking place and staff spoke to people in a friendly and respectful manner. We observed staff being caring, attentive and responsive and saw positive interactions with good eye contact and appropriate communication.

Staff supported people and encouraged them, where they were able, to be as independent as possible. The registered managers told us, "We promote independence. People help to clean their rooms and assist with preparing food and laying the tables." Care staff informed us that they always encouraged people to carry out tasks for themselves. One member of staff told us, "We encourage independence as much as possible. If you can do it, you should. It's important to keep your skills".

People were able to maintain relationships with those who mattered to them. Visiting was not restricted and guests were welcome at any time. People could see their visitors in the communal areas or in their own room if they wished to. The registered managers told us, "Visitors can come and go as they please".

Staff demonstrated a strong commitment to providing compassionate care and appeared to enjoy delivering care to people. From talking with staff, it was clear that they knew people well and had a good understanding of how best to support them. We spoke with staff who gave us examples of people's individual personalities and characters. They were able to talk about the people they cared for, what they liked to do, the activities they took part in and their preferences in respect of food. Staff also knew about peoples' families and some of their interests, this meant that staff could strike up meaningful conversations about this.

People looked comfortable and relaxed in their surroundings and supported by staff to maintain their

personal appearance. We saw that staff were respectful when talking with people, calling them by their preferred names. Staff were seen to be upholding people's dignity, and we observed them speaking discreetly with people about their care needs. A member of staff told us, "I know to close curtains and knock on people's doors before going into their room."

People's care plans included information that demonstrated how they were supported with making day to day decisions about their care. The people who lived at Westward Farm have learning disabilities and complex needs. Some used complex communication to articulate their likes and dislikes. Staff told us they used their observational skills and the knowledge of the person to determine whether they were happy with the care provided.

The registered managers told us that they had recently been piloting the use of 'video care plans' for some people. Some people living at the service were unable to write their own care plan using traditional methods. Where people were happy to do so, with support from the services communication specialist, they made a film in which they detailed how they wanted to be supported. This included short clips of film whereby they described what was important to them, and in some cases demonstrated how they wanted support to be provided. People described their likes and dislikes, and presented a guided tour of their flat. With the persons consent, we looked at some of the video care plans. We saw that they had been sensitively made and were very person centred, with the person outlining their wishes, with small prompts from staff.

The registered managers told us that not only was it empowering for people to be able to verbalise their own wishes, it also promoted their privacy and dignity. This was because all staff needed training to support people when first employed. The registered managers noted that people were having to tell new staff employed how to support them, and that this became tiresome for them. They also found that some people found it difficult to talk about themselves so wanted to reduce the frequency of this happening. One person living in the service found it very difficult to be supported by more than one person, so it was difficult for new staff to shadow experienced staff in supporting this person.

The video care plan meant that new staff could see the support needs for the person, negating the need to shadow experienced staff whilst providing direct support. This meant that as well as being involved in planning their own care, people were able to do this in a way that promoted their privacy, dignity and respect.

Good

Is the service responsive?

Our findings

A relative we spoke with told us the staff were very responsive to their family member's needs. We saw that activities were designed for each person and that staff actively encouraged and supported them to be involved. People accessed the community on a regular basis. We saw that people had good levels of staff support in the community and there were staff available to facilitate their individual, chosen activities. A relative told us, "The staff promote positive actions to integrate [family member] within his community, he needs a lot of encouragement and they try really hard."

The registered managers explained that people's needs were assessed before coming to live at the service. We saw that information was obtained from people, their relatives and other support agencies involved in their care needs, and was used to inform their support plan.

We found people's views on how they wished to be cared for including information relating to their independence, health and welfare was recorded in the care plans we looked at. The care plans seen were personalised and contained information on people's varying levels of needs, their preferences, and histories and how they wished to be supported. We found that the plans were evaluated on a monthly basis with people's key workers and core team. This meant they provided an accurate picture of people's individual needs. A yearly review of their entire care needs was carried out, which involved their key workers, family members and social workers. People were able to attend this review if they wished. This ensured people were provided with as much choice and control over their care and support needs and the opportunity to discuss any concerns they may have.

Staff told us that people were able to get up at the time of their choosing, and that everyone had their own routine. We saw that the service used a daily handover system, in which all changes and incidents were shared. This allowed them enough time to receive or share the information that they needed to know about people's care needs.

Staff were able to demonstrate how they responded to people's concerns and well-being in a caring manner. We saw changes in people's behaviour were recorded and monitored to identify what could have triggered the changes. Information relating to people's well-being was passed on to staff during handovers to ensure the action taken by staff was consistent and person-centred. People's relatives were made aware of changes in their behaviours and staff sought medical advice if required. Relatives we spoke to confirmed this.

People told us that staff supported them to follow their interests and to take part in social activities that they wished to participate in. The registered manager and staff were able to tell us how people were supported to develop and maintain relationships with people that mattered to them to avoid social isolation. Staff told us that people regularly went on shopping trips, as well as trips to a spa, and holidays to activity parks. We found people had individual activity plans and attended activities of their choice outside the service.

We found that people received the care they required in a personalised way. For example, bedrooms were

single occupancy and were personalised to reflect people's individual choices. There were large photo frames of pictures displayed in the communal areas and bedrooms with people on holiday together, or on day trips. Staff had detailed knowledge of people's personalities and preferences. Staff we spoke with told us how they always tried to see things from the person's perspective, but were careful not to make assumptions or decisions on their behalf. Staff told us how important choice for people was. One staff member told us, "People can choose and do what they want to, we try really hard to find out what they want, we use surveys, as well as key worker meetings. It's important to give options to people."

People and their relatives told us that they were aware of how to raise a complaint but had not had reason to. We saw the service's complaints procedure was displayed in an appropriate format in the service to enable people and their relatives to raise concerns or complaints if they wished. The procedure outlined the system in place for recording and dealing with complaints. The registered managers told us that complaints were used to improve on the quality of the care provided. We saw evidence that complaints made had been investigated in line with the provider's policy and in the appropriate timescale.

Good

Is the service well-led?

Our findings

At our previous inspection in October 2015, we identified concerns in the management and leadership of the service. We found that the statutory notification of certain events happening in the service were not always made to the CQC. At this inspection we saw that improvements had been made, and that the CQC was now being notified of these events. This included safeguarding matters and events that may have affected the running of the service.

At our last inspection in October 2015 we found that some systems for monitoring and checking the quality and safety of the service were not always effective in identifying where improvements needed to be made. Audits carried out did not always identify any gaps in service provision. The necessary checks to ensure the safe recruitment of staff did not always identify any omissions that had occurred. At this inspection we found that improvements had been made.

The registered managers had systems in place to assess the quality and safety of the service provided in the service. We found that these were effective at improving the quality of care that people received. There was an established auditing programme to monitor service provision. Care plans and medication audits were completed regularly. Maintenance checks were completed regularly by staff and records kept. There were cleaning schedules to help make sure the premises and equipment were clean and safe to use.

The registered provider carried out their own annual internal quality audits including health and safety audits in line with their own policies and procedures. There were also regular visits from the provider's directors to undertake checks on different aspects of the service and monitor standards.
The registered managers told us about the arrangements in place to enable people and their family members to provide feedback on the quality of the care provided. These were provided in alternative formats for people who needed them to be. For example where people used pictures or symbols to communicate. They told us that surveys were regularly sent out and they were analysed to ensure areas identified as requiring attention were addressed. We saw that the feedback from these was generally very positive. Where respondents included negative feedback, we could see that the registered managers and provider had taken action to address this.

We saw that staff were also able to complete a satisfaction survey. We saw from these completed surveys that staff were generally very positive about the service as a place to work. We saw comments such as, 'I am able to voice my opinion in team meetings', 'the manager is easy to talk to and helpful' and' it's a great place to work, with a great team'.

We spoke at length with the registered managers about the actions taken since our last inspection. The registered managers created an action plan following our last inspection to ensure that all the concerns that we had identified were being addressed. The manager shared this action plan with us and we could see that it was comprehensive and detailed with progress against each item. We saw that progress was being made and becoming embedded as regular practice. For example, we saw that the register manager's had implemented a new system so that they could better identify where staff needed to complete or renew

training.

There was a positive, open and inclusive culture at the service. Relatives told us that they felt that the registered manager and staff team listened to them. One relative told us, "We get really good communication, emails about what's going on, I have a great relationship with both the managers, they are really approachable, anything raised gets sorted quickly." We saw that the registered managers and staff had close relationships with people living at the service. People were clearly pleased to see them when they arrived at the service, and wanted to spend time with them.

Staff told us that the registered manager who oversaw the day-to-day running of the service was transparent and approachable. A senior member of staff told us, "[Manager] always pitches in, she is really helpful, really good at mentoring, her knowledge is amazing, we are really confident in her." We saw during our inspection visit that the both registered managers were accessible at all times and that they displayed good leadership and direction to the staff. The registered manager who oversaw the day to day running of the service told us that staff were encouraged to discuss any areas of concern or their developmental needs during supervision. Where required, feedback was given to staff in a constructive and motivating manner. This ensured staff were aware of the action they needed to take. This meant that there was an open culture within the service, which was focussed on treating people as individuals.

Staff told us they completed training in whistleblowing, and that it was a regular agenda item at staff meetings. Whistleblowing is a recognised way for staff to raise any concerns regarding the service to bodies such as the CQC. All the staff we spoke with were confident if they raised a concern it would be investigated appropriately by the manager in line with the provider's procedure.

The registered managers promoted openness and informed staff of any changes occurring at the service. There were clear lines of communication to help share information about people's health and wellbeing with people, their relatives and staff. There were regular staff meetings to discuss areas of improvement and to share best practice. Staff held regular meetings with people to review their care and ensure they were happy with the care that they received.

The registered managers demonstrated that they had clear views for the future of the service, planning to support people to be as independent as possible. One of them told us, "Since the last inspection, it's been a long path, but now we have a strategic plan for the service, we are happy with our new leadership structure and have better relationships with community teams. Overall, I feel that we are more professional as a service now."