

# MacIntyre Care Westonia Court

## 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 

### Overall summary

The inspection took place 21 October 2014 and it was unannounced.

Westonia Court is a residential home providing personal care and support for up to eight people with learning disabilities. On the day of our inspection there were seven people living at Westonia Court.

There was a registered manager employed by the service. 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.

Staff understood the systems in place to protect people from harm and were able to recognise and respond to abuse in the correct way. People had risk assessments in place to keep them safe, whilst enabling them to be as independent as possible.

Effective recruitment processes were in place and followed by the service. The manager had recently recruited additional members of staff to ensure people could undertake extra activities of their choice.

Staff received a comprehensive induction process and on-going training. Staff were supported by the registered manager and had regular one to one time for supervisions.

# Summary of findings

People were supported to make decisions about all aspects of their life; this was underpinned by the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff were very knowledgeable of these and correct processes were in place to protect people.

People were supported to access a variety of health professionals when required, including dentist, opticians and doctors. They had a health action plan which contained all information regarding their health and this was taken to all appointments. Care was reviewed on a regular basis and documentation updated when necessary.

Staff treated people with dignity and respect and gained consent at all times.

Medicines were managed safely and the processes in place ensured that the administration and handling of medicines was suitable for the people who used the service.

During our visit people were going out to activities of their choice. One person arrived back home from a holiday with a staff member and staff were supporting another to prepare for a holiday the following weekend.

We saw that people who used the service had raised complaints during the last 12 months. Staff had supported them through the process and they had been investigated and responded to appropriately in a timely manner. Staff felt able to raise any concerns and knew that they would be responded to appropriately.

People were very complimentary about the registered manager and staff, stating that they all worked 'over and above' their expected job role. The manager worked alongside staff and knew everyone well. It was obvious that staff, people who used the service and the manager had good relationships.

We saw that effective quality monitoring systems were in place. A variety of audits were carried out and used to drive improvement.

# 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?

The service was safe.

Staff knew how to protect people from harm and abuse. They had all received training to ensure they had up to date knowledge.

People had risk assessments in place to keep them safe, whilst enabling them to be as independent as possible. Staff were observed following the risk assessments.

There were enough staff to ensure people were able to receive personalised care and attend activities of their choice, and to be kept safe.

Medication was managed effectively.

Good



### Is the service effective?

The service was effective.

Staff received a comprehensive induction and on-going training. They were supported with regular supervisions.

Staff had an understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). This enabled them to support people to make decisions.

People were supported to make choices about the food and drink they had, and were encouraged, with support, to prepare their own meals.

Everyone had a 'health action plan' and saw health care professionals when required.

Good



### Is the service caring?

The service was caring.

People were encouraged to make choices about how they wanted to be supported, and staff respected this.

People were complimentary about the care and support provided. Consent was obtained before any support was given.

Staff had assisted people to personalise their flats in an individualised way.

Good



### Is the service responsive?

The service was responsive.

People were involved in a variety of activities of their choice.

Staff spent time with people to ensure they had support which was individual to them.

People were able to raise any complaints or concerns and these were responded to.

Good



### Is the service well-led?

The service was well-led.

Good



# Summary of findings

People were very complimentary about the registered manager and felt they were open and approachable.

Quality monitoring systems were in place and were effective.

# Westonia Court

## Detailed findings

### Background to this inspection

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

This inspection took place on 21 October 2014 and was unannounced.

The inspection was carried out by one inspector.

Before the inspection the provider 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 checked the information we held about the service and the service provider. No concerns had been raised and the service met the regulations we inspected against at their last inspection which took place 3 October 2013.

During our inspection we observed how the staff interacted with people who used the service. We looked at how people were supported with their personal care, to have meals and access activities of their choice.

We spoke with two people and the relatives of three people who used the service. We also spoke with the registered manager and three care staff.

We reviewed three care records, three medication records, three staff files and records relating to the management of the service such as quality audits.

# Is the service safe?

## Our findings

We spoke with staff about protecting people from abuse. One staff member told us, “I would do whatever it takes to protect people, some are unable to speak up for themselves, we must act on their behalf.” Staff were able to describe what was classed as abuse and what they would do to report it. They told us they had attended training for safeguarding and were able to explain to us what they had learnt. Staff were also able to tell us about the policies and procedure the service had in regards to protecting people. There were notices prominently displayed with advice of what to do if people thought they were being harmed, these were in a pictorial format to aid the people who used the service.

Staff told us assessments had been undertaken to identify risks to people who used the service. Where they had been identified, for example; nutrition, finance and road safety, action plans had been put in place to reduce any risk. One person had a risk assessment regarding road safety, it explained to staff what the person may do to put themselves at risk, and how to support the person when out in the community regarding road safety to keep them safe. These enabled people to be as independent as possible whilst keeping them safe.

We spoke with staff about the levels of staffing at the service. One staff member told us, “There is always enough staff to assist everyone with their chosen activities; we cover for each other for any absences. We are lucky that we do not have to use agency staff, we have our own relief staff.” The registered manager told us that when they planned the staff rota they checked the diary and what activities or appointments people had to ensure that there were sufficient staff to support these. Staff we spoke with

confirmed this. This meant that there were enough staff to keep people safe and meet their needs. People who used the service were always supported by staff they knew and who knew them well

The registered manager told us that they had recently recruited two additional care staff but were waiting for their recruitment checks to be completed before they could start. This would mean the service would be staffed above their own requirements. Staff told us what checks had been completed for them before they started working. Records we saw confirmed this.

We spoke with staff about medication administration. They told us that no one was assessed as able to administer their own medication, so staff administered it all. We saw that each person had a locked medication cupboard in their own flat. This was securely locked and accessed only by trained staff. Staff explained that this enabled the staff member supporting the person to administer their medication at the correct time. This meant people got their prescribed medication at the correct time and in the privacy of their own flat. Staff told us that after they had administered medication to people who used the service another member of the team would go and check the medication and the MAR chart. This ensured if there was any discrepancy it would be noticed and actioned immediately. They also told us that they had received training by the supplying pharmacy which had been useful as they were able to discuss medication for specific people, and that the manager carried out competency checks.

We checked three of the medication cupboards. All medication had been recorded, Medication Administration Records (MAR) sheets were signed and up to date. The names and signatures of all members of staff deemed competent to administer medication were on a signature log. This meant that records could be checked and easily traced back to the correct person if needed.

# Is the service effective?

## Our findings

We spoke with people about the care they received. One person told us that staff look after them well. Staff told us that following the persons individual support plan, they assisted where necessary whilst letting people be as independent as possible. We saw that people were supported with their morning routine to enable them to be ready to go out to work or day centre. Staff encouraged people with prompts to time and when the transport would arrive.

Staff we spoke with told us they received regular training in a variety of subjects ranging from health and safety and infection control to more specialist subjects specific to the needs of the people who used the service, for example, epilepsy awareness. They were able to tell us how they used the knowledge on a daily basis. Each member of staff had an individual personal development portfolio which recorded any training completed and any which required completing. These confirmed what we had been told by staff. The registered manager told us that most of the staff had completed a National Vocational Qualification (NVQ) or Diploma at Level 2 or above in Health and Social Care. The manager told us that new staff complete the organisations personal development portfolio to ensure they have the skills to support people effectively. This included the Skill for Care common induction standards. Skills for Care's **Common Induction Standards** (CIS) are the standards people working in adult social care need to meet before they can safely work unsupervised.

Staff told us they received regular supervisions which they found useful. They discussed a variety of subjects including, training, holidays, people who used the service and making sure they were up to date on any changes within the service or organisation. The registered manager told us that the organisation had a compliance team who informed them of any changes to best practice. The manager and senior staff regularly attended special interest groups which the organisation organised, then fed back the information to the staff team. This meant that the staff were using best practice which was up to date.

Staff we spoke with were able to explain how the Mental Capacity Act 2005 affected the people they supported. One staff member told us, "An assessment is used to judge the mental capacity of a person for a specific task, which is

time specific; if necessary a 'best interest' meeting would be held." This showed that staff had clear knowledge and understanding of capacity of people and the effect it had on them.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We saw that there were policies and procedures in relation to the MCA and DoLS to ensure that people who could make decisions for themselves were protected. Where people lacked the capacity to make decisions about something, best interest meetings were held and documented in people's care records. The registered manager informed us that she had applied for DoLS for some of the people who used the service. These were in the process of being assessed. This demonstrated that people were protected from being deprived of their liberty unlawfully.

We observed staff support people to choose their breakfast and encourage them to do what they could for themselves. It was clear from staff and people's conversation that the meal was relaxed and unrushed. A pictorial notice showed what was for the main evening meal. Staff told us, "We have a house meeting on Friday evenings where we use picture cards to choose the evening meals for the following week." Another staff member told us, "Each evening the people who are going out on activities the next day choose what to have in their packed lunch, and then prepare it with the support of staff." The evening of our inspection was take away night; we observed staff showing people pictures of different take away food to help them make their choice. This demonstrated that all the people who used the service were involved in meal choices and the preparation.

One person who used the service had a special diet, following a recently diagnosed medical condition. The registered manager told us, and records showed, that the day they were diagnosed staff went on the internet and spoke to the dietician to get as much information as they could. They then went shopping that day to make sure they could provide appropriate meals immediately. They explained to the person that there were some foods they could not eat. The manager explained that this had caused problems in the morning as all people were encouraged to prepare as much of their own breakfast as possible, and the persons special food was getting contaminated by using shared resources. Staff spoke to the person and their

## Is the service effective?

family and suggested they could use the kitchenette in their flat. We saw that their needs and risks had been assessed, and plans had been put into place to ensure they were safe. The manager told us that the person had since gained more independence as they had breakfast when they wanted in the morning and were now able to prepare and clear away with very little support. This showed that people's individual needs regarding food and drink were met.

People we spoke with told us they saw the doctor or dentist when needed. Staff told us that each person was supported to see or be seen by their GP, chiropodist, optician, dentist or other health care professional. During our inspection,

one person was supported to attend a health care appointment. Staff explained beforehand where they were going and why and encouraged them to get ready on time. When they returned staff handed over what had happened and we observed them updating the persons 'health action plan' with the person's involvement and explaining what and why information was being recorded. Staff explained to us that this was a separate file which contained records of all health care contacts, appointments and visits, emergency contacts, list of medication and any information which may be needed in the event of a health emergency or hospital admission. It was taken to all health care appointments to enable continuity of health care.



# Is the service caring?

## Our findings

When we asked people who used the service if they were happy, they nodded, smiled or gave the thumbs up sign. Most people were unable to speak with us.

One relative we spoke with told us, “The staff are absolutely wonderful, when [persons name] was in hospital a member of staff stayed with them.” Another told us, “They keep me informed of everything, I never have to worry.”

We observed positive interactions between staff and people who used the service, for example, one person was not well and was staying in their own flat, staff kept checking on them and staying for a chat updating them on what was happening in the rest of the house. It was obvious from our observations that staff knew the people who used the service very well, for example, when one person returned from their daily activity they wanted to go straight to their flat, staff told us that this was normal, after a short time, they came back to join everyone else and told us what they had been doing. Staff were seen to treat everyone with kindness and compassion. There was friendly chat and laughter between everyone throughout the day.

People were treated with dignity and respect, for example, one person had some behaviours which challenged. Staff spoke to them in a calm and quiet way and encouraged positive behaviour by suggesting an activity they knew they enjoyed, and they settled. We saw staff knock on people’s doors and gain permission before entering, when this was denied staff asked if they were ok then left. Another person liked to sit with someone in the office and be quiet, looking out of the window, staff kept discreetly checking they were alright but left them until they were ready to come out. We observed staff gaining consent before every activity, for example; they knocked on people’s doors and waited for a reply before entering, asking if they required assistance to complete a task and if they were happy having the inspector sit in the lounge with them.

Staff told us that people were involved in the planning of the support they required. Each week the key worker sat with the person to discuss what had happened over the last week and what goals to set for the next week. They told us that if goals had not been met, they discussed what had happened to prevent them and what they could do to make them achievable. Records we reviewed confirmed this and showed that where able, people had signed in agreement. One relative we spoke with told us that they were involved in the planning and review of their relatives care, but were happy that the person themselves understood and was in agreement. During our inspection we observed people making decisions about the support they received, for example: what to have for meals and where to sit. People arrived back from their day out and chose where they wanted to go, to their rooms or stay in the lounge with other people.

Each person had their own flat. Some people were eager to show them to us. With staff help they explained how staff had supported them to decorate them as they wanted and to personalise them with their own possessions. One person showed us family photographs which staff and family had framed and put on their wall. Staff told us that every flat was different and with the help of family and friends, they had been able to help people make them individual.

We saw a poster on the notice board for an advocacy service. The manager told us that no one needed this support, but had done so in the past.

Relatives we spoke with told us they were able to visit at any time, but they usually arranged it via the registered manager as the people who lived at Westonia Court were often out at various activities. When they do visit there is always somewhere that they can go to visit in private.

# Is the service responsive?

## Our findings

One person who used the service showed us medals they had won at the recent Bedfordshire games, and told us that they went to the cinema for special shows. Staff explained that they were special screenings suitable for people with all types of learning disability. People we spoke with told us they discussed with staff what they wanted to do. Relatives we spoke with were happy with the activities/hobbies that were undertaken by their relatives. Staff told us how they discuss with people who used the service and their family and friends to find out their likes and dislikes to make sure that they do activities or hobbies of their choice. We observed a number of different activities being undertaken by people, for example; one person had gone to a day centre, another was using building bricks and one person was watching a TV programme of their choice. There was a record on the notice board stating who was doing what and when for that week. These were in easy read format to enable ease of use for people. Support plans we looked at confirmed this.

People received effective care from staff who were very knowledgeable about individual people, explaining how each person had individualised care plans and how they were supported. Staff we spoke with were able to tell us about the differing needs of the people they supported, for example, people likes and dislikes and how they liked to be supported. We reviewed these peoples support records and found that what the staff had told us was recorded in detail. This meant that staff knew what support individual people required.

Staff told us that every month people sat with their key worker and completed a review. This included what they had done over the last month, goals for the next month, any health appointments and activities planned. This was agreed by both. We saw evidence of this.

A relative we spoke with told us, "We have a family holiday coming up and the staff are really good at organising [persons name] and getting them prepared." Another told us that the staff had supported their relative to attend a family wedding. This had allowed them to join in without the family having to worry. They were very grateful and told us, "The staff go over and above what they are expected to do." During our inspection one person and a member of staff returned from a holiday. They had been to a resort of the person's choice. A positive response was given when asked if they had enjoyed it. Another person was due to go away with their family; they had a picture reference of how many days were left which was crossed off each day

Relatives we spoke to had never had cause for complaint or concern but felt they could speak to any member of staff if they did and confident that issues would be resolved. People who used the service told us they had complained about other people who lived at the service. Staff had helped them to complain. They told us the manager had spoken to both of them and between them they had solved the issue. The registered manager told us about the complaint and how they had come to a compromise to resolve the situation. Staff we spoke with told us they had assisted people who used the service to complain. Records showed that complaints had been investigated and responded to appropriately.

The registered manager told us that every year people who use the service had a questionnaire which was easy read and pictorial. This was completed with the help of staff or relatives. We saw some of the responses from last year and the results. Where there had been a negative response, the manager had spoken to the person to try to resolve the issue. People also had regular house meetings to discuss any plans or changes for the service. This demonstrated that people who used the service were encouraged to give their opinion on the service and these were acted on.

# Is the service well-led?

## Our findings

A relative we spoke with told us, “[the manager] has been absolutely brilliant, [persons name] was having problems and the manager and the staff worked really hard with the specialist and doctors to get the problem sorted. They have done so and [persons name] is now so much better.”

Another told us, “I cannot fault them, the staff know my relative better than I do as they are with them all the time. I have never had any concerns.” Staff told us they would not hesitate to raise any concerns and had access to senior management if needed.

There was a registered manager in post. The registered manager was supported by a senior support worker and a number of care staff. They were also supported by the provider.

Staff spoke positively about the registered manager, one staff member told us, “[the manager] is always available, they will work alongside us and join in activities.” It was obvious from our observations that the staff, people who used the service and the manager had good relationships, for example, we all sat together at lunch time and the atmosphere was relaxed and comfortable.

Staff told us that they had regular team meetings where they were able to discuss any issues and they were updated on any changes or information they needed to know. They told us they were always asked for their opinions and felt able to discuss them. We saw agenda's and minutes from these meetings. We were told that house meetings were held weekly where each person was asked for their opinions on different subjects and each meeting was used to reinforce safety, for example ‘stranger danger’ or ‘road safety.’ Minutes from these meetings were seen.

Staff told us they are involved in developing the service and their thoughts are sought with regards to the homes

development plan. The provider had specific groups including; dementia and autism groups. Staff attended these groups to enable them to keep up to date and feedback the information to the team and that the organisation got input from a range of staff from across their services. The registered manager told us of relationships they had with external partners to enable them to keep up to date with best practice. The provider is accredited with gold status under the investors in people scheme.

The registered manager had systems in place to monitor the quality of the service, these included weekly, monthly and annual audits covering a variety of areas. Documents we looked at included: care plans, medication, staff supervision and the annual compliance visit record. This was carried out by the compliance team of the provider and a report was produced. The manager showed us the action plan which had been produced with the involvement of staff. All of the actions had been completed. This showed that the service acted on recommendations to drive improvement.

One member of staff we spoke with told us they had raised concerns in the past. They explained how they were supported and had told other staff that if they needed to do it they should as things had been changed as a consequence. Other staff told us they would not hesitate to raise concerns as they felt they would be supported. Staff told us that other senior staff from the organisation visited the service where they had an opportunity to speak with them, and that contact numbers were in the office if they needed to contact anyone at any time.

Information CQC held showed that we had received all required notifications. A notification is information about important events which the service is required to send us by law in a timely way.