Royal Mencap Society

Westley Brook Close

Inspection report

5, 12, 14 Westley Brook Close
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Date of inspection visit:
20 September 2018

Date of publication:
01 November 2018

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

Westley Brook Close is registered to provide accommodation and personal care for people living with a learning disability or autistic spectrum disorder. They currently provide care for 9 service users.

At the last rating inspection in February 2016, the service was rated Good. At this inspection we found the service remained Good.

There was a registered manager in post. 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.

People were kept safe and secure from risk of harm. Potential risks to people had been assessed and managed appropriately by the provider. People received their medicines safely and as prescribed and were supported by sufficient numbers of staff to ensure that risk of harm was minimised.

Staff had been recruited appropriately and had received relevant training so that they were able to support people with their individual care and support needs.

Staff sought people's consent before providing care and support. People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People were treated with kindness and compassion. People's rights to privacy were respected by the staff that supported them and their dignity was maintained. People were supported to express their views and be actively involved in making decisions about their care and support needs.

People's choices and independence were respected and promoted. Staff responded appropriately to people's support needs. People received care from staff that knew them well.

People using the service, their relatives and staff were confident about approaching the registered manager if they needed to. The provider had effective auditing systems in place to monitor the effectiveness and quality of service provision. The views of people and their relatives on the quality of the service, were gathered and used to support service development.

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 remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

Westley Brook Close

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.
This was a comprehensive inspection which took place on 20 September 2018 and was unannounced. The membership of the inspection team comprised of one inspector.
When planning our inspection we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts, which they are required to send us by law. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asked the provider to give some key information about the service, what the services does well and improvements they plan to make. We also contacted the Local Authority commissioning service for any relevant information they may have to support our inspection. We also contacted the Health Watch Birmingham who provide information on care services.
During our visit to the provider we met with four people who use the service and spoke to four relatives, three members of care staff, a health care professional and the registered manager. Many of the people had limited verbal communication and were not always able to tell us how they found living at the home. People who could not communicate verbally used other methods of communication, for example; gestures. We saw how staff supported people throughout the inspection to help us understand peoples' experience of living at the home.
We looked at the care records of three people and three staff files as well as the medicine management processes and records that were maintained by the provider about recruitment and staff training. We also looked at records relating to the management of the service and a selection of the service's policies and procedures to check people received a quality service. We also carried out a Short Observational Framework for Inspection (SOFI), which is an observational tool used to help us collect evidence about the experience of people who use services, especially where people were not able to tell us verbally.

Good

Is the service safe?

Our findings

Relatives we spoke with told us that they were confident that care staff kept their family member safe and secure. One relative we spoke with told us, "We're [family] one hundred percent happy with the care and support. [Person using the service] has been there a good while now. We [family] can sit back and not worry about how safe [person using the service] is". We saw that the provider had processes in place to support staff with information if they had concerns about people's safety and how to report those concerns.

Staff we spoke with told us that they had received training on keeping people safe from abuse and avoidable harm and were able to give us examples of the different types of abuse. One member of staff we spoke with said, "If I suspected that anyone here was being abused, I'd go to my line manager and report it". All staff we spoke with told us that they would raise any concerns they had to the registered manager if they suspected that someone was at risk of

We saw that staff acted in an appropriate way to keep people safe and were knowledgeable about the potential risks to people. One member of care staff we spoke with told us that they assessed risks continually, and gave us examples of ensuring that stairways and walkways were clear around the home, as well of being aware of risks when supporting someone out in the community. They told us that people's risk assessments were 'living documents' and needed to be updated whenever the need arose. The registered manager told us that people's risk assessments were completed whenever there were changes in people's circumstances. We saw that risk assessments were reviewed on a regular basis. This demonstrated that staff were aware of the risks that each person might be susceptible to.

A person we spoke with nodded when we asked if there were enough staff around to support them during the day. A relative we spoke with told us, "There's plenty of staff to look after [person using the service]. Another relative said, "I think there's enough staff, there always seems to be when we're [relatives] there". There were sufficient numbers of staff to meet people's needs. We saw that the provider had processes in place to cover staff absences. They also had systems in place to ensure that there were enough members of staff on duty with the appropriate skills and knowledge to ensure that people were cared for safely.

The provider had a recruitment policy in place and staff told us that they had completed a range of checks before they started work. We reviewed the recruitment process that confirmed staff were suitably recruited to safely support people accessing the service. We saw these included references and checks made through the Disclosure and Barring Service (DBS). The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with people who require care. A member of staff we spoke with confirmed that the provider had completed all the necessary checks prior to them commencing work, they told us, "I couldn't start until everything was checked". Information gathered on the PIR showed us that the provider was adequately staffed for the needs of the service.

People received their medicines safely and as prescribed. A relative we spoke with told us, "[There are] no problems with [person using the service] medicines, he always gets them when he should". One member of staff we spoke with told us, "Each person gets their medicine at an appropriate time. I talk to them

throughout, explaining what's happening". They explained to us how they prompted people to take their medicine and watched to make sure they had been taken correctly. They also told us that if a person refused to take their medicine they would document it and contact the NHS advice line to find out the consequences and actions to be taken. We saw that the provider had systems in place to ensure that medicines were managed appropriately. We saw that daily records were maintained by staff showing when people had received their medicines as prescribed. Staff told us that they had received training on how to manage and administer medicines.

Staff we spoke with told they understood how to protect people by the prevention and control of infection. A relative we spoke with told us, "The place [location] always looks clean, and [person using the service] is too". A member of care staff told, "We have infection control guidelines and a 'tick list' of household duties". We saw that the provider had monitoring systems in place to ensure that the location and people using the service were protected from the risk of infection.

Good

Is the service effective?

Our findings

Staff had received appropriate training and had the skills they required in order to meet people's needs. A relative we spoke with told us, "The staff all seem very well trained, they know exactly how to support [person using the service]". A member of staff we spoke with told us, "We have a lot of refreshers [refreshment training]. We get books, handouts and updates on legislation". They went on to tell us that they could discuss any specialised training requirements with the registered manager and that they were open and responsive to suggestions. We saw that the registered manager responded to training requests made by staff and was aware of the knowledge and skills that they needed to support people who use the service.

Staff told us they had regular supervision meetings with their line manager to support their development. A member of staff we spoke with told us, "We have 'shape your future' [supervision] sessions a few times a year. We get a chance to say how we feel and to set [career development] goals". Another member of staff told us, "We do have supervision, but there's always someone [senior staff] to talk to, you never feel alone". The registered manager told us, that along with structured supervision sessions, care staff also received four observed practice sessions each year and that they operated an open-door policy for informal discussion. We saw staff development plans showed how staff were supported with their training and supervision.

We saw that the provider had processes in place that involved people in how they received personalised care and support. Relatives we spoke with told us they felt that their family members care needs were supported and that they were involved in decisions about their care. A relative we spoke with told us, "They [care staff] all know [person's name] really well and understand his health and care needs. He's looked after very well, we have no concerns at all". Staff were able to explain people's needs and how they supported them. Staff explained, and we observed, how they gained consent from people when supporting their care needs. A staff member told us that they asked people for consent when supporting them with their care needs. They told us that if people were unable to give consent verbally, they would gesture or use body language to inform care staff.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. All the people being supported by the provider had capacity to make informed decisions about their care and support needs. Staff told us they had completed mental capacity training and were able to explain their understanding of how to support someone who did not have capacity to make informed decisions about their care and support.

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 homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw that people's capacity had been assessed and that the provider had made appropriate DoLS applications to the Local Authority. Members of staff we spoke with told us that they had received MCA and DoLS training and understood what it meant to deprive

someone of their liberty. From documents seen during the site visit and information seen within the PIR, we could see that the provider was submitting DoLS applications appropriately.

People and relatives we spoke with told us they were happy with the support they received from care staff with meals and drinks. One person we spoke with said, "I like the food, it's good". A relative we spoke with said, "The food's no problem, [person using the service] has always eaten very well". A member of staff we spoke with said told us how they aimed to provide fresh, healthy meals in line with guidelines as set out in peoples care plans. They told us how they are aware of people who have specialist diets. "A person who is at risk of choking has mashable foods. We prompt them to eat slowly and small portions". This showed us that staff knew how to support people to maintain a healthy diet. We saw that the provider had consulted dieticians and the Speech and Language Therapy [SALT] team to ensure that people using the service were supported to maintain a healthy and safe diet.

Relatives we spoke with told us that the provider supported their family members health care needs. One relative we spoke with told us, "As soon as they [provider] see something that concerns them health wise, they get on the phone to me and get the doctor in". Care staff we spoke with understood people's health needs and the importance of raising concerns if they noticed any significant changes. A member of staff we spoke with said, "If there are any changes to a person's health needs, I'd record it, inform my line manager and we'd call the doctor". We saw people's care plans included individual health action plans and showed the involvement of health care professionals, for example; psychiatrists, dentists and opticians.

We saw that people's individual needs were met by the adaptation, design and decoration of the premises. We saw that one person had their own desk, which was positioned by a window looking out on to the garden. They desk contained items which the person found interesting and engaging. We saw that this was arranged exactly as specified in the persons care plan. A relative we spoke with told us, "[Person using the service] has his own room and it's just as he likes it".

Good

Is the service caring?

Our findings

People and relatives we spoke with told us that staff treated them with kindness and compassion. One person said to us, "The staff are nice, we have a laugh". A relative we spoke with told us, "The staff are lovely, really caring people. [Registered manager's name] has got a great bunch of people [staff] there……really happy with them". Another relative said, "They're [staff] all lovely, like one big family. [Person's name] is loved and cared for".

Care staff we spoke with told us that not all of the people they supported were able to verbally communicate how they preferred to receive their care and support. A member of staff we spoke with told us that if people were unable to communicate verbally, they used communication support aids such as Makaton, flash cards or by interpreting facial expressions, gestures and behaviours. The provider supported people to express their views so that they were involved in making decisions on how their care was delivered.

We saw that people and relatives were involved in developing care plans that were personalised and contained detailed information about how staff could support their needs. A relative we spoke with told us, "We [relative and person using the service] have done a care plan with the [registered] manager and the social worker. We asked for some changes to it recently and they've been done".

Care staff we spoke with all knew the importance of respecting people's privacy, dignity and the promotion of their independence. One member of staff we spoke with told us, "I knock on the [persons] door before going in. When providing personal care, I make sure doors are closed. I talk to them, reassuring them of what I'm doing and ask for consent". A relative we spoke with said, "There's plenty of privacy when we [relatives] go. We can visit anytime, we usually phone first to let them [provider] know but there's no restrictions".

We saw that staff understood the importance of supporting people to be as independent as practicable. One person we spoke with also told us, "I help with the cooking, they [staff] do some baking with me". We saw people making their own drinks, washing dishes and putting crockery away. A member of care staff we spoke with said, "People choose their own clothes and they help around the place [location] with things like washing up". Another member of staff said, "We [staff] prompt the residents [people using the service] to do things for themselves, even if it takes a while; like making a cup of tea".

Good

Is the service responsive?

Our findings

We saw that people received personalised care that was responsive to their needs. A relative we spoke with said, "They [staff] know her really well, all her likes and dislikes. She loves the theatre and they [staff] make sure she goes whenever there's a show that she wants to see". Another relative we spoke with told us, "We meet and talk with them [provider] a lot, and all of his [person using the service] care needs are taken care of". From our observations, we could see that staff responded to peoples individual needs as and when required.

Staff we spoke with told us how they got to know people they supported by talking to them, reading their care plans and by taking an interest in their lives. We found that staff knew people well and were focussed on providing personalised care. We saw that staff were responsive to people's individual care and support needs. One member of staff we spoke with told us, "We're very person centered here, we work around what the residents [people] want and need". Another member of staff told us how a person wanted to redecorate their room and the provider had helped to support and facilitate this. We saw that care plans included information about people's individual care and support needs.

Staff we spoke with told us they had received training on equality and diversity and understood the importance of relating this to people they supported. A member of staff we spoke with told us how they offered people the same opportunities and didn't discriminate on the grounds of gender, culture, race or ability. Another member of staff we spoke with said, "Everyone should be given the same chances and choices". They gave us an example of a person with fluctuating mood patterns, who had the same opportunity to engage in activities, but was asked and assesed on a daily basis to see how they were feeling. Relatives we spoke with said they knew how to complain if they needed to and would have no concerns in raising any issues with the management team. One relative we spoke with told us, "I have raised a few complaints in the past, but they've always been dealt with". Another relative we spoke with said, "We don't have any complaints or concerns at all, they've [provider] been so supportive, but yes, if we needed to raise an issue we could and I'm sure it would be dealt with as soon as possible". We found that the provider had procedures in place which outlined a structured approach to dealing with complaints in the event of one being raised, and that these were used to improve and develop the service.

Good

Is the service well-led?

Our findings

We saw that people and staff were involved in making decisions about how the service was run. A relative we spoke with told us, "They [provider] listen to me if I have any requests or suggestions. They respect my views on things". Another relative we spoke with told us, "I've filled out questionnaires in the past, but they [provider] keep me informed about everything anyway".

A member of staff we spoke with told us that the registered manager and other senior members of staff were supportive and responded to their personal or professional requests. They told us, "We have staff meetings where we share [service] information. We're [staff] free to discuss things and they [provider] respond to any issues and take our views on board". Another member of care staff said, "I'm happy with the way things are run, it [service] runs like clockwork. Staff are there for each other and they support each other". Staff told us that they felt confident about raising any issues or concerns with the manager at staff meetings or during supervision. Staff we spoke with told us that they felt that they were listened to by the registered manager.

At the time of our inspection there was a registered manager in post. 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. The provider had a history of meeting legal requirements and had notified us about events that they were required to by law, including the submission of statutory notifications. Statutory notifications are the forms that providers are legally obliged to send to us, to notify the CQC of certain incidents, events and changes that affect a service or the people using it.

A relative we spoke with told us, "There's a lovely feel about the place [location] whenever you go there. Staff are happy to see you and you can see they get on well with all the residents [people using the service]. We have filled out questionnaires in the past, but as I say, we have a good relationship with the home and they keep us updated on what's happening". We saw that quality assurance and audit systems were in place for monitoring service provision. The provider had systems in place for reviewing care plans, risk assessments and medicine recording sheets. We saw that the provider used feedback from people and relatives to develop the service.

The provider informed us of how they worked closely with partner organisations to develop the service they provide. They told us how they attend meetings with the local authority, other service providers and healthcare professionals to identify areas for improvement and aims for social care provision in the future. A visiting health care professional told us, "The staff are really supportive, they work with me really well".

Staff told us that they understood the whistle blowing policy and how to escalate concerns if the needed to, via their management team, the local authority, or CQC. Prior to our visit there had been no whistle blowing notifications raised at the home.

Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations

2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found that the provider was working in accordance with this regulation within their practice. We also found that the management team had been open in their approach to the inspection and co-operated throughout. At the end of our site visit we provided feedback on what we had found and where improvements could be made. The feedback we gave was received positively.