

Caretech Community Services (No.2) Limited Westbrook House

Inspection report

Cupid Green Lane
Hemel Hempstead
Hertfordshire
HP2 7GH

Tel: 01442264965

Date of inspection visit:
06 September 2016

Date of publication:
07 October 2016

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?	Requires Improvement ●

Summary of findings

Overall summary

This inspection was carried out on 6 September 2016 and was unannounced. At the last inspection on 8 December 2015, the service was found to not be meeting all the standards we inspected. This was in relation to management of medicines and sending statutory notifications. The provider sent us an action plan stating how they would make the necessary improvements. At this inspection we found that they had made the required improvements to meet the regulations.

Westbrook House provides accommodation and personal care for up to eight people with learning and physical disabilities. At this inspection six people were living at the service.

The service did not have a manager who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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 and associated Regulations about how the service is run. There was a manager in post but they had yet to register with the CQC. The service had been without a registered manager for in excess of the acceptable timeframe.

People's medicines were managed safely and robust control measures had been put into place to monitor this. People had their individual risks assessed and staff were aware of these. Staff knew how to report and recognise any concerns about people's safety and welfare.

People were supported by sufficient numbers of staff and recruitment processes were in place to help ensure they were fit to work within a care setting. Staff received training and supervision and told us they felt supported with an appropriate level of guidance.

People received care that met their needs. Relatives told us that they were happy with the standard of care people received. Care plans included information for staff to support people safely and people and their relatives, were involved in their development.

People were supported in accordance with the Mental Capacity Act 2005 and their consent sought before care was offered. Advocacy was available when needed. People's choices and preferences were recorded and respected. People were treated with dignity and respect.

People had sufficient amount to eat and drink. Staff supported people with nutrition and hydration in accordance with their individual needs. People had access to health and social care professionals regularly.

There were individual and group activities available that people enjoyed. There were regular days out and people attended day centres. There was a policy in place for managing complaints and the management team told us they would start to document minor comments to ensure they could identify themes.

Staff told us that they were happy with the progress the service had made and relatives told us staff were doing a good job. The deputy manager was knowledgeable and worked well with the staff team. There were systems in place to monitor the quality of the service and the manager was sending statutory notifications appropriately.

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.

People were comfortable with the staff who supported them.

People had their individual risks assessed and staff were aware of them.

Medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who were trained and felt supported.

People had appropriate support for eating and drinking.

People were supported in accordance with the Mental Capacity Act 2005.

There was regular contact with health and social care professionals.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect.

People and their relatives were involved in planning their care.

People had access to advocates when needed.

Is the service responsive?

Good ●

The service was responsive.

People received care that met their needs.

Care plans gave staff clear guidance.

People had access to activities that they enjoyed.

There had been no formal complaints since our last inspection.

Is the service well-led?

The service was not consistently well led.

The manager was not registered with the CQC.

The deputy manager was invested in establishing good standards of care.

There were systems in place to monitor the service and address any shortfalls.

The staff knew what was expected of them.

Requires Improvement 

Westbrook House

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2014 and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Before the inspection reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us. We asked the provider to complete a Provider Information Return (PIR). This is a form that requires them to give some key information about the service, what the service does well and improvements they plan to make.

The inspection was unannounced and carried out by one inspector.

During the inspection we met with four people who used the service, however, they were unable to share their experiences with us due to their complex needs. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with three relatives, two staff members, the deputy manager and the locality manager. We received information from service commissioners. We viewed information relating to two people's care and support. We also reviewed records relating to the management of the service.

Is the service safe?

Our findings

When we last inspected the service we found that people's medicines were not always managed safely. We issued the provider with a notice which told them they were required to make improvements. The provider sent us an action plan setting out how they would make the required improvements. At this inspection we found that the service was meeting the regulations.

People's medicines were managed safely. There had been a robust monitoring system put into place which checked for gaps in signatures and that the quantities of medicines were correct. This was done by weekly spot checks and a monthly audit. In addition, a staff member who had not administered medicines that day checked that the dispensing staff member had completed the round thoroughly. There was guidance on how people liked to take their medicines and a plan for any medicine prescribed on an as needed basis. For example, pain relief. We found that medicines were stored securely and that staff had received the appropriate training and competency checks to enable them to work safely.

People were unable to tell us if they felt safe due to their complex needs. However, we saw that people were relaxed in the presence of staff and were smiling. Relatives told us that they felt people were safe. One relative said, "[Person] is safe, I have no worries."

Staff knew how to identify and report abuse. Information on how to raise any concerns was displayed and matters relating to safeguarding people from the risk of abuse were discussed during team meetings. Staff told us that they had no reservations about reporting concerns and were confident their concerns would be responded to appropriately.

People had their individual risks assessed and staff were familiar with them. We noted that the deputy manager checked that staff were working in accordance with people's assessments and safe working practice. For example, checking in wheelchairs and the environment.

Accidents and incidents were recorded and this information was shared with the provider's quality team to help ensure all trends and themes were identified. This also helped to ensure that all remedial action had been developed and put into place.

People were supported by sufficient numbers of staff. Relatives told us that there was enough staff to meet their needs. One relative told us, "Even if they are short staffed, which can happen at times, everyone still gets what they need." We were told by the deputy manager that they were currently recruiting for three posts. They told us that they filled these vacancies by using their own casual staff team or regular agency staff. We noted that one shift was covered by an agency staff member. Records seen informed us that the same staff member had been working at the home for nine months. We saw that the agency staff member was familiar with the service and the people they were supporting. Staff told us that shifts were not left uncovered, which the staff rota confirmed, and they felt there were enough staff to meet people's needs in a timely way. We saw that people received support when it was needed and no one was left waiting for care and support.

Staff recruitment files included application forms, proof of identity, criminal records checked and written references. However, we noted that one staff file only had one written reference instead of the two which the provider's policy states there should be. The deputy manager told us that the manager was aware of this shortfall and was trying to source a second written reference. We also viewed the records relating to the agency staff member and saw that the appropriate recruitment checks had been completed prior to them commencing work at the service.

Is the service effective?

Our findings

People were supported by staff who had been appropriately trained and supervised for their role. One relative told that their knowledge and skills meant, "They are able to notice things that we wouldn't, and they have done." We saw that training subjects included epilepsy, moving and handling, safeguarding people from abuse and first aid. Staff told us that they felt well trained. One staff member told us, "We recently had a really intense session on Epilepsy. I learnt things that I hadn't known in the past three years, it was really good." Staff also told us that they felt well supported by the management team. One staff member said, "I'm always on the phone to [locality manager], we've never had that before." We saw that staff had regular supervision records on their files and these covered all areas of their roles and the welfare of people they supported. We also saw that agency staff members were also scheduled for supervision. There were other subjects specific to the needs of those supported which included nutrition and dysphasia and also PEG (Percutaneous endoscopic gastrostomy) feeding for those who were unable to take food orally.

People received the appropriate support with eating and drinking. Relatives told us they were happy with the food provided. One relative said, "Always has enough." People were also encouraged to independent and given protective aprons and adapted cups to help them do this. Staff were clear on what varying needs each person had and how to help ensure that they consumed sufficient amounts while enjoying a varied diet and managing any risk. For example, staff told us that some people were not able to eat peas, even when pureed due to their health conditions. One relative told us, "I go away and I don't have to worry about [person] choking as they know how to look after [them]." Staff spoke with people about their meal choices and knew what people's likes and dislikes were. Menus were provided in a pictorial format so people could help plan the menus for the week.

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. People can only be deprived of their liberty so that they can 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 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. We found that service was working in accordance with the MCA and DoLS guidance.

People had their capacity assessed and best interest decisions were recorded. For example, in regards to receiving personal care. Staff understood that even when a person was assessed as not having capacity, these were based on individual events or decisions. Staff also told us that that people should be involved in being asked about day to day decisions such as how they want to spend their day, what they would like to eat and what they would like to wear. We saw that staff asked people for their choices even when they were unable to respond verbally. We also noted that care plans included how to communicate effectively with

people to help ensure they obtained consent when possible and respected people's choices. This helped to ensure that staff adopted a least restrictive practice when supporting people who had a DoLS authorisation pending or in place.

People had regular access to health and social care professionals. Relatives told us that these were contacted as needed. One relative said, "They keep an eye on [person] and call the Dr if ever it's needed." They went on to say, "I am confident that they would respond appropriately to a health emergency too." We saw that people had visits from health care professionals such as speech and language therapists, an epilepsy nurse, occupational therapists and a community nurse. Staff told us that the community nurse visits had been weekly and were now monthly and this had been a big support to help them ensure everyone received the appropriate care. We also saw that people had social work reviews when needed to ensure that Westbrook House was still providing the support they needed. We saw that staff accompanied people to appointments and recorded the reason for and the outcomes for all professionals' appointments and visits. This helped to ensure that people's health and wellbeing was promoted.

Is the service caring?

Our findings

People were treated with dignity and respect. Relatives told us they were happy with how people were treated. One relative said, "They [staff] are very, very friendly and very caring. It's like a family." They went on to say, "I always know they are totally looking after [person], they've change [their] life for the better." Another relative told us that during a difficult time, "They showed me extreme kindness." They went on to say that the staff had ensured that a person was able to visit their family when relatives were unable to visit the service by taking the person to their family. They told us, "It made such a difference to us. They were so supportive." When we arrived at the service, the deputy manager introduced us to people who were living there and asked permission for us to sit at their dining table. We also found that people were spoken with on the same level. Staff were not patronising and adapted their communication to suit the needs of the person they were speaking with. There were care plans that set out how to communicate with each person to help ensure it was meaningful. This included how staff would recognise if a person was feeling happy or sad.

People were supported by staff who knew them well. Staff told us about people's background, families, hobbies and preferences. When speaking about people they spoke in a way that indicated they cared for people. For example, they told us about a recent bereavement a family had suffered and how they provided support not just the person living at the service but also their family members. We noted that the deputy manager checked up on how the staff had supported people, ensuring that slippers were on and wheelchairs were checked.

People and their relatives were involved in reviewing their care. Both attended meetings and staff who knew them well shared how things had been going. Relatives told us they were involved regularly in the care their relatives. One relative told us, "I attend meetings and they call me if I need to know anything." Staff worked in a way that reflected people's preferences and choices and we observed choice being offered throughout the inspection.

Confidentiality and privacy was promoted. Care records were held in the office which was locked when staff were not around. We also found that staff accompanied us into people's rooms as it was their private space. Staff also spoke discreetly about supporting people so that this was not overheard by others.

Advocacy was available for those that needed it and staff were clear on how to obtain the support of an advocate if anyone's circumstances changed.

Is the service responsive?

Our findings

People received care that met their needs. Relatives told us that they felt people's needs were met. One relative said, "They provide such good care, better than we could ever have given [person]." They went on to say that during a bout of ill health the care and attention their relative had received had been very good. They said, "I'm so happy [person] is there, 100% [person] gets what they need." Another relative told us, "I think we're very lucky that [person] has a place like this." We saw that people looked clean and comfortable and were supported to be ready for appointments, day centre or to spend their day at home. People had their hair brushed, their nails were clean and had received shaves. We noted that there were no malodours and people did not have pressure ulcers which indicated that people received regular and effective personal care.

There were individual care plans for each person which detailed all the support they needed. This included personal care, moving and handling, communication and how they spent their day. The plans were detailed and person centred in a way that meant a new staff member would be able to deliver care according to people's individual needs and preferences. Staff knew people well and were able to tell us about each person's needs and we saw they supported people in accordance with their plans.

People had their own activity plans for the week. They included the days spent at day centres, the day that their shopping was done, in house activities such as arts and crafts or games and also visiting entertainers or therapists. These included a 'Music man' one evening a week and a reflexologist. We saw that people enjoyed spending time out and about which included visiting the Zoo. One person had stated they wanted to have a day at the seaside and attend a match at their favourite football club. We saw that everyone had enjoyed a day at the seaside and staff told us they were currently looking into the person attending a football match. During the day of our inspection, most people went out. We saw that the garden had been developed to include a relaxing area and also fruits and vegetables had been planted. Staff told us, and photo's confirmed, that people had been involved in planting, growing and watering these foods. Two of the people who were at the service enjoyed time in the garden with a staff member, reading, the third person, who was on bed rest, had their patio doors open so they could see and hear the people who were in the garden. The staff member told us this was so they could be involved even though they needed to be in bed. Relatives told us that they were happy with the amount of activities available. One relative said, "They are always doing something. [Person] loves the gardening and they recently had a day out on a barge." Another relative told us, "They are going out more, I think that has really improved."

There had been no formal complaints since our last inspection. Relatives told us that they had no reason to complain but would be confident to do so if needed. One relative said, "You can talk to them about anything." The deputy manager told us there had been small 'grumbles', such as a neighbour raising concerns that staff had used their gate but nothing in regards to the welfare of the people or quality of the service. They told us that relationships had developed with the day centre and potential issues were addressed straight away so they did not escalate into a complaint. We discussed the benefits of logging all comments and suggestions to help ensure themes and trends could be identified and therefore addressed.

Is the service well-led?

Our findings

There was a manager in post but they had not yet registered with the CQC. It is part of the registration requirements that the service has a registered manager. Due to changes in the management team the service had been without a registered manager for over one year. We discussed this with the locality manager who was aware it was an issue but told us they wanted to ensure they had the right person for the manager's role before they registered with the commission. The current manager had been at the service since January 2016, nine months before the inspection. This was an area we were discussing with the provider.

People knew the management team well. The manager was not available on the day of the inspection so the home was managed by the deputy manager and the locality manager arrived later in the inspection. Both the deputy and the locality manager knew people well and spoke with them comfortably. Relatives felt the service was well run and said this had improved since the last inspection. One relative said, "I'm so proud of the staff, they've done so well." They went on to say, "[Deputy Manager] and the team are wonderful. I can't fault it." Another relative told us, "It's improved so much, I'm very happy, hopefully they will keep it up."

Staff were positive about the deputy manager and the locality manager. Staff told us that the manager was still establishing themselves. Staff also told us that they felt morale at the service had improved and they now received the direction that was lacking before. One staff member said, "We know what's expected of us now, before people just did what they wanted but that doesn't happen now." Staff put this down to having a constant management team and a deputy manager who was committed to providing a good standard of care.

There were systems in place for monitoring the quality of the service. Audits across key areas including medicines, care plans and health and safety were completed. Where shortfalls were identified, an action was developed. The systems put into place for addressing the shortfalls at our last inspection had been working well and the deputy manager told us how they ensured this was maintained. For example, the robust checking of medicines and the incidents and events being reported to the quality team. this ensured that statutory notifications were sent in accordance with the regulations.