

Groundstyle Limited

Weston House

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?

Outstanding



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

We inspected this service on 9 March 2015. This was an unannounced inspection.

The service was registered to provide accommodation and personal care for up to 33 people. People who use the service have a mental health needs.

At the time of our inspection 29 people were using the service.

The service had a registered manager. 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 and associated Regulations about how the service is run.

People's safety risks were identified, managed and reviewed and the staff understood how to keep people safe. There were sufficient numbers of suitable staff to meet people's needs and promote people's safety.

Summary of findings

Effective systems were in place to protect people from the risks associated from medicines. People were enabled to administer their own medicines when this was appropriate.

Staff received regular training that provided them with the knowledge and skills to meet people's needs.

People's health and wellbeing needs were monitored and people were supported to attend health appointments as required. People could access suitable amounts of food and drink that met their individual preferences.

Staff sought people's consent before they provided care and support. However, some people who used the service were unable to make certain decisions about their care. In these circumstances the legal requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) were being followed.

People were treated with kindness, compassion and respect and staff promoted people's independence and

right to privacy. The staff were highly committed and provided people with positive care experiences. They ensured people's care preferences were met and gave people opportunities to try new experiences.

People were involved in the assessment and review of their care and staff supported and encouraged people to access the community and participate in activities that were important to them.

People's feedback was sought and used to improve the care. People knew how to make a complaint and complaints were managed in accordance with the provider's complaints policy.

There was a positive and inclusive atmosphere within the home and people were encouraged to be involved in their care.

The registered manager and provider regularly assessed and monitored the quality of care to ensure standards were met and maintained. The registered manager understood the requirements of their registration with us.

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. Risks to people were assessed and reviewed and staff understood how to keep people safe.

People were protected from abuse and avoidable harm in a manner that protected and promoted their right to independence.

Good



Is the service effective?

The service was effective. Staff had the knowledge and skills required to meet people's needs and promote people's health and wellbeing.

Staff supported people to make decisions about their care in accordance with current legislation.

Good



Is the service caring?

The service was caring. People had positive care experiences and they told us staff treated them like family. Staff ensured people's care preferences were met and people were given opportunities to try new experiences.

People were treated with kindness, compassion and respect and staff supported people to be involved in their care.

Outstanding



Is the service responsive?

The service was responsive. People received care in accordance with their preferences and needs.

Staff responded to people's comments about their care to improve people's care experiences.

Good



Is the service well-led?

The service was well-led. There was a positive atmosphere at the service. Effective systems were in place to regularly assess and monitor and improve the quality of care.

Good



Weston 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 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 9 March 2015 and was unannounced. Our inspection team consisted of one inspector.

Before the inspection we checked the information we held about the service and provider. This included the notifications that the provider had sent to us about incidents at the service and information we had received from the public. The provider had completed a Provider Information Return (PIR) prior to the inspection. 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 used this information to formulate our inspection plan.

We spoke with 14 people who used the service, two relatives and a visiting health and social care professional. We also spoke with three members of care staff, the registered manager and a representative for the provider. We did this to gain people's views about the care and to check that standards of care were being met.

We spent time observing care in communal areas and we observed how the staff interacted with people who used the service.

We looked at three people's care records to see if their records were accurate and up to date. We also looked at records relating to the management of the service. These included quality checks, staff rotas and training records.

Is the service safe?

Our findings

Without exception people told us that the staff helped to keep them safe. One person said, “They help me to shower because I’m a bit unsteady on my feet”. A relative said, “I’ve always felt [Person who used the service] is safe here. The staff have made sure the paperwork is in place so they can keep [Person who used the service] safe if they wanted to go outside”.

People told us and care records confirmed that they were regularly involved in the assessment and review of their risks. One person confirmed this by saying, “I feel safe. There have been incidents in the past that worried me, but I told the staff, it got sorted and it got put in my care plan”.

Staff showed that they understood people’s risks and we saw that people were supported in accordance with their risk management plans. For example, people who had poor road safety awareness had plans in place to help the staff keep them safe when accessing the community and staff understood and followed these plans to manage this risk.

People told us they felt protected from abuse and harm. One person said, “The security on the doors makes me feel safe. No one can get in unless we let them in, but I can get out”. Another person said, “[The registered manager] makes me feel safe, she doesn’t stand for any messing. She called the police once [following an incident] so I feel safe from that and I know the staff see things like she does”. Staff explained how they would recognise and report abuse. Procedures were in place that ensured concerns about people’s safety were appropriately reported to the registered manager and local safeguarding team. We saw that these procedures were followed when required.

People told us that staff were always available to provide them with care and support. One person said, “I feel safe because the staff are always around”. People and staff told us and we saw that the registered manager regularly reviewed staffing levels to ensure people’s safety and wellbeing needs were met. The registered manager told us, “If people’s needs change I can put one to one support in and then apply for funding” and, “We have flexible staffing levels and bring in extra staff for appointments and trips”. This was confirmed when we saw that an additional staff member had been utilised to enable a person to attend a hospital appointment on the day of our inspection.

People told us that the staff were of suitable character to meet their needs and keep them safe. One person said, “I feel safe because the staff care for me”. Another person said, “I feel safe here because the people and staff are alright”. Staff told us and we saw that recruitment checks were in place to ensure staff were suitable to work at the service. These checks included requesting and checking references of the staffs’ characters and their suitability to work with the people who used the service.

People told us and we saw that medicines were managed safely. One person said, “They organise my medicines well. The chemists once sent me the wrong medicines and the staff sorted it out for me”. Our observations and medicines records showed that effective systems were in place that ensured medicines were ordered, stored, administered and recorded to protect people from the risks associated with them. Effective systems were also in place to support and protect people who chose to self-administer their medicines.

Is the service effective?

Our findings

People told us that the staff were suitably skilled to meet their needs. One person said, “The staff who are in charge of medicines have learnt about medicines to be able to give them out”. A visiting health and social care professional also confirmed that staff were effective in their roles. They said, “The staff are very capable of managing people’s needs”. We saw that regular training was provided. A representative for the provider told us, “We offer informal workshops alongside the mandatory training. We’ve done workshops on blood pressure, diabetes and anything the staff express that they want to know more about”. Staff confirmed that their training provided them with the skills they needed to meet people’s needs by saying, “I enjoyed the mental health awareness. It really helped me to understand people’s diagnoses” and, “We now have colour coded medicines. We had training about them and it’s really helped to make the medicines rounds much easier”.

People confirmed that staff sought their consent before they provided care and support. One person said, “The staff help me when I struggle, but they always ask if I need the help first”. Another person told us that they were free to do what they wanted, when they wanted. They said, “I can go out when I want and do what I want, there are no restrictions. That’s what I like about it here”.

The rights of people who were unable to make important decisions about their health or wellbeing were protected. Staff understood the legal requirements they had to work within to do this. The Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) set out these requirements that ensure where appropriate, decisions are made in people’s best interests when they are unable to do this for themselves. The staff demonstrated they understood the principles of the Act and they gave examples of how they worked with other people to make

decisions in their best interests as required. Care records confirmed that mental capacity assessments were completed and best interest decisions had been made in accordance with the legal requirements. At the time of our inspection, two people were being restricted under the DoLS. The correct guidance had been followed to ensure this restriction was lawful and in the people’s best interests.

People told us they could eat foods that met their individual preferences and choices. One person said, “We get two choices at meal times, but I can ask for something that’s not on the menu. I asked for crackers and cheese once instead of sandwiches and they did it for me”. Another person said, “I like the food and I get to eat my favourite which is toad in the hole”. People also confirmed that they could access suitable amounts of food and drink. One person said, “I can get a drink anytime. I can make it myself or the staff will make it for me”. Another person said, “We have the tuck trolley that comes out twice a week. It has crisps and chocolate that we can buy if we don’t want to go to the shop”.

People told us they were supported to access a variety of health and social care professionals if required. One person said, “I’ve seen the chiropodist this morning”. Another person said, “The doctor comes here very regularly. It’s good that we can see them if we need to”. The registered manager told us, “We’ve worked closely with our local surgery this year and we are running fortnightly in house surgeries where we refer people for non-urgent problems. It’s been brilliant”. Care records showed that people’s health was regularly monitored and advice from health and social care professionals was sought and followed. For example, we saw that staff had identified that one person had lost weight. Staff referred this to the doctor and professional advice was followed to prevent further weight loss.



Is the service caring?

Our findings

People told us that they were treated with kindness and compassion. One person said, “If I can’t sleep at night, I come downstairs and the staff make me comfy and get me a drink”. Another person said, “The staff are very nice and look after me well”. We observed caring interactions between people and staff. For example, one person who was unwell was gently woken by staff so they could receive their medicines. The staff member said, “I know you’re feeling very sleepy, but this will help you feel better”. We saw the staff closely observe this person throughout the day and offer them extra support. For example, one staff member saw the person was struggling to put on their cardigan. The staff member said, “Shall I help you with that?” and when the person agreed they gently assisted the person to dress.

People who visited the service were very complimentary of the care people received. One relative said, “My relative is a different person since coming here. They are happy and settled. They smile, have friends and can talk to the staff. I’ve seen a complete turnaround in their mood since coming here and that’s down to the staff”. A visiting health and social care professional said, “My team reviews this service from a commissioning [a service that purchases care] point of view and we find that the staff are warm and friendly”.

People told us they felt the staff cared about their wellbeing. One person said, “The staff ask me how I’m feeling”. Another person said, “The staff take me to see [their relatives grave] every year. I like going as I would feel upset if I didn’t go. If I get upset there, the staff try to perk me up”. We saw that staff supported this person to travel for approximately two hours to visit their relative’s grave. The registered manager told us, “We do this every year. It’s really important that we do these things for people”.

People described the staff as family. One relative said, “The staff are very caring. It’s the personal touches that make the difference. They treat me and [A person who used the service] like family and I can come anytime”. One person

told us why this was important to them. They said, “I feel close to the staff. This is the first time in my life that I’ve ever felt wanted and needed” and, “The staff have a laugh with me, it makes the care more personal”.

People were involved in their care and the choices people made about their care were respected by the staff. For example some people had requested a theatre trip; people told us that they could choose whether or not they participated in this trip. One person said, “There’s a theatre trip this week, I’m really looking forward to going. I had never been to the theatre or done anything like that before I moved here”. This also showed that people were given the opportunity to try new experiences.

The registered manager told us that the staff volunteered their time to support some trips and activities, such as the theatre trip. They said, “We are going to the theatre this week. The staff’s expenses get paid, but they have volunteered their time so the trip can happen. The staff are very good, I don’t even have to ask them to support trips, they just offer and volunteer to support them”.

People told us and we saw that they were treated with dignity. One person said, “When I moved into my new room [following a refurbishment] I was unable to close my en-suite toilet door because of my wheelchair. I told [The registered manager] and a shower curtain was put up straight away so I could use it instead of the door. This was really important to me because of my dignity”.

We saw that staff respected people’s independence and people were supported to maintain their independent living skills. One person said, “I do cooking, I think I am cooking curry tomorrow for the people who I sit with. I like cooking, it makes me feel great”. People were encouraged and enabled to access the community and the level of support they received to do this was in accordance with their risk assessments and care plans.

People told us and we saw that privacy was promoted. One person said, “I like being able to come and go as I please and I love spending time in my new room, it’s like I’ve got my own bedsit now”. We saw that people were supported to receive treatments from visiting health care professionals in private areas of the home.

Is the service responsive?

Our findings

Before people moved to Weston House they visited the home to check it was suitable for their needs. People could then choose to move in on a gradual basis, where they visited the home and spent time with the other people who used the service and the staff before they moved in permanently. One person said, “I came twice a week for a meal to see if I like it before I moved in”. Staff told us that this gradual approach helped people to settle and it also ensured the staff could meet the person’s needs alongside the other people who used the service.

People told us they were involved in the assessment and review of their care. One person said, “I’ve got a care plan that [A staff member] wrote for me. We sat down and talked about it and I signed it. The staff still read it out to me every now and again to check it’s still good for me”. A relative said, “I’ve been involved in care planning because [A person who used the service] can’t really say what they need anymore. The staff always involve me and keep me informed of what’s happening”.

Care records contained a record of people’s assessments, care preferences and reviews. Staff understood people’s needs and people confirmed that they received their care in accordance with their preferences. For example, one person told us that staff supported them to go to the shops because they didn’t feel confident to do this alone.

We saw that people’s care records were updated to reflect any changes in their needs. A staff member told us, “[A person who used the service’s] needs changed after they came home from hospital. We changed the care plan for a short time and then changed it back when they improved”. This ensured that staff had access to up to date information about people’s changing needs.

People told us they were encouraged to pursue their interests and participate in activities that were important to them. One person said, “I do cooking and baking and I go to a knit and natter group here where I learned to knit and pearl”. Another person said, “I like it when we play bingo, do quizzes and I like the exercise sessions and the trips out”. There was a weekly activities timetable displayed in communal areas of the home and people confirmed that activities were promoted regularly on an individual or group basis. On the day of our inspection we saw people being encouraged and supported to participate in a variety of activities. This included an exercise group and various board games.

Staff enabled all individuals to participate in activities irrespective of their abilities. For example, we saw that the exercise group catered for all levels of abilities. The staff member adapted the exercises to make them safe for people who were unsteady on their feet.

People told us and we saw that that their views about their care were regularly sought. One person said, “We have meetings where staff ask us if everyone is happy, if anyone’s not happy we can say why not and we talk about any problems. [The registered manager] is very good and deals with problems straight away”. People told us that changes were made in response to their feedback. For example, one person told us changes were made to the menu in response to the feedback they had given.

People told us they knew how to complain about the care. One person said, “I would tell [The registered manager]”. Another person said, “I would go straight to [The registered manager], she’s great”. There was an accessible easy to read complaints procedure in place and staff demonstrated that they understood the provider’s complaints procedure. No complaints had been recently received.

Is the service well-led?

Our findings

People spoke positively about the staff and we saw there was a positive atmosphere at the home. One person said, “The staff are very nice and they work so hard”. A visiting health and social care professional said, “It’s not institutional, it’s very homely and flexible”. A staff member said, “I love being able to sit and interact with the residents, some of their stories are fascinating”.

People told us and we saw there was an inclusive atmosphere at the home where people were involved in their care. One person told us how they were involved in the production of a monthly newsletter. They said, “We have a monthly newsletter. The activity staff do a write up of what they’ve been doing and some residents tell us what they’ve done. I do my own bits too like jokes and a story. It’s then printed off for everyone to look at”. Staff confirmed they valued people’s individuality and their rights to independence. One staff member told us, “I love it here. Everyone’s different and have their own little ways. But we are like a big family”. Another staff member said, “I like being able to help people to help themselves”.

People told us the registered manager was effective in their role. One person said, “[The registered manger] is the right person for the job”. Another person said, “[The registered manager] is a very nice lady, I can tell her anything”. Staff told us the registered manager was approachable and supportive. One staff member said, “She’s the best manager I’ve ever had. She’s interested in my development”. Another staff member said, “[The registered manager] is easy going. If I have any problems I can approach her without any hesitation”.

People told us that their feedback about their care was sought. One person said, “I’ve recently had a survey to fill in

that asked questions about the home”. The registered manager told us they were in the process of evaluating the feedback and they would use it to make improvements if these were required.

Frequent quality checks were completed by the registered manager. These included checks of medicines management, health and safety, infection control and care records. Where concerns with quality were identified, action was taken to improve quality. For example, when a health and safety check identified a light was not working, action was taken on the day of the check to rectify this.

The registered manager assessed and monitored the staffs learning and development needs through regular meetings with the staff. One staff member said, “We get supervision from seniors and an appraisal where we go through my performance and the manager lets me know if there are any problems with my work”. Staff competency checks were also completed that ensured staff were providing care and support effectively and safely. For example, staff who administered medicines were observed to check they followed the correct medicines management procedures.

People told us and we saw that the provider had made improvements to the home’s environment by completing an extensive refurbishment of the home. This had included giving the majority of the bedrooms en-suite facilities. One person told us, “I like my new room and the new set up. It makes such a difference having my own toilet now as I don’t have to queue anymore”. A plan was in place outlining further improvements to the environment that included an external smoking room. This showed the provider was committed to making improvements to the home.

The registered manager understood the responsibilities of their registration with us. They reported significant events to us, such as safety incidents, in accordance with the requirements of their registration.