Westward Care Homes Limited

Westward Barns

Inspection report

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13 April 2016

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Requires Improvement
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 11 and 13 April 2016 and the first day of the inspection was unannounced. At our previous inspection in July 2014, we found that there was a breach of the regulations with regard to notifications about people's welfare to the Care Quality Commission, (CQC). During this inspection we saw that improvements had been sustained and that the CQC was being notified of these events.

Westward Barns provides accommodation and residential care for up to 17 people. At the time of our inspection, the home was providing support to 17 people. The home had 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 felt their privacy was respected, but the providers system for monitoring people's safety significantly intruded upon people's privacy in their own flat.

The registered manager and provider used a series of checks and audits to monitor and improve the quality and safety of the service. There was evidence that this system of quality assurance had delivered improvements but it had failed to identify the issues we found during this inspection.

The atmosphere in the service was warm and lively with people able to participate in a range of activities and the premises were well equipped. People were referred to healthcare professionals to promote good health and visiting professionals told us that staff made appropriate referrals.

Staff had developed positive relationships with people and treated them with dignity and respect. Although there were no records of people being involved in planning their care, we saw that people were involved in day to day decisions and that staff knew them well.

People living at the home told us that the registered manager was approachable and that they responded promptly to any issues they had raised. There was a complaints policy and procedure in place and people were supported by staff when they wished to make a complaint.

Medicines were managed, stored and administered safely.

There were enough staff to support people safely. Staff had received the training they needed to perform their role. The registered manager had taken steps to address shortfalls in the safe recruitment of staff that had been identified previously. Staff said that they enjoyed their work and felt well-supported by the registered manager.

Staff obtained consent from people before offering or delivering support, and some people had appropriate

best interest decisions made on their behalf where they had been assessed as not having capacity to make some decisions. Although staff and managers had completed training in the Mental Capacity Act, some staff we spoke did not have an understanding of this or how it applied to their role.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of the full version of the report.

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.

Medicines were given to people in a safe way.

Risk assessments were person centred and contained appropriate levels of detail to minimise risks.

Staffing levels were appropriate to meet people's needs.

Is the service effective?

Good

The service was effective.

Staff members, including managers and senior staff had completed training that was identified as mandatory by the provider.

Staff, including some senior staff had a limited understanding of the Mental Capacity Act and its implementation.

Is the service caring?

Requires Improvement

The service was not always caring.

There was use of monitoring equipment, which was used to promote the safety of people and provide them with reassurance, however this intruded on the privacy of people using the service.

Staff treated people in a respectful and caring manner.

The atmosphere in the home was positive and relaxing.

Is the service responsive?

Good

The service was responsive.

Care plans documented information about people choices and preferences. Staff demonstrated a good understanding of

people's needs and described people's preferences in how they like to be supported.

People were supported to engage in a wide range of interesting activities that met their needs and reflected their interests.

There was a complaints policy and procedure in place and people were provided with information on how to make a complaint.

Is the service well-led?

Requires Improvement

The service was not always well led.

The systems in place to monitor the quality of the service were not always effective in implementing identified shortfalls.

There was an open culture within the home where people, relatives and staff could raise concerns to senior staff and managers. However not all staff did not know who to raise concerns to outside of the home.

Staff felt supported in their role and understood their individual roles.

Westward Barns

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 11 and 13 April 2016. The first day was unannounced. It was carried out by two inspectors.

Before we visited the service we reviewed the information we hold about it. This included information about specific events taking place in the service, which the provider is required to notify us about by law. We also reviewed any information we had received about complaints or concerns.

During the inspection we spoke with four people using the service, four care staff, a unit leader, the deputy manager, the service manager and the registered manager.

We reviewed records relating to the care and support of four people, including those relating to the administration of medicines. In addition we looked at other records associated with monitoring the quality and safety of the service. This included recently completed surveys from professionals providing advice and support to the service, and from relatives of people living at the home.

Good

Is the service safe?

Our findings

People we spoke with told us that they felt safe living in the home. One person said, "I always feel safe here, I have never felt unsafe."

Members of staff had a good understanding of what constituted abuse and who they would report any concerns to within the home. One staff member told us, "I have completed training in safeguarding people, If I had any concerns, I would talk to [senior staff member] and if they were not around, I would talk to one of the other managers, someone is always here." However, staff were not clear on who they could report concerns to outside of the home, such as the local authority safeguarding team. A senior member of staff we spoke with was not aware of anyone external to the home that could be contacted. We asked staff if there was information about who to contact on display at the home if they suspected someone was being abused. They told us that they were not aware of any such information, and were unable to locate any in the office area when they looked. We saw that the home had an easy read copy of their safeguarding policy available for people to read.

We brought this to the attention of the registered manager and when we returned to complete our visit, action had been taken to address this and posters were displayed in staff areas which detailed who they could contact outside of the home if they had a concern. The registered manager told us that as a result of the feedback from the first day of our inspection, a questionnaire had been completed by all members of staff on duty to establish their understanding of safeguarding, whistleblowing and the Mental Capacity Act 2005 (MCA). Any shortfalls in knowledge identified from this would then been discussed in a 1:1 session between a manager and the staff member.

From our inspection of people's care files, we saw that needs and risk assessments were completed that assessed levels of risk to people's welfare. We saw that care plans contained risk management guidance which included past and present risks, and included steps to minimise these. Activities such as accessing the community to shop for groceries were assessed for any areas of risk, and included the levels of staff support a person would need. From our discussions with staff they told us that this provided them with good information that helped reduce the likelihood of harm to people by minimising the identified risks. The information they gave us was consistent with the records we reviewed.

Staff we spoke to knew what to do in the event of an emergency. There were arrangements in place to deal with an evacuation of the building and people had individual evacuation plans. We saw from the records that regular fire alarm tests and evacuation drills were conducted. There were systems in place to monitor the safety of the environment and equipment used within the home thereby minimising risks to people. We saw records that showed equipment was routinely serviced and maintenance checks were carried out.

We spoke with staff about the recruitment process they completed when they were employed by the home. Staff confirmed that they had an interview, a Disclosure and Barring Service (DBS) check and had to supply references prior to commencing work. We looked at recruitment records relating to three members of staff. In two of the records we could not see that gaps in employment had been explored during the interview

process. When we spoke with the home's management about this, they confirmed that these gaps had not been addressed during the recruitment process but had taken action to address this in February 2016 following an inspection of another home managed by the provider.

People told us that there were enough staff on duty to meet their needs. Most people living at the home received one to one support during waking hours. This meant that they were able to go about their daily lives safely and at a time that suited them. One person told us that, "If they are short staffed, I don't get my one to one time, it happens from time to time and no one apologises." The person clarified to us that they understood that staff members become unwell and had to go home, however was upset that this was not explained to them at the earliest opportunity so that they could prepare for this change and reduce the anxiety they felt.

We looked at staff rota's and could see that staffing requirements were planned for in advance. This meant that the home planned for occasions when additional staffing was required, such as to accompany people to appointments, and to cover when staff took annual leave. Staff vacancies were covered using a combination of casual staff and additional hours from permanent staff so that people were supported consistently by staff that they knew.

We saw that medicines were managed and administered safely, we observed a member of staff doing this. Staff told us that they had received training for this and underwent competency checks. We spoke with the home's medication advisor who told us that they had recently been employed in order to review and improve systems for the safe administration of medicines. They told us that since starting in post in August 2015, they had reviewed and relaunched the homes medication policy and protocols for the administration of 'as and when needed' (PRN) medicines. As a result of this, she reported that the home had seen a reduction in the amount of errors when administering medicines and an increase in staff confidence in this area.

They also showed us the records from a newly created audit system that had been implemented which reviewed medication administration records (MAR) as well as stock received or returned records. The storage of medicines was secure and well organised in a dedicated room, we saw that staff closed the door to this room so that they would not be disturbed when completing records relating to the stocks of medicines. The records we reviewed showed that people received their medicines on time and that PRN medicines were only given when their guidance had been followed. People we spoke with told us that they were happy with the way they received their medicines and were able to administer their own medications if they wished. Where people were unable to administer their own medicines, records showed that they had consented to having their medicines managed for them, or had a best interests decision made on their behalf.

Good

Is the service effective?

Our findings

Staff had completed training in a variety of different areas, which included safeguarding, manual handling, infection control and person centred care. Staff were also supported to complete a national qualification such as a Diploma or NVQ in care, which helped develop their skills. The registered manager had a training matrix in place which enabled them to identify when training needed to be updated.

There was an induction program in place for new staff which included a period of training in areas such as safeguarding and manual handling, as well as shadowing more experienced members of staff. Staff we spoke with told us about their induction period and that they had found it to be good. We spoke with staff about training at the home and they were enthusiastic about the training they had received and said that the support they received was good and found managers approachable. All the staff that we spoke with told us that they felt that they had enough training to provide them with the skills and knowledge they needed to provide people with the care they needed.

A record of staff supervision and appraisals was maintained although we saw that there were gaps in records of these taking place. Supervision and appraisals enabled staff and their line manager to review their performance and discuss any areas of development, and staff told us that they felt supported by managers. Team meetings were also held which provided the management team with the opportunity to share information with staff, and allow staff to discuss their work and the people they supported.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The deputy manager had applied to the local authority for those people who required a DoLS. We saw that some people living at the home had best interests decisions made on their behalf, and that these had been made following a capacity assessment that explored the least restrictive options available involving the appropriate professionals.

Not all staff we spoke to were aware of the basic principles of the Act and how they could incorporate them into their work. For example some staff we spoke to could not tell us when or why somebody would need to have a capacity assessment carried out or a best interest's decision made for them. We saw that some people had not signed their care plans to say that they agreed with them or had their consent recorded for some aspects of their care, for example the use of monitors to listen to them during the night. Where people were unable to physically sign their care plan, no alternative arrangements had been made so that the content of their care plan could be discussed with them. When we observed staff providing direct care and support to people, we saw staff asking people for their consent before commencing.

People living at the home told us they received support to prepare healthy meals and were encouraged to shop and cook independently. They told us they were happy with this arrangement as they were able to eat what they wanted at a time they wanted. Comments included, "I like to cook my own food" and, "I can plan what I like to eat and staff help me to go shopping, we make a list first."

We saw that people's dietary needs had been assessed and they were supported to have a healthy and balanced diet. Each person's separate living area included a kitchen; people were able to prepare individual meals or join other people living at the home and use a communal kitchen. People told us that they did their own shopping and menu planning and were able to eat the things that they wanted to. One person told us, "They give me money for food shopping, it's good, it's enough money." People were able to make themselves drinks or request staff to make them drinks in their own living areas or the communal living areas. We saw that activity areas away from the residential buildings were also equipped with facilities to make drinks whenever people wanted them. People told us that they received enough to eat and drink.

During our inspection we reviewed people's care files. We saw that they had regular contact with a range of health care professionals such as their GP, dentist, speech and language therapist or dietician when required. The registered manager told us they monitored people's health on a daily basis. If there were any concerns for people, staff would refer them to appropriate healthcare professions. We saw that people's care files included records of their health appointments so staff could keep track of these.

Requires Improvement

Is the service caring?

Our findings

We saw that baby monitors were used to monitor some people whilst in their bedroom. We were told that these were for the use of monitoring people for safety reasons during the night time. However, during our inspection during the day time, we noted that they had been left on and were broadcasting a live feed from those people's bedrooms to the office area. This was an open and accessible space to other people living in the home and visitors. Staff told us that these were in use so that people could be monitored for safety reasons, including epilepsy, problems with swallowing secretions and for people to call out for help or reassurance. Staff also told us that using the monitors reduced the need to check in on people physically during the night, allowing for people to be disturbed less.

In some cases, the use of the monitors had been discussed with and agreed by the person who needed to use them. We saw that one person had an agreed protocol for when they wished for the monitor to be switched off so that they could have some privacy. However, we saw that three people who had a monitor in their room did not have the reasons for this detailed in their care plan. There was no evidence to show consent for the monitor to be used had been gained. The use of baby monitors had not been subject to proper consideration in line with current published guidance about the use of surveillance, or whether other, less intrusive arrangements could be made to enable staff to monitor people. People had not been consulted in order to determine whether they were able to give explicit consent to the use of the system to promote their safety.

This was a breach of Regulation 10 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

We observed that staff spoke to people in a kind and polite manner, and that conversations between staff and people living at the home were warm and light hearted. People we spoke with told us that they felt cared for by staff and that they felt comfortable speaking to managers about any concerns they had.

People were offered choices by staff. For example, people were able to choose what they wanted to do, where they wanted to go, and where they wanted to spend their time. We observed that people were able to plan their day as an individual, and did not have to join activities as part of a group unless they wanted too. We saw recent feedback from a family survey that stated, "All staff have personalisation at the forefront of what they do, they encourage and empower people to make their own decisions."

One person we observed had a communication system using pictures in their flat. A chart on the wall identified which staff would be working with them that day and during the night. It also showed reminders of what food they had planned to cook, and what activities they had planned to do. Staff told us that this system reduced the person's anxiety and promoted positive behaviour because they were able to determine what was going on in their lives that day.

We observed that staff gave people time and space to do the things that they wanted to do and make their own choices. They respected people when they wanted privacy, and saw that when one person was upset

and wanted to be left alone in their garden, that this was done sensitively and respectfully with reassurance given that staff would return to support them when the person was ready. However, we did see on one occasion that a person had eye medication applied at the communal dinner table whilst other people were eating their lunch. When we asked staff why this had been done they told us that if the person had been taken to their room to do this, then they would think that the mealtime was over and would stop eating. We asked the staff member if they had considered waiting until the end of the meal to administer this medication, they told us that they assumed that as the medication round was underway, then it should be given at this time. The staff member had not taken the person's views into consideration or whether their actions would mean the person was not treated with dignity.

People were encouraged to be independent and were supported to do this by staff. One person told us, "I have a timetable so I know what I am doing, it's on the wall and they [staff] help me to keep it up to date." Another person told us, "I like to talk to staff, they help me to tidy my flat, to go out places, they [staff] take me to the train station, and then I phone them and they pick me up when I want."

Good

Is the service responsive?

Our findings

People told us that they were given the care and treatment they needed. They said that staff were responsive to them and asked how they wanted their care to be provided for them. People said that they felt that they were listened to. One person we spoke to told us, "I have asked about moving to live in another building, they [staff] are looking into it for me." We observed that people were involved in day to day decisions and that staff knew them well.

The care plans we looked at provided guidance for staff about people's varied needs and how best to support them whilst promoting choice and independence. We saw examples of this, such as people going to the local town to do their grocery shopping and being supported by staff. Choices were clearly indicated in care plans, such as morning preferences. Where these were detailed in a person's care plan, we saw that staff respected this and supported people as was stated in their care plan.

Care plans documented information about people's personal history, choices and preferences. We saw that one person had a hobby growing specialist plants, and working outdoors. The person told us that they were very happy that the home had given them the opportunity to participate in their hobby to a full extent. Staff had identified further opportunities to engage in this, including working on a project to landscape the gardens.

The home provided a large and varied range of activities on site, which included skills sessions in horticulture and livestock management, arts and crafts sessions, an activity room with table football, a cinema, pool table and music. Another part of the building had a 'chill out' area where people could meet and talk with friends. The registered manager told us that there were plans to build a gym in the future.

Care plans showed people's needs were reassessed periodically. However, we saw that changes in people's needs were not always reflected in their care plan. For example, we saw that in one person's daily records that they had been receiving support from a psychiatrist for an aspect of their health but this had not been added as an area for monitoring and support in their care plan.

We asked staff how they assessed and reviewed people's needs. One member of staff told us, "Key workers go through all the records each month and write a report, they do this with the files, the process doesn't involve the service users." Another member of staff also told us that they completed a review of peoples records without involving them. This meant that although people's wellbeing was regularly reviewed, people living at the home were not involved in this process and therefore could not always contribute their views.

The home had a complaints procedure for people to use. People living at the home told us that they knew how to complain if they needed to. One example we reviewed showed that a person wished to complain. The person was provided with support to write a letter to the service manager outlining their concerns. We saw that the service manager reviewed their complaint, and took their concerns into account, the result of which was to amend their proposal. We could see that this was fed back in person and in writing to the complainant who was satisfied with the response.

Requires Improvement

Is the service well-led?

Our findings

At our previous inspection in July 2014, we found that there was a breach of the regulations with regard to notifications about people's welfare to the Care Quality Commission, (CQC). During this inspection we saw that improvements had been sustained and that the CQC was being notified of these events.

The registered manager was also responsible for another home, where we identified a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 regarding the use of electronic surveillance without reference to the appropriate published guidance. Therefore we were concerned that this location was also using electronic surveillance without reference to the appropriate published guidance as the registered manager had previously been made aware of the requirements relating to the use of this equipment.

The registered manager showed us records that demonstrated regular audits of the homes services were being carried out. This included a quality assurance feedback survey of professionals involved with the home and family members of those living there. We saw that the information from these fed in to the development plan for the home. However, we also saw that some issues identified during audits were not always addressed. For example, an audit of staff supervision records identified that a number were missing, however no action had been taken to act upon this several months later. We brought this to the registered manager's attention on the first day of our inspection. When we returned the registered manager told us that they had looked into this and discovered that the records had been misplaced during an office move, but had now been found and relocated. This meant that although the registered manager carried out audits, any analysis of feedback did not always result in the necessary action being taken to address any shortfalls.

During our inspection, we asked the registered manager to send us information regarding staff training. The initial information that was sent to us was not up to date and we were unable to see that senior staff had completed the necessary training. The registered manager subsequently provided an up to date copy of this information. We were then satisfied that all staff had completed the necessary training.

We asked staff if they knew how to whistle blow if they were concerned. Most staff were unclear as to what this meant and how they would do it, or who they could whistle blow too. A senior carer we spoke with told us, "There is a whistleblowing thing but I'm not sure where it is." We looked at the home's whistle blowing policy and procedure. The document we reviewed only gave details of contacts within the provider's organisation, and did not state details of any bodies that could receive a whistle blow allegation. We asked the deputy manager if any other information regarding how to whistle blow was displayed around the home and they told us that there was not. We brought this to the registered manager's attention on the first day of our inspection, who took steps to address this.

People told us that there was a happy and relaxed atmosphere in the home and that their views were valued by the staff and managers. A member of staff told us, "It's a good place, I love working here." Another told us, "It's really good, simple as that." One person told us that the manager was approachable and open. During the inspection we saw that the deputy manager and team leaders were visible around the service, talking to

staff and people living at the home, who looked comfortable in their presence. Staff said that they felt listened to, and that managers took action when they raised concerns. We could see that staff were motivated and enjoyed their work supporting people living at the service.

The home had a registered manager. They told us that they managed a team of service managers, deputy managers and unit leaders across this and another site, which enabled them to have a day to day overview. The registered manager said that they had regular team meetings and that helped with communication across a large staff team. We looked at minutes from the last three staff meetings and saw that the agenda covered standing items such as health and safety, as well as discussing training and the needs of people living at the home.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect People's privacy was not maintained at all times and monitoring measures had not been properly considered. Regulation 10(2)(a)