Millsted Care Ltd

Westhaven

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 15 March 2016 and was unannounced. At our previous inspection on 8 January 2014 we found the provider was meeting the regulations we inspected.

Westhaven is a care home which provides care and support for up to six adults with a learning disability. At the time of our inspection there were four males and two females using the service.

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People using the service told us they were happy living at the service. They told us it felt like home and that staff treated them well. There was a family feel to the service and it was clear that people were comfortable in their surroundings.

People's needs in relation to medicines, healthcare and eating and drinking were being met by the provider. People told us they received their medicines on time. They had access to a GP and other healthcare professionals, and care workers supported them to attend appointments. They told us they enjoyed the food at the home and we saw that the kitchen was well stocked with good quality food items.

The provider was meeting the requirements of the Mental Capacity Act 2005 (MCA). Staff were aware of the need to ask people for consent before supporting them with personal care. Care records were signed by people indicating their consent. Care records included a section where people's capacity to understand was documented and where people did not have the capacity to make decisions, best interests meetings took place which helped to ensure that their rights were protected. No applications to deprive people of their liberty or restrict their movements were required.

Care records were comprehensive in scope and covered a range of areas from healthcare monitoring, behaviour management plans, risk assessments and support plans. They were reviewed on a regular basis to make sure they were current. People met their key workers every month where they were able to have their say on their support needs.

Staff told us they felt supported and praised the registered manager for her openness and the training that was provided. Care workers received regular training and supervision and were therefore able to support people better.

The registered manger had an open door policy and people and their relatives told us they knew who to speak with if they had concerns. Regular monitoring took place through questionnaires, manager walk-arounds and audits.

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 using the service told us that staff treated them well. Relatives told us they had no concerns about safety at the home.

Risk assessments and behaviour management plans were in place which provided guidance to staff about how people could be supported in a safe manner.

Robust recruitment procedures were in place and there were enough staff to meet the needs of people using the service.

People received their medicines in a safe and appropriate way from competent staff.

Is the service effective?

Good

The service was effective.

Staff told us they received a good level of ongoing training which meant they were able to support people appropriately.

Staff understood the issues surrounding consent and the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA).

People had their health and nutritional needs met by the provider.

Is the service caring?

Good

The service was caring.

There was a pleasant atmosphere at the home. Care workers and people were comfortable in each other's company.

Care plans were person centred and staff demonstrated their knowledge of people's likes and dislikes and how they liked to be supported.

People's privacy and dignity was respected by the provider.

Is the service responsive?

Good

The service was responsive.

Thorough assessments took place before people came to use the service.

Care records were comprehensive in scope and recorded the level of support that people needed.

People had access to a wide range of activities.

Is the service well-led?

Good

The service was well-led.

The aims and objectives of the service were promoted to staff who were familiar with them.

The registered manager made herself available and there was an open door policy at the service.

Quality monitoring took place and an improvement plan was in place, demonstrating a commitment to improvement.

Westhaven

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 15 March 2016 and was unannounced. The inspection was undertaken by one inspector.

Before we visited the service we checked the information that we held about it, including notifications sent to us informing us of significant events that occurred at the service.

During our inspection we spoke with two staff members and the registered manager. We spoke with three people who used the service and also observed staff supporting them during the inspection. We also spoke with a relative of one person on the telephone. We reviewed two care records, three staff files, and other records related to the management of the service.

Good

Is the service safe?

Our findings

People using the service told us they felt safe living at the service and that it felt like home. Relatives also said they had no concerns with respect to people's safety. Some of the comments included, "The staff are great, I have no concerns."

Care workers were familiar with the term safeguarding and what steps they needed to take to keep people safe from harm. They told us, "We have all the safeguarding telephone numbers and all the residents have the safeguarding numbers in their rooms." Training records that we saw confirmed that safeguarding training had been delivered to staff. A safeguarding policy was in place, which provided guidance to staff on how to protect people using the service from abuse. Safeguarding posters were on display in the service for staff to refer to if needed. A whistleblowing policy was also in place, which meant staff had formal guidance about how to report issues of concern about the conduct of other employees that impacted on the safety and welfare of people who used the service.

Risk assessments were completed for each person which helped to keep them as safe as possible from potential harm. Some examples of risks that were identified included travel, choking, mobility and bathing. Each assessed risk had actions that had been agreed with staff and people to minimise the risk. There were also general house risk assessments and fire risk assessments which helped the provider to ensure the environment was as safe as possible for people.

Behavioural guidelines were in place for people with behaviour that challenged. These guidelines directed care workers on the best techniques to use if people acted in a manner that challenged the service. There was also evidence of behaviour monitoring charts that had been put in place by the community team which comprised a psychiatrist, psychologist and speech and language therapists, so that care workers could document incidents which could then be used to identify possible reasons for some of the exhibited behaviours. A disability distress assessment tool was used to identify distress cues in people. Care workers told us, "People have behaviour guidelines and risk assessments in place, we all read them."

There were robust recruitment procedures in place which helped to keep people safe. Staff files were complete and contained records related to people's recruitment. These included their application form when they applied for the position, references from previous employers, medical information, identity and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with people who use care services.

There were sufficient staff employed to meet the needs of people using the service. There were two or three care workers on duty during the day and one waking care worker at night with another on call. However, the registered manager told us that extra care workers were brought in if required, for example to support people to go out during the day or to attend appointments. We confirmed staffing levels were as stated by checking staff rotas.

People received their medicines in a safe and timely manner from trained care workers. One person said, "I

take my medicines, two before breakfast and one at night." Care workers told us, "We have to support everyone with their medicines" and "We do a medicines audit every week."

Medicines were stored securely and were locked away. Medicines records included staff signatures to make it easier to identify which staff supported people with medicines on a particular day, to ensure accountability. There were guidelines in place for medicines that were administered 'as required' for example, pain relieving medicines. Each person had a medicines profile containing a list of medicines and their uses. Care workers completed medicines administration record (MAR) charts correctly when they administered medicines. We counted medicines for two people and these were found to correctly match with the providers own checks of stock levels.

Good

Is the service effective?

Our findings

Care workers received a standard of training and support which enabled them to meet the needs of people using the service.

New care workers completed comprehensive induction training within 12 weeks of starting. We saw a competed workbook that a care worker had completed, this covered aims and objectives of the service, code of conduct, working as part of a team, safeguarding, food hygiene and how to maintain a safer environment. It also included a number of case studies which were used to supplement some of the learning.

Mandatory training included safeguarding, medicines, infection control, health and safety, fire safety, and food hygiene. Other training was completed according to people's needs. We looked at staff training certificates and saw that people had competed training in a range of topics including continence care, dementia care, diversity and equality, dying, death and bereavement, and safe administration of medicines. Some care workers were being supported to obtain nationally recognised qualifications in health and social care. The registered manager retained training certificates in care workers individual staff files.

Care workers told us they were satisfied with the training provision on offer at the service. One care worker said, "A lot of the training is e-learning but we do have some in house like manual handling and first aid" and another said, "We have set online training but also classroom training. The medicines' training was online but we were supervised until signed off as competent."

Staff supervision took pace a minimum of four times per year. Matters that were discussed included key working duties, training and supervision. Supervision records included an action plan to be followed up at subsequent meetings and we saw evidence that where issues were identified the registered manager took action, for example arranging more training around medicines. Care workers told us they felt supported, saying "Everyone is really helpful. If you don't know you ask."

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and found that they were doing so. Staff were able to demonstrate that they understood the issues surrounding consent. One care worker told us, "If somebody has not got capacity then you have to have a best interests meeting." They also

gave an example where a best interests meeting was held for a person using the service who did not have the capacity to make a decision related to their treatment.

Care plans and key worker updates were signed by people using the service, indicating their agreement and consent to their content.
Care records included a section called 'my mental capacity' which recorded people's level of understating and ability to make specific decisions, for example that they were able to make some decisions but may not fully understand other issues. There was evidence of Independent Mental Capacity Advocate (IMCA) involvement where people did not have Lasting Power Attorney (LPA) and where they needed support to make a decision.

There were no DoLS in place for any people using the service because people were not restricted from leaving and were not under constant supervision. People told us they were able to enjoy a wide range of activities outside the home.

People using the service had their nutritional needs met by the provider. They told us they enjoyed the food at the home and sometimes got involved and helped staff when preparing the food.

We saw that there were seasonal menus in place, one for the summer and one for the winter. The registered manager told us they developed the menus in consultation with people and their known preferences, and sought the advice of a dietitian to ensure that it met people's nutritional needs. There was a five week rolling menu in place which helped to ensure that people were given a variety of different foods. Cooking instructions were in place for staff to help them when preparing food.

The menu was on display, this was displayed in a pictorial format making it accessible for people using the service. The menu for the week of our inspection included chilli, burgers, lamb hot pot, lasagne, casserole, fish and chips, gammon and roast potatoes. The kitchen and dining area were clean and well maintained to an acceptable standard. They used colour coded preparation boards for different food types and labelled opened food in the fridge with the date it had been opened and when it was to be used by to ensure food was safe to eat.

None of the people using the service had specific dietary requirements or needed extra support with eating; however care workers were familiar with people's likes and dislikes with respect to their food choices.

People using the service told us their healthcare needs were met and care workers supported them to attend any appointments. A relative also told us they had no concerns in this area, "They are great when it comes to contacting the GP, they know when [my family member] is not well." A care worker told us, "They are all registered with a GP and they have annual health checks." Care workers gave us examples of when they had supported people to meet their healthcare needs, for example, by contacting the GP or other community professionals when they had concerns. One care worker told us, "We have had a dietitian out for [person] but they said what we were doing was fine."

All records related to health and medical records, such as health correspondence and weight charts were kept together. Each person had a healthcare plan and documented records of appointments, for example with their GP, chiropodist, dentist or optician. Other healthcare records included weight charts, medical correspondence, a hospital passport, medicine charts and health correspondence. This demonstrated that the provider had a structured system for ensuring that important health records were easily accessible for sharing information with relevant healthcare professionals. There was evidence of healthcare professionals' involvement in people's care and support and appropriate referrals being made when the need arose.

Good

Is the service caring?

Our findings

People using the service told us that staff were kind and treated them with respect. Some of the comments from people included, "[A care worker] is nice, I like all the staff" and "I like living here, it's my home." A relative that we spoke with told us the care workers were "Caring and lovely people."

There was a relaxed, informal atmosphere at the home. We observed people having breakfast in the morning, care workers spoke with them in a friendly manner. It was evident that people and care workers were comfortable in each other's company, there was jovial conversation taking place.
Care workers spoke about how much they enjoyed working at the service and supporting people, telling us, "I love working here, it's relaxed. We are like family" and "We have a special bond with each other." Care workers were knowledgeable about people, their life history, what they liked doing and what made them happy or sad. A care worker said, "We do have some history but there is nothing better that observations and speaking with people." Another said, "I try and make sure he/she is happy" and "he/she is always saying to me he/she is happy." People were supported to maintain family relationships, one relative told us us "He/she comes home every two to three weeks." One person said, "It's my birthday in August, I'm going to have a party."

People lived in single rooms that had been furnished to their liking. One person using the service showed us their room and we saw that it was personalised and furnished with pictures and artefacts of their interest, such as movie posters. Artwork was displayed around the home which they showed to us enthusiastically. One of the bathrooms had a mobility bath, which had been installed as a result of a person's declining mobility. The registered manager told us, "We have adapted the house to meet their needs."

People's independence was promoted by staff. People's care plans were person centred and documented the level of support people needed with daily tasks. There was evidence that the provider took steps to involve people in decision making around the service. We observed people helping themselves in the kitchen, making tea. They told us, "I get help from staff if I need it" and "I like cooking dinner." People were encouraged to have a say in the running of the service. For example, choosing menus, holding regular meetings and having their views listened to.

People needed varying levels of support with their personal care and care workers were aware of the importance of respecting people's right to privacy and maintaining their dignity when supporting them with personal care. One person said, "Staff help me with the water, they check the temperature for me." Staff told us that they always offered people a choice and did not force them to do anything, saying, "[Person] has a good level of understanding. [They] can tell you what he/she likes and doesn't like and how he/she is feeling. [Person] is very independent with his/her choice of clothing."

Good

Is the service responsive?

Our findings

People's individual needs were assessed and met. We spoke with the registered manager about the process for referrals and we looked at some care records for a person who had recently moved into the service. A thorough assessment was carried out prior to people moving in which enabled the provider to decide whether they could be supported in an appropriate manner. A formal assessment which covered various areas including mobility, diet, continence, self-help skills, hearing, sight, sleeping patterns, behaviour and awareness was done. Potential goals were also identified during this process, which were then developed further.

People's care, treatment and support needs were recorded in care records that described how care workers could support them appropriately. Care records were split into different folders so that individual types of records were more easily accessible to staff. All records related to health and medical records, such as health correspondence and weight charts were kept together. Person centred care plans were kept separately. The registered manager told us, "Our care plans are set up so that anyone can come in and support people how they want to be supported."

Person centred plans had been reviewed recently and the registered manager told us that they were reviewed yearly but were all working documents so they were looked at on a daily basis by care workers, and were updated if there were any significant changes to people's support needs. Care plans were written in plain English and in layman's terms which meant that people were able to understand their content. There was a section which recorded people's likes and dislikes. Risk assessments were recorded as bullet points which made it easier for care workers to understand any areas of high risk that people were susceptible to and how to manage this.

People's personal care and their communication needs were documented. This allowed care workers to provide the appropriate level of support in relation to personal care, whether prompting or more intensive support and to also understand the best way to communicate and understand people.

People's strengths and needs were identified; the registered manager told us that this section of the records was used to develop goal action plans for people. A section entitled 'dreams and aspirations' was reviewed every year and the provider looked at what had been achieved within the past year.

The activities timetable was on display in the office. Each person had an individual activities programme for the week, for example day centre, horse riding, aromatherapy, dancing, drama and cookery. Each person had an assigned key worker who completed monthly updates on their wellbeing and helped to facilitate activities for them. A care worker said, "As a keyworker I check the diary and make sure any appointments are kept."

People using the service told us they were supported to attend a wide range of activities of their choosing. They also told us they had the opportunity to go on holiday. Comments included, "I'm going to Lanzarote", "I work in the garden centre", "I go to gym on Tuesday" and "I go to the cinema, I saw the new James Bond

film." A relative told us, "[My family member] is always out, doing things. He/she leads an active social life." There was evidence that the provider was responsive to people's changing needs, for example one person using the service enjoyed horse riding but was unable to continue this after an accident. The provider then made arrangements for the person to continue doing this but on a carriage rather than horseback.

Regular house meetings were held to gather the views of people using the service and to give them a sense of responsibility. Minutes from meetings showed that meetings were well attended by people and where people were not able or did not want to attend, they had one to one meetings so that their views could be heard. Areas covered included the house, garden, bedrooms, staff and activities, topics such as safeguarding and any other business

There had been no recorded complaints received by the service. We asked people and also relatives whether they had any concerns or complaints about the service and they told us they were happy and content with the service. Complaints were explored in a number of ways, including house meetings which were held every two months where people were asked if they had any complaints. Complaints were also documented through key worker meetings.

Good

Is the service well-led?

Our findings

People and relatives told us the service was well managed. They said care workers worked well as a team and met their needs. They also told us that the registered manager was a visible presence at the service and was hands on in terms of managing the service and responding to any concerns or complaints. They said, "I talk to staff regularly", "I wouldn't want him/her anywhere else" and "This is an example to other people who provide care, it's a role model."

Care workers told us they really enjoyed working at the service, worked as a team and thought the registered manager was approachable. They said, "Everyone is so friendly and supportive here", "We talk openly with each other, if there's anything you don't know you can ask [the registered manager] and "The registered manager is always available." Staff meetings were held every two months and covered training, health and safety and people using the service. Care workers said they were given positions of responsibility, "I am responsible for ordering medicines and supervising some staff, the deputy manager oversees the care plans."
The registered manager understood her responsibilities with regards to her registration with the Care Quality Commission and was aware of which incidents required a formal statutory notification.

We reviewed the aims and objectives of the service. These were signed by staff to demonstrate their understanding. The aim of the service was 'ordinary life principles', which stated that people should be allowed to develop their maximum degree of independence, privacy and self-determination. The objectives were for the provider to ensure that care and staff training were based on the individual needs of people who used the service. Each person was required to have an annually reviewed person centred plan and receive support with chosen activities and hobbies. From our observations of the service, the provider ensured that the aims and objectives of the service were being met.

We reviewed the quality assurance policy at the service which made reference to how the provider would monitor the quality of service to people. This included recording of care plans, monthly updates, house meetings, team meetings and unannounced visits by the provider. It was clear from the evidence we viewed that the provider was adhering to this policy and monitoring the quality of service by these documented methods.

Questionnaires were sent to different groups, including people using the service, relatives and day centre staff. People were asked whether they liked living at the service, their views on staff and who to contact if anyone was unkind to them. Relatives were asked for their feedback on the staff team, the environment, any concerns/complaints and their general satisfaction levels. Feedback was positive, some of the comments included "I have no complaints", "Wonderful staff" and "Very happy, leads a fulfilling life."

Accurate records were maintained to demonstrate that the service was managed safely to meet people's needs. Records were kept in relation to fridge temperatures, bath temperatures and records of what people ate. There were fire panel and fire alarm system inspections twice a year. Fire alarms and door guards were checked weekly and evacuation drills took place every three months. The fire extinguishers had been

checked recently, a current gas safety certificate was in place and a medicines audit took place annually. These checks showed that the provider was committed to ensuring people's safety and wellbeing was maintained.

The registered manager did monthly walk arounds with the operations manager and had developed a quality improvement plan. A quality improvement plan for 2016/2017 was in place, which aimed to look at holidays, the staff training plan, the introduction of the care certificate for new staff, and the refurbishment and redecoration programme. We saw that progress had already been made on some of the identified issues such as a replacement boiler for the home.