

## The Disabilities Trust

# West Heath House

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

West Heath House is a residential rehabilitation home for people with an acquired brain injury which provided personal care to 11 people at the time of the inspection. The service can support up to 24 people.

### People's experience of using this service and what we found

Staff had received training in safeguarding and knew how to keep people safe. Staff had been recruited safely and were trained and supported to provide the best possible care for people. Medication was administered safely.

People were supported by staff who had the skills and knowledge to do so effectively and staff sought guidance from health professionals in order to support people's needs.

People were not supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

People were supported by kind and caring staff who respected their privacy and dignity and supported their independence.

People's support needs were assessed regularly and planned to ensure they received the support they needed, however, people were not always involved in the review of their care. People had daily activity plans in line with their hobbies and interests. The provider had a complaints process to share any concerns.

The provider carried out regular audits of the service, however, further improvements were required in order to make them more robust. The manager was implementing changes to the service to make it more inclusive. There was no registered manager in post as required by law.

### Rating at last inspection

The last rating for this service was good (published 11/05/2017)

### Why we inspected

This was a planned inspection based on the previous rating.

### Enforcement

We have identified a breach in relation to regulation 11 (need for consent) at this inspection.

Please see the action we have told the provider to take at the end of this report.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-

inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

# West Heath House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspection manager and one inspector.

#### Service and service type

West Heath House provides a rehabilitation service for up to 24 people who have an acquired brain injury. The length of time people stay at the service can vary from short term to longer term care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission as required by law. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. There was a care manager in post who told us they were in the process of applying for registration.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection-

We spoke with four people who used the service about their experience of the care provided. We spoke with seven members of staff including the manager, deputy manager, physiotherapist, care workers, and the

cook.

We reviewed a range of records. This included three people's care records and multiple medication records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with one relative.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in how to keep people safe and could describe the actions they would take when people were at risk of harm. One person said, "I feel safe."
- Safeguarding referrals had been made to the relevant authorities where incidents of concern had taken place so they could be investigated.

Assessing risk, safety monitoring and management

- Risk assessments were in place for people and staff we spoke with were aware of people's risks and were able to tell us how they supported people to keep them safe.
- Accidents and incidents were recorded and investigated to reduce the risk of them from happening again in the future.

Staffing and recruitment

- We saw there were enough staff to support people and people did not have to wait long for assistance when needed. We observed staff taking the time to talk and interact with people in a way and at a pace that met that people's needs.
- There were recruitment processes in place and recruitment checks were carried out before staff were appointed. This ensured suitable staff were appointed to support people.

Using medicines safely

- Peoples' medicines were managed safely. Processes were in place for the timely ordering and supply of medicines. Medicines administration records showed people received their medicines as prescribed.
- All medicines were stored securely and daily temperature checks were carried out to ensure medicines were stored at the correct temperature.
- Supporting information to aid staff in administering medicines that had been prescribed on a when required basis (PRN) was in place.
- There was a covert medication policy in place which staff followed to ensure people received their covert medication as prescribed.

Preventing and controlling infection

- The home was clean. Staff used personal protective equipment and we saw that this was readily available to them.
- Staff supported people and were using good practices to ensure they could protect against the spread of infection.

### Learning lessons when things go wrong

- The manager had a system in place to monitor incidents and accidents. Records we looked at showed us they understood how to use accidents and incidents as learning opportunities to try and reduce future occurrences.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

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.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- We found the service was not consistently working within the principles of the MCA. There were no mental capacity assessments on file for specific decisions, at the time the decision needed to be made and no best interest's decisions had been recorded for those people who lacked capacity.
- The management team had a limited knowledge of DoLS and were unable to tell us who had a DoLS authorised and what, if any conditions were in place. Some DoLS had expired and therefore people's liberty was being restricted without the appropriate authorisations in place. There were no details of people's RPR (Relevant Person's Representative) within the service so the manager could monitor that they were fulfilling their role to safeguard the person.
- The service had not explored how to support people in the least restrictive way. For example, one person was restricted from leaving the home alone when they had full capacity and the right to make their own decision and leave unaccompanied if they so wished. Alternatives to support this person had not been considered, such as using trackers. There were key padlocks on the bathroom door to prevent people from accessing the bathroom on their own meaning they were not able to freely move around their home.
- Whilst staff had received training in the MCA some staff knowledge was limited.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 need for consent.

- Staff asked for consent before supporting people and knocked on the door before entering their room.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider carried out an initial assessment of people's support needs so they could be sure they could support people in the right way to enable them to regain their independence.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and knowledge to do so effectively. We observed people being moved using safe moving and handling practices on the day of inspection.
- Staff received induction training in line with the Care Certificate. The Care Certificate is the nationally recognised benchmark set as the induction standard for staff working in care settings.
- Staff were given opportunities to review their individual work and meet their development needs.

Supporting people to eat and drink enough to maintain a balanced diet

- Halal meat was used by the cook in order to respect some people's religious beliefs, however, this was used for everyone in the home and did not consider that other people may not wish to eat Halal meat. People had not been given the choice.
- People were supported to eat a healthy diet and there was plenty of food available for people throughout the day.
- Where people had specific dietary requirements, staff knew these and could support people accordingly.
- Meals for people on pureed diets were presented nicely in moulds to make them more appealing to the eye and drinks were thickened where appropriate.

Supporting people to live healthier lives, access healthcare services and support.

Staff working with other agencies to provide consistent, effective, timely care.

- The service had an on-site clinical team which included a physiotherapist, occupational therapist and psychologist to support people both physically and emotionally to regain their independence. A relative said, "[Name of person] has come on amazingly."
- The service worked with other outside healthcare professionals as needed in order to support people to return to their own homes.

Adapting service, design, decoration to meet people's needs

- The home was purpose built and was clean and fresh and met the needs of people using the service.
- People's rooms were decorated to their individual taste.
- There was a well-equipped gym on site to support people to regain their independence.
- There were nicely maintained outside spaces for people to access if they so wished.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were cared for by kind and caring staff. One person told us, "I have no problem with staff. My key worker [name of staff] is a good bloke." A relative said, "They [staff] are a great team. They always go above and beyond."
- Our observations showed that staff knew people well. People interacted easily with staff and were comfortable around them. One staff member said, "It's all about the service users."
- We found people's equality and diversity needs were respected and staff received training in equality and diversity.

Supporting people to express their views and be involved in making decisions about their care

- People had not historically been involved in the reviews of their care and, therefore, their opinions had not always been considered. The new manager was aware of this and had invited people to be involved in their care reviews. We saw evidence of improvements where people had been included in reviews of their care.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected and we observed this in practice. We saw good practice during the medication round where the member of staff always ensured their lap top lid was down when administering medication to ensure peoples' personal information was kept confidential.
- People were supported to be independent. People were encouraged to make their own food and had access to a kitchen to practice their skills. We observed a member of staff supporting a person to stand in order for them to build their strength. A member of staff said, "I involve them, let them do as much as they can for themselves."
- People were supported to regain their independence and enable them to return to their own home. For example, one person was being supported to go home twice a week and ensure they had the correct adaptations at home so they could live independently.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- A care plan and assessment were in place to show the support people needed and these were reviewed regularly. A relative said, "We are always invited to reviews."
- The care manager was working on the care plans and assessments to ensure things which were important to people were reflected in their care plan. For example, they had introduced a one sheet guide which detailed personal information about people, their likes and dislikes and what was important to them called, "This is Me."
- Care plans did not always contain person centred information, however, staff knew people's individual needs and preferences and how best to support them. For example, staff were able to explain how a change in a person's behaviour indicated that something wasn't right.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider was aware of the accessible information standard and we saw some good examples of how people were supported to communicate using their preferred method. For example, we saw that people had a communication book which detailed their preferred method of communication and used pictures to enable people to express how they were feeling.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Each person had a daily activity programme which included activities of interest for that person. For example, one person had a session on the afternoon to make jewellery.
- The manager had introduced a weekly group activity on a Friday to help reduce social isolation, for example, bowling or a visit to the zoo.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place and people knew who to speak to if they had any concerns. There had only been one complaint this year and this had been resolved following the provider's complaints policy. A relative told us, "We have no complaints, we are very happy."

## End of life care and support

- There was no-one receiving end of life care at the time of inspection. The manager told us if people did need to receive end of life care they would discuss their wishes with them to ensure they were supported as they wanted to be at the end of their life. We saw evidence of end of life care planning and choosing the correct pathway for people during the inspection.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was no registered manager in post as required by law. The current manager was in the process of applying to take registration.
- The manager carried out regular audits of the service to oversee the quality of support people received although some audits were more robust than others. Audits of DoLS were ineffective and had not identified when DoLS had expired and a new application needed to be made. However, audits of care plans and risk assessments had identified that people had not been included in their care planning and the manager was making changes to ensure this now happened and their involvement was recorded.
- The provider had not ensured that the training staff received around the MCA and DoLS was effective and had given staff the skills and knowledge to be able to support people in the least restrictive way and in their best interests.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people. Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Before the new manager started at the service, people had not been included in their care planning. The new manager to the service was passionate about making the service more inclusive and ensuring people were involved in making decisions about their care. They were making changes to the service to ensure this happened, for example, people were sent invitations to attend meetings about their care. One staff member said, "I really think [manager] is the right person to make these changes. I have seen a very positive change. The good practice now is something that has been identified."
- The manager operated an open-door policy to ensure they were accessible and to encourage people to speak freely.
- The manager had implemented daily face to face morning meetings in order to hand over and share information. This meant that the whole team were aware of people's changing support needs and how best to support them.
- The manager had introduced a support network for each person to include a floor key worker, clinical co-ordinator and care lead to ensure people's individual needs were met.
- The manager had introduced "Dress Down Friday" to make people feel more relaxed at work.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open

and honest with people when something goes wrong

- The manager was very open and honest about the challenges they faced in changing the culture at the home and implementing changes that were needed to make the home more inclusive.

Continuous learning and improving care

- The provider had a development plan in place to further improve the quality of the service for people who lived there.

Working in partnership with others

- The service worked in partnership with hospital consultants, social workers, health professionals and relatives to ensure the service supported people's needs.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent
Treatment of disease, disorder or injury	They systems and processes in place were not effective and the service had not acted in accordance with the requirements of the MCA and associated code of practice.