

Whitmore Vale Housing Association Limited

Westlands

Inspection report

West Hill Road
Woking
Surrey
GU22 7UL

Tel: 01483761067

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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

Westlands is a residential care home for up to 7 people. Care is provided across two floors in one adapted building. At the time of our inspection, there were 7 people living at the home. People living at the home had learning disabilities, autism and some had additional support with their mobility.

At our last inspection we rated the service 'Good'. At this inspection we found the evidence continued to support the rating of 'Good' and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection..

At this inspection we found the service remained Good.

Why the service is rated Good

People lived in a safe environment which was clean and regularly checked. Individual risks to people were assessed and plans were put in place to keep people safe whilst encouraging their independence. Where incidents had occurred, staff took appropriate actions to ensure people's safety. There were sufficient numbers of staff present at the home to ensure that people were safe and staff were knowledgeable about how to manage risks and respond to potential safeguarding concerns. Staff were trained in how to administer people's medicines safely and the provider maintained good practice in this area.

Staff had been given the right training and support to carry out their roles. People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. People received a thorough assessment before coming to live at the home and the home environment was suited to people's needs. Staff supported people to prepare meals that they liked and that matched their dietary needs.

People were supported by kind staff that knew them well. Staff routinely involved people in decisions about their care and identified ways to encourage people to develop skills and independence. People's privacy and dignity was respected by staff when providing care.

People were supported to identify and achieve goals and care was planned in a person-centred way. Regular reviews were carried out to ensure care plans reflected people's current needs and any changes were responded to. People had access to a range of activities that suited their interests as well as their needs. There was a clear complaints policy in place and the provider took proactive steps to identify and respond to feedback from people and their relative.

People and relatives spoke highly of the management at the home and the registered manager was accessible to people at all times. Staff praised the support that they received from management and there were systems in place to encourage staff to make suggestions and identify improvements. The provider

regularly sought the feedback of people and relatives and involved them in decisions about their care at the home. There were a variety of checks and audits in place to monitor and assure the quality of the care that people received.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Westlands

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 was a comprehensive inspection and it took place on 10 April 2018 and was unannounced.

The inspection was carried out by one inspector due to the small size of the service.

Before the inspection we gathered information about the service by contacting the local and placing authorities. In addition, we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

As part of our inspection we spoke with three people and one relative. We spoke with the registered manager, the service manager and three care staff. We also observed the care that people received and how staff interacted with them.

We read care plans for three people, medicines records and the records of accidents and incidents. We looked at mental capacity assessments and applications made to deprive people of their liberty. We looked at two staff recruitment files and records of staff training and supervision. We saw records of quality assurance audits. We looked at records of surveys and minutes of meetings of people and staff.

Is the service safe?

Our findings

People told us that they felt safe living at Westlands. One person said, "Yes it's safe." Another person said, "It is safe, I find stairs difficult and I can get around here." A relative told us, "It's very safe; [person] always goes out with staff."

Risks to people were managed safely. People's records contained evidence of risk assessments being carried out and where risks to people were identified, plans were implemented to reduce risk. For example, one person had a risk assessment that recorded that they could become anxious, which affected their behaviour. There was detailed information for staff on how to identify when the person was becoming anxious and guidance on how to respond if the person should signs of anxiety. Staff were knowledgeable about these guidelines and staff documented any concerns on a behaviour chart. Staff understood their roles in safeguarding people from abuse. When asked, staff were knowledgeable about how to identify potential abuse and the correct procedures to escalate their concerns.

There had been very few incidents at the service, but where they had taken place staff had responded appropriately. Staff kept a record of incidents and recorded the actions that they had taken. The registered manager checked all incident records and an analysis of these took place to identify themes or trends. Records showed that staff responses ensured that people were safe and measures were taken to prevent a similar incident reoccurring. For example, one person had fallen and staff had checked the person and made sure they were not injured. Staff then referred the person to a local community falls team who prescribed a walking frame to reduce the risk of the person falling again.

People's medicines were managed safely. People's medicines were stored securely and in line with the manufacturers guidance, staff undertook regular checks to ensure this. Staff maintained accurate medicine administration records (MARs) and these were regularly checked. MARs were accurate with no gaps and contained important information such as people's allergies and a photograph to confirm their identification. Staff had been trained in how to administer medicines safely and their competency had been assessed in this area.

People lived in a safe environment. The provider carried out regular checks on the health and safety of the building and there were clear procedures to be followed in the event of an emergency. The home was clean and we observed staff and people supporting with cleaning tasks during the day. Staff had been trained in good infection control practice and the provider carried out regular audits of the cleanliness of the home.

There were sufficient numbers of staff to keep people safe. People told us that there were always staff nearby and they got to go out regularly with staff. Staff were observed spending time with people and going on outings with people throughout the day. The registered manager calculated staffing numbers based on people's needs and activities and these were fulfilled. The provider had carried out appropriate recruitment checks on all staff; these included references, work histories and a check with the Disclosure & Barring Service (DBS). The DBS hold a record of any potential staff who would not be appropriate to work in social care.

Is the service effective?

Our findings

People told us that they liked the food that was prepared at the home. One person said, "It's nice food." Another person told us, "I like the food, they take us out once a week shopping."

People's nutritional needs were met. Care plans contained information about people's food preferences and dietary requirements, including any support that they needed to eat. For example, one person did not like fish and liked sweet foods. Their care records reflected this preference and records showed that they were not served fish and regularly enjoyed sweet foods as part of a balanced diet. Another person was at risk of choking because they sometimes ate too fast. Their care plan documented that staff should supervise them at meal times and provide verbal prompts if the person needed to slow down. People chose weekly menus together by writing shopping lists with staff. Staff used pictures to support people who could not express themselves verbally to make choices and we observed this taking place during our visit. People received a thorough assessment before they came to live at the home. Records showed that assessments captured people's needs as well as their preferences.

People's healthcare needs were met. People's care records contained evidence of involvement from healthcare professionals. Where one person had input from the community team for people with learning disabilities (CTPLD), information on their medicines and guidelines on how best to support them were in their file. We saw evidence of another person being seen by their GP when they were unwell and receiving treatment promptly. We also saw evidence of people having check-ups with the opticians and the dentist when required.

Staff had appropriate training and support for their roles. Staff told us that they received training that made them confident in their roles. Staff received an induction and attended training courses which were regularly refreshed. Staff also completed additional courses such as Qualifications Credit Framework (QCF) courses in adult social care. Staff had received training in areas such as autism and epilepsy, which was specific to the needs of the people that they supported. Staff told us that they received regular supervision and appraisals and records confirmed this. Staff said these one to one sessions were useful and supportive to them in their roles. One staff member said, "We discuss my progress, any things to change and relevant training and legislation."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People's legal rights were protected because staff followed the guidance of the MCA. People's records contained decision specific mental capacity assessments and where people lacked capacity to make a decision, a best interest decision was recorded. Where best interest decisions involved potential restrictions being placed upon people, the provider had submitted applications to the local authority DoLS team.

The home environment was suited to people's needs. The home was spacious with clear signage for people

to orientate themselves. People at the home benefitted from easy read signs throughout the home and those who required walking aides were observed as able to move around the home freely as corridors and rooms had clear pathways. There was a lift at the home to enable people with reduced mobility to move between floors.

Is the service caring?

Our findings

People told us that they were supported by caring staff. One person said, "They [staff] are all nice to me." Another person said, "They [staff] are all very friendly and they are all nice." A relative told us, "There's a lovely atmosphere there, the staff are so caring."

People were supported by kind and committed staff that knew them well. During the inspection, we observed staff interacting with people in a way that showed kindness and compassion. In the morning, we observed staff sharing a joke with one person. The person and staff member were laughing and evidently enjoyed each other's company. Staff were knowledgeable about people's needs as well as their backgrounds. For example, one staff member was able to tell us where one person had lived before coming to the home as well as details on their interests and needs. Care plans clearly documented people's needs and staff told us that they found these useful and they were given time to read them.

Staff involved people in their care and encouraged them to develop skills and independence. People's care plans contained information on their preferences and used pictures to document people's choices in a way that was accessible to them. One person showed us their care plan and they told us staff regularly asked them about their activities. There was signage throughout the home, in an easy read format with pictures which we observed people reading. We also noted there were a number of materials available to people in an easy read format that explained their rights in areas such as safeguarding, the MCA and raising complaints. During the inspection, we observed staff offering people choices. For example, one person asked staff if they could go out. The staff member reminded them of their planned activity that day and the person said they wished to go ahead with it. Staff then talked to the person about what they wished to do the next day and made a plan to go out.

Care plans contained information on people's strengths and the support they required to complete tasks independently. People were regularly supported to carry out daily living tasks such as cleaning and laying the table for meals. We observed a person working with staff to prepare a drink for themselves during the inspection. A staff member said, "As much as we can we try to promote independence by encouraging people."

People's privacy and dignity was respected by staff. People's rooms provided space for them to spend time in private and we observed that bedroom doors were kept closed where people were in their rooms. Staff were observed knocking on doors and awaiting permission before entering. Where people required support with personal care, this was carried out discreetly and behind closed doors. Staff understood the importance of maintaining people's privacy and they were knowledgeable about how they did this when we spoke with them. One staff member said, "When providing personal care we gain consent and ask what they would like us to do. We also make sure the door is closed and the curtains are drawn."

Is the service responsive?

Our findings

People received person-centred care that reflected their needs and interests. One person said, "I've stayed at a few places and this is the best place I've lived." A relative said, "The care is absolutely marvellous, I wouldn't want [person] anywhere else."

People's care was planned in a person-centred way and staff supported them to achieve goals. People's care plans contained detailed information for staff in areas such as personal care, nutrition and behaviour. We saw examples of how care planning had achieved particularly positive outcomes for people. One person had smoked for most of their life and after being informed of the health risks by staff, the person expressed a desire to stop smoking. Staff worked with the person to access healthcare professionals and identify treatments and plans to stop smoking. At the time of inspection, the person had not smoked for over six months and staff had noted significant improvements to the person's health and stamina. Records showed that this person was enjoying walking activities more and was observed as less breathless. We also noted that care planning had recently seen a reduction in incidents for this person and they had required less 'as required' (PRN) medicine as a result of a positive approach from staff.

Another person had been through changes in their mobility due to becoming older. Staff worked with the person to help them gain confidence in using equipment and decreasing the risk of them falling. We also noted that in response to people getting older, the provider had installed a lift at the home in order to enable staff to meet people's needs if their mobility changed. This reduced the risk of people needing to move to another home if their needs changed and demonstrated a proactive approach to meeting people's needs. Care plans contained evidence of regular reviews being carried out to identify and respond to changes in needs. The provider planned end of life care sensitively. We saw that people's wishes with regards to end of life care were documented and this had been done in an accessible manner using an easy read pictorial format.

People had access to a range of activities that suited their needs. One person said, "They have live music here, it really cheers everybody up." People had individual activity plans that involved outings and activities that reflected their interests. One person had an interest in gardening and we saw evidence of them being supported to engage in this and they had recently planted seeds in the home garden. A number of people enjoyed music and art and activities of this nature were held at the home each week. People living at the home had previously lived together at another home for most of their lives and they had activities delivered by staff from the home that they knew well. People had access to a garden and a room for activities. The provider had also recently developed a sensory room which provided a quiet space with lighting to enable people to relax. We observed one person making use of this room during our inspection.

There was a clear complaints policy in place. Information on how to complain was available to people in an easy read pictorial format and people were regularly asked for feedback at reviews and meetings. We noted that there had been no complaints at the time of inspection. People and relatives told us they knew how to complain and would feel comfortable raising any issues with the registered manager.

Is the service well-led?

Our findings

People told us that the service was well-led. One person said, "We can make any suggestions we need." A relative told us, "I really like [registered manager] he's always cheerful and I can come to him with anything."

Staff felt supported by management and were encouraged to contribute to the running of the home. One staff member said, "The manager is such a good person. If you are not sure about something we will have a supervision. He encourages you to do the right thing." Staff had regular meetings which were used to discuss people's needs and the care they received. Records showed staff regularly made suggestions about care delivery and areas such as activities. A recent meeting showed staff had made suggestions about one person's medicines. We noted that there were clear systems of communication between staff. Plans were drawn up each day so that staff knew who they were supporting and any tasks allocated to them on their shift.

The provider routinely gathered people's feedback to identify improvements. People and relatives were encouraged to take part in annual surveys to give their feedback on the care people received. Records showed people had been provided with pictorial forms and staff had supported them to give feedback. Relatives had also submitted feedback and this was all positive. One relative had written, '[person] has control of his life.' Regular meetings took place at the home and minutes were printed in an accessible format for people. We observed staff discuss one meeting with a person using the pictures to recount the discussions. At a recent meeting people had asked for live music at the home and in response a singer had visited the home and people gave us positive feedback on the performance.

Staff carried out regular checks to assure the quality of the care that people received. There were a variety of audits carried out at the home and these covered areas such as health and safety, infection control and documentation. The provider also carried out a monthly visit where they audited all aspects of people's care. Records showed that where improvements were identified, management took action to address them. For example, a recent infection control audit identified that a cupboard containing potentially hazardous materials had not been securely shut. Management had signed this off as addressed and we found the cupboard was locked when we checked. People's records were up to date and had been regularly checked at reviews. Daily notes had been completed promptly by staff and provided an accurate description of care delivery each day, as well as people's wellbeing and activities.

The provider had links with the local community which people benefitted from. We saw evidence of involvement of health and social care professionals in care planning and staff contacted professionals when required. The provider also worked with the 'Friends of Botley Park'. This was a charitable group set up for people who used to live at Botley Park, as people living at the home had. People benefitted from reunions, parties and activities set up by this group. We also saw evidence of people being supported to attend groups at local community centres and churches as a part of their activity schedules.