

Accomplish Group Limited

Westholme

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

About the service

Westholme is a residential care home providing personal care to 13 people at the time of the inspection. The care home supports people who have acquired brain injuries or conditions associated with their mental health. The service can support up to 14 people.

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

People were supported by staff who knew how to report any concerns of abuse and manage risks to keep people safe. Staff were safely recruited and there were enough staff on duty to meet people's needs. Medicines were managed safely and there were effective infection control practices in place. People's needs were assessed in line with guidance. People's dietary needs were met and people had been supported to access healthcare services where needed. The design and décor of the service met people's needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported by staff who they reported were kind and caring. People were treated with dignity and were encouraged to maintain their independence.

Staff knew people well and supported people in line with their preferences. People were able to take part in activities that met their individual interests. Complaints made were investigated and resolved.

People and staff felt the service was well led. There were systems in place to monitor quality and people were supported to provide feedback on the service. There was a commitment from the provider and registered manager to continuously learn and improve care for people.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was good (published 10 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Westholme

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 two inspectors.

Service and service type

Westholme is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and one relative about their experience of the care provided. We also spoke with a visiting health professional. We spoke with four members of staff as well as the registered manager, assistant manager and area manager

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at one staff file in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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

- People told us they felt safe with staff. Staff understood the types of abuse and the action they should take if they were concerned that someone may be at risk of abuse. One staff member told us, "I would speak to the most senior member of staff on shift. If I wasn't happy and was really concerned I would go to the area manager or CQC."
- Where concerns were raised the registered manager had been proactive in ensuring people's safety by reporting the concerns to external agencies such as the local authority safeguarding team.

Assessing risk, safety monitoring and management

- Risks to people's safety was well managed. People had detailed care plans that identified individual risks and how staff should support people to remain safe. For example, where a person had specialist equipment in place to support their breathing, there was clear guidance for staff on how this equipment should be cared for and how to escalate any concerns where these arose. Staff we spoke with understood this guidance and could confidently explain the equipment, how its used, and warning signs this may not be working.
- Staff understood the action they should take in the event of an emergency such as fire. There were risk assessments in place detailing how staff should support people in these emergency situations and staff had received training and support to enact this if needed.

Staffing and recruitment

- People told us there were enough staff to meet their needs. One person told us, "Yes, there is always plenty of staff; even at night."
- We observed that staff were visible and available for people throughout the home. Where people required support, this was provided in a timely way.
- Staff had been recruited safely. The provider had ensured that recruitment procedures including obtaining references from previous employers and Disclosure and Barring Service checks had been completed.

Using medicines safely

- People received their medicines when needed and told us they were happy with staff support in this. One person said, "They [staff] give me my medicine at the right time."
- Medicines were stored safely and records kept indicated that medicines had been given as prescribed. Where people had medicine on an 'as and when required' basis, there was guidance available informing staff of when this should be given.

Preventing and controlling infection

- Staff followed infection control practices to prevent the spread of infection. Person protective equipment such as gloves and aprons were available and we saw these were used. The home was clean, tidy and free from odour.

Learning lessons when things go wrong

- The registered manager displayed a commitment to learning lessons. We saw that action was taken where people had concerns to ensure that improvements were made to the service. For example, one person had raised concerns about their ability to access the outdoor area because of the design of a door. The registered manager had acted on this to improve things for the person so that they could go outdoors independently.

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 remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed prior to them moving into the service. These assessments considered people's medical and care needs as well as any protected characteristics under the Equality Act; such as religion.
- Where people's needs changed, the registered manager ensured their care plans were assessed to reflect their current needs. Care records made reference to national guidance regarding people's specific medical conditions.

Staff support: induction, training, skills and experience

- People and their relatives told us that staff had the skills needed to support them effectively. One person told us, "I think they [staff] do a really good job."
- Staff told us they had been given an induction prior to starting work that included completing training and shadowing a more experienced member of staff. New staff were also enrolled on the Care Certificate, which is a nationally recognised qualification for care workers. Staff had access to ongoing training, which was refreshed regularly and included training in service user specific needs.
- Staff told us they had access to regular supervision with their management where they could discuss their learning and request additional support/training if needed.

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

- People spoke positively about the food and drink made available at the service. Comments included, "The food here is great, I get a choice."
- Mealtimes were flexible to suit people's preferences, and we saw people accessing the kitchen at different times to eat at a time they wished. The kitchen area was left open for people to help themselves to food and drink as they wished.
- People were engaged with meal planning and would go shopping each week with staff to purchase food. Staff explained that this ensured people had maximum choice and control over their meals.

Staff working with other agencies to provide consistent, effective, timely care / Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare services where required. Records showed that people were supported to visit their GP, as well as other routine appointments with dentists, opticians and podiatry.
- A visiting health professional complimented the provider for the way they worked with other agencies to ensure people's health needs were met. The health professional told us, "The provider consults with me and is open with any guidance or support they need."

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

- The design and decoration of the service met people's needs. People had access to quiet areas to spend their time in addition to spacious communal areas where they could be amongst others. All areas of the home were available to people and we saw people moving around the home with ease.

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.

- Staff understood the principles of the MCA and the importance of obtaining people's consent prior to supporting them. One staff member told us, "We will always ask for consent. For people who may struggle to verbalise, we use gestures; head nodding [for example]."
- Where DoLS had been applied for, this was done appropriately. People's capacity had been assessed prior to an application being made and staff were aware of the DoLS authorisations in place and the reason for these.

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 told us that staff were kind, caring and respectful. Comments made about staff included, "The staff are perfect, I feel loved here" and, "Staff get involved with people and its nice to see, they [staff] have time for them."
- It was clear that friendly, compassionate relationships had been formed with people and their staff team. People were seen laughing, joking, dancing and going out with staff throughout the day. The interactions were positive and people were visibly comfortable and relaxed around staff.
- Staff spoke about people in a kind way and were passionate about supporting people. One staff member told us, "This is people's lives and its important not to forget that" and, "I know people are well cared for."

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

- People told us they were supported to express their views. One person told us, "They [staff] always check on me and ask if I am ok." Other people told us they chose what time they go to bed, what time they get up each morning and where they wished to spend their time. People felt supported and able to leave the home and go out as they chose. One person told us, "I can go out when I want, I don't need to sneak around here."
- Families were supported to remain involved in their loved one's care and told us they were kept informed of any changes to their relative's needs.

Respecting and promoting people's privacy, dignity and independence

- People privacy was respected. Where people chose to spend time in their room, staff respected this and people informed us staff would always knock and wait for consent before entering their room.
- People were supported and encouraged to go out independently where possible and the provider had taken steps to enable people to do this. For example, the provider had sought a device to support one person to go out independently where a medical condition meant that previously, this would have been unsafe. The device would alert a central call system to any fall that occurred and ensure that prompt medical assistance could be given if needed. This device meant that the person was able to leave the home independently but also have access to staff support in an emergency without having to call anyone.

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

- People were involved in planning for their care to ensure that this was personalised and meet their needs. One person told us, "We do a monthly review with them [staff]."
- People told us that staff knew them well and staff demonstrated that they had taken time to get to know about people, their lives and their care needs. For example, when discussing one person's care needs, staff were able to describe the person's diagnosis, background, family life and preferences with regards to their care. It was clear that staff knew this person well.

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.

- Although no-one at the service had a sensory impairment, there were systems in place to ensure the provider would meet the AIS where needed. Communication care plans were in place that detailed how the person should be supported to access the information they needed and provided guidance for staff on the most effective way to communicate with people.

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

- People were seen to be taking part in a variety of activities that reflected their own personal interests. People left the service as they chose to take part in activities outside of the home.
- Within the home a series of social events were planned to celebrate Christmas. We saw a Christmas party that was attended by people from other local homes. People were singing and dancing with each other and staff. The atmosphere in the service was positive with lots of people visibly excited for the upcoming events.
- People were supported to go on holiday with staff support. One person shared with us their experience of a recent holiday and how happy this had made them. The person said, "We went to Weston Super Mare on holiday for three nights. We went out every night we did!"

Improving care quality in response to complaints or concerns

- People told us they knew how to make a complaint if needed. One person explained, "There is always someone to go to if there was a problem."
- Complaints records viewed showed where a complaint was made, this was investigated and resolved. We saw action was taken as a result of complaints to improve the service provided to people.

End of life care and support

- Although no-one at the service required end of life care, some people's end of life care wishes had been explored. For example, some people had their wishes to not be resuscitated recorded. However, this was not the case for all people. We spoke with the registered manager about this who advised they would record these discussions with all people to ensure any specific end of life wishes were known.

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 remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- All the people spoken with knew who the registered manager was and spoke positively about the support she provided. Comments made included, "The management are very approachable and willing to help", and, "If I have a problem, I can go to [registered manager's name], she would sort it."
- Staff spoken with felt well supported by the registered manager. One staff member told us, "We are led really well, the [management team] really care and do their best. They lead by example."
- The registered manager and deputy manager were seen to be 'hands on' in the service and spend time with people throughout the day. It was clear that people knew them well and felt comfortable in their company.

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 provider demonstrated an understanding of duty of candour and the need to be open and honest when things go wrong. We saw the provider had shared concerns with external agencies and CQC where required and had issued apologies to people where complaints were made.

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

- The registered manager had systems in place to monitor quality. This included audits of the environment and medicines. We saw from these audits that where areas for improvement were identified, these were acted upon. For example, where shortfalls were identified in bed rail assessments, the registered manager had recorded where action was taken to rectify this.
- The registered manager understood the regulatory requirements of their role. Notifications of events that occur at the service had been submitted as required and they had displayed their most recent CQC rating within the home.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were actively engaged in the service. Although discussions took place informally with people to gather their views, a more formal survey was also sent out annually to gather people's feedback on the service. We saw that the results of this year's survey were not yet available, but questionnaires completed so far indicated people were satisfied with their care. The previous years survey had resulted in a quality report

that indicated the services achievements and plans for the following year based on feedback provided.

Continuous learning and improving care / Working in partnership with others

- The registered manager was keen to learn and improve care where possible. They had been proactive in offering additional services to improve people's quality of life. For example, the provider had set up a group at a local community centre every two weeks. The group focussed on cognitive activities for people who had acquired brain injuries. The success of the group led to the provider opening up the group to people in its sister homes, so that more people could benefit from the exercises.