

Westbrook Healthcare LLP

# Westbrook Care

## 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

Westbrook Care is a domiciliary care agency providing personal care to two people with a variety of health care needs including autism and dementia at the time of the inspection.

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

Relatives told us that their family members were kept safe. Staff understood how to raise safeguarding concerns and the provider knew what action they would need to take. Risks to people were thoroughly assessed and appropriate support plans were put in place. People were protected from infections and cleaning schedules were in place within people's homes.

People were supported with their medicines safely by staff who had received appropriate training. There were enough staff to meet people's needs. People received care from a consistent staff team who knew people well.

Accidents and incidents were monitored and people knew how to make a complaint. Lessons learnt from these were shared with the staff team.

Assessments were carried out by the provider and were detailed and personalised. Staff were aware of people's needs and received appropriate training to support them. People were supported with their nutrition and staff encourage people to eat and drink.

The service worked closely with other healthcare professionals and would make appropriate referrals were required.

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 told us staff were kind and caring. Care plans and daily records were written in a kind manner and the management team demonstrated a caring attitude. The service sought feedback from people and families on a regular basis. The service considered people's wishes at the end of their lives and plans were in place to support them at this time.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting how they were meeting some of the underpinning principles of Right support, right care, right culture.

Right support: The model of care maximised people's choice, control and independence. People were cared for in a suitable environment that met their needs.

Right care: People were cared for in a kind way and received highly personalised care that promoted their independence and respected their privacy and dignity.

Right culture: The ethos of the service was positive and the provider and staff team demonstrated an inclusive culture.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

This service was registered with us on 6 June 2020 and this is the first inspection.

Why we inspected

This was a planned inspection as this service has not received an inspection since it had registered with us.

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 effective.  
Details are in our effective findings below.

Good ●

### 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 well-led.  
Details are in our well-led findings below.

Good ●

# Westbrook Care

## 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

This inspection was carried out by two inspectors.

#### Service and service type

This service provides care and support to people living in two 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service did not have a manager registered with the Care Quality Commission. This means that the provider was legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was announced.

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 23 June 2021 and ended on 24 June 2021.

#### 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 one relative about their experience of the care provided to their family members. We spoke with four staff including the provider and care workers.

We reviewed a range of records. This included two people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. 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. This included the providers reflection on what the service had done well in the past twelve months.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Relatives felt that people were kept safe. One relative told us, "We are very grateful that my relative is looked after and kept safe"
- Staff had received training in safeguarding and were aware of the different types of abuse and how to identify them.
- Staff knew how to report concerns and felt comfortable doing so. A staff member told us, " I would notify my manager and make a note of it."

Assessing risk, safety monitoring and management

- Detailed risk assessment were completed and these were constantly reviewed and adapted to meet the needs of people.
- One person was living with diabetes; they had a specific risk assessment in place that identified what staff needed to do to keep them safe.
- Another person needed to be supported when they were accessing the community as they became anxious in busy places. The risk assessment identified the risks that could be encountered and how this could affect the person. The support plan also gave staff clear instructions on how to support the person.

Staffing and recruitment

- Relatives spoke highly of the staff team. One relative said, "My relative gets good care, they are looking after her well."
- People were cared for by the same staff members to ensure consistency of care and there were enough staff to meet peoples needs. Due to the size of the service, late calls were not an issue as the same staff cared for the same people and stayed with them for a period of time.
- The provider operated effective and safe recruitment practices when employing new staff. This included requesting and receiving references and checks with the disclosure and barring service (DBS). DBS checks are carried out to confirm whether prospective new staff had a criminal record or were barred from working with people.

Using medicines safely

- People were supported to take their medicines by staff who had been appropriately trained and assessed as competent to do so.

- People had individual medicine support plans in place that detailed what each medicine was for and any side effects to look out for. This supported staff to give people their medicines safely.

#### Preventing and controlling infection

- Personal protective equipment (PPE) was being worn in line with government guidance. PPE was kept in people's homes and staff had received training on how to wear this correctly. One staff member told us, "I did a course about COVID-19 and were told the new guidelines about handwashing and not to do anything without PPE on."
- Cleaning schedules were in place for staff to follow, staff were responsible for maintaining the cleanliness within people's homes. Checklists were completed to show what cleaning had taken place and this was monitored by the provider.
- A provider completed a regular audit on IPC to ensure standards were being maintained, this was reviewed, and any action required was taken and fed back to the staff team.

#### Learning lessons when things go wrong

- Accidents and incidents were monitored, and actions taken were shared with the team so lessons could be learnt.
- One person needed to be discharged from hospital quickly but all the relevant checks on their property had not been completed. The provider had reflected on this and had shared with the team the importance of ensuring checks are completed prior to someone returning home.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- Detailed assessments were completed before the service started to provide care for people. The provider and another staff member would attend the assessment and see the person to get a detailed understanding of their needs.
- Assessments were personalised and included details about people's likes and dislikes and how they needed to be supported. During the assessment, one staff member would also observe the person and detail how they presented during the assessment so they could get to know them and learn how they responded.
- Due to the complexities of people's needs, the service provided a six week settling in period where they worked with the person and their family. This was used to establish exactly what care would be required going forward and how this would be structured.

Staff support: induction, training, skills and experience

- Staff told us that they felt supported by the management team and they were approachable. One staff member said, "There is good support, very good manager. The manager is tops."
- Staff received appropriate training suitable for the roles they were carrying out. One staff member told us, "You can never have enough training, but the company keeps training (us)."
- The provider told us they would arrange specific training based on people's individual needs. We saw that training had been booked for staff in line with the needs of a new person who was about to start receiving a care package.
- As staff looked after the same people, the induction period consisted of new carers shadowing experienced carers and getting to know the person and their needs. This was done in a way that suited the person to give them time to adjust to meeting a new staff member.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to eat and drink enough to maintain a balanced diet. A relative told us, "My [relative] choose her own food, she is supported to eat and drink what she would like."
- Individual menus were created for people taking dietary needs, likes and dislikes into consideration. Staff used these menus for people or people could decide what they would like to eat daily.
- People's health goals were considered, and staff supported people to access healthcare services. One person had been supported by a physiotherapist. An exercise programme had been created and staff supported the person with this.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA

- The provider had a good understanding of the MCA and although they were not currently supporting anyone who lacked complete capacity, they knew what they would need to do.
- Staff also had good knowledge of the MCA and had received training in this. One staff member told us, "You have to ask them, they are the one who is going to decide what they want. If they want personal care, I need to ask them, I need to get their consent. Sometimes they say they want it later."
- Care plans contained details on support decision making and we read in the daily notes people were encouraged to make decisions for themselves.

# 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

This is the first inspection for this newly registered service. This key question has been rated good. 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

- Staff were kind and caring. One relative told us, "They are very caring." We spoke to staff members and they had a kind and caring approach.
- One staff member told us, "You have to be kind and patient at all times, see how people react and then adapt what you do."
- The provider demonstrated a caring approach, they told us, "Everybody deserves a good life, we do everything we can for people."

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

- People and their relatives were encouraged to express their views and to be involved in decisions. As the service only looked after a small number of people, the provider was in regular contact with relatives and would gain their opinion.
- Care plans were reviewed every three months or when something changed. Any changes were discussed with relatives.

Respecting and promoting people's privacy, dignity and independence

- Staff provided care in a respectful way and protected people's privacy. One staff member said, "I prompt them for a shower and make sure the door is shut to make sure they have privacy."
- Staff promoted people's independence and respected their decisions or change in behaviours. One staff member told us, "Sometimes they will like something and tomorrow they don't. You see how they react; you have to be patient at all times."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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; End of life care and support

- Peoples care plans were highly personalised. One care plan stated all the names of people who were important to them and gave details of the relationship. There was a focus on maintaining their personal relationships and included details for staff on how to support the person with this.
- Personal preferences were included in support plans. One care plan stated how person liked their hair. The care plan stated, "I like to use hot rollers occasionally" and detailed which hair salon they visited.
- The service was not currently supporting people with end of life care but staff had received appropriate training on how to support people at this time.
- Peoples wishes in relation to end of life had been discussed where appropriate. One person had this detailed in their care plan and this discussion had also been had with their relatives. Staff were aware of the persons wishes and how to support them with this.

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 service adapted its approach to support people with their communication needs. One person did not consistently verbally communicate. Their care plan stated, 'I want staff to use less non-verbal communication and more visual supports e.g. symbols, timetables, social stories.' We saw these were available for staff to use.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place, and this was given to people and their relatives when they first started to receive care from the service.
- Relatives and staff knew who to go to if they had any concerns. A staff member told us, "They do listen to any concerns or any ideas of different support we want to give to a person."
- A complaints log was kept and the actions taken following any complaint was recorded. This allowed the service to monitor complaints to help them improve the quality of the service.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- We received positive feedback about the management team. One staff member told us, "Having worked for them for some time everything I have to say is positive, I think they do a good job."
- The provider was fully involved in the service and knew people well. They provided direct care to people to gain an understanding of their needs and how to best support them and staff members.
- Staff told us that they could contact the management team if they needed supported. One staff member told us, "You can always call and ask any question."

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

- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The provider had informed the CQC of significant events including incidents and safeguarding concerns.
- The provider told us of a complaint they had received, and we saw this documented in the complaints log. The provider had spoken to the complainant and apologised to them. This had also been shared with the staff team.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider was clear about their role and took responsibility for the management of the service. There was a wide range of audits carried out to monitor the service and ensure regulatory requirements were met.
- Due to the small number of people receiving care, a quality audit was carried out on all elements of the care they received. This included care planning, assessments, infection control and medicine management.
- The provider had clear plans for the service. A manager had been successfully recruited and was due to start at the service, they would be applying to be registered with CQC. The provider planned to expand the service and would support the manager with recruiting more staff.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Regular staff meetings were held and staff told us these were positive and helpful. One staff member said, "We had one two weeks ago on zoom, we communicated, we interacted and asked questions which was good."
- Peoples care plans contained information about other healthcare professionals involved in their care. The

service contacted healthcare professionals prior to starting to care for person. This helped to build a working relationship and to find out more information about the person. We saw evidence that this partnership working continued.

- Staff contacted other healthcare professionals when required. A relative told us, "They take her to the GP and things like that. They took her to register with the GP and get in contact with the GP [when required]."