

Parkcare Homes (No 2) Limited

Westbury Lodge

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 

Overall summary

Westbury Lodge is a residential care home providing personal care for up to nine people who have a learning disability or mental health needs. At the time of our inspection there were eight people living at Westbury lodge. The main focus of the service is to treat everyone as individuals and involve them in choices which promote their independence. The inspection took place on 29 January 2015.

The service had a registered manager who was responsible for the day to day operation of the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. The registered manager was present on the day of the inspection.

People liked the staff who supported them and positive relationships had formed between people and staff. Staff treated people with dignity and respect.

The care records demonstrated that people's care needs had been assessed and considered their emotional, health and social care needs. People's care needs were

Summary of findings

regularly reviewed to ensure they received appropriate and safe care, particularly if their care needs changed. Staff worked closely with health and social care professionals for guidance and support around people's care needs.

Staff were knowledgeable about the rights of people to make their own choices, this was reflected in the way the care plans were written and the way in which staff supported and encouraged people to make decisions when delivering care and support.

Staff had received training in how to recognise and report abuse. There was an open and transparent culture in the home and all staff were clear about how to report any

concerns they had. Staff were confident that the registered manager would respond appropriately. People we spoke with knew how to make a complaint if they were not satisfied with the service they received.

There were systems in place to ensure that staff received appropriate support, guidance and training through supervision and an annual appraisal. Staff received training which was considered mandatory by the provider and in addition, more specific training based upon people's needs.

The registered manager and the regional manager carried out audits on the quality of the service which people received. This included making sure that the accommodation and the environment was safe.

Summary of findings

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. People told us they felt safe living at Westbury Lodge and people looked at ease in the company of staff.

Staff had received training in how to recognise and report abuse. There was an open and transparent culture in the home and all staff were clear about how to report any concerns they had.

Risk assessments were in place which supported people to take risks and maintain their independence.

Good



Is the service effective?

The service was effective. People had access to a choice of food and drink throughout the day and staff supported them when required. Meal times were variable, depending upon when people got up in the morning or when they were ready to eat.

Staff had received appropriate training which ensured they were suitably skilled and knowledgeable to support people.

People thought staff had the right skills and did their job well.

Good



Is the service caring?

The service was caring. In all interactions with people, staff were friendly, respectful and caring. We saw that people and staff had developed positive relationships with each other.

People who could not speak up for themselves had access to independent advocacy support with regard to making decisions about their care and support and finances.

Staff took time to listen to people and supported them to make their own choices, explaining the options available to them.

Good



Is the service responsive?

The service was responsive. People's care and support was individualised and monitored to ensure the service could meet their needs.

Peoples preferences and choices were respected. People told us they made choices about what they wore, their personal care and daily routines, what they ate, social activities and visiting their family.

Good



Is the service well-led?

The service was well led and had clear values about the way care should be provided. Staff had clearly defined roles and understood their responsibilities in ensuring the service met people's needs.

The registered manager promoted an open door policy and staff and people alike felt they could approach her if they had any concerns.

Good



Westbury Lodge

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.

The inspection took place on 29 January 2015 and was unannounced. The inspection was carried out by two inspectors.

Before the visit we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification. Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This enabled us to ensure we were addressing potential areas of concern.

We spoke with two of the eight people who live at Westbury Lodge. Some people were not able to verbalise their opinion of their care and support, we therefore observed their care and interaction with staff. We spent time observing people in the dining and communal areas.

During our inspection we spoke with the registered manager, the regional manager, deputy manager and two care workers. Before our visit we contacted people who visit the home to find out what they thought about this service. We contacted three health and social care professionals.

We used a number of different methods to help us understand the experiences of people who use the service. This included talking with people. Looking at documents that related to people's care and support and the management of the service. We reviewed the care records of two people, we looked at the staff training matrix and recruitment files, medicine administration records, information on notice boards, policies and procedures and quality monitoring documents.

We looked around the premises and observed care practices throughout the day.

Is the service safe?

Our findings

One person told us “Yes, I feel very safe living here”, although not everyone could tell us themselves if they felt safe living at the home. We observed positive interactions between staff and people which showed people felt safe around staff members. People seemed relaxed in the presence of staff and approached them when they wanted support.

Risk assessments were used to identify what action needed to be taken to reduce potential risks which people may encounter as part of their daily living. The risk assessments formed part of the person's care plan and gave guidance on how care and support should be delivered to keep people safe and to enable them to maintain their independence. Such as taking part in activities around the home and in their community.

We saw one risk assessment that stated the circumstances in which the person could become agitated. The risk assessment gave advice as to how to reduce this risk in a positive manner which staff told us they were able to follow. Lessons were learnt from incidents and management and behaviour support plans put into place to reduce the risk of further incidents.

Staff had received training in safeguarding to protect people from abuse and records confirmed training had taken place. Staff were able to describe what may constitute as abuse and the signs to look out for. There was a safeguarding and whistleblowing policy and procedures in place which provided guidance on the agencies to report concerns to. Staff were able to confidently describe how and who they would report concerns to.

Staff were able to confidently describe how and who they would report concerns to. One member of staff told us “we are here to protect people as they are not able to do it for themselves, if I thought someone was being harmed I would report it straight away”. Staff told us they were confident the registered manager would act on their concerns.

Some people could put themselves or others at risk of harm if they became anxious or upset. Staff were aware of what might trigger this type of behaviour and what actions they needed to take to reduce the triggers. There was guidance in place to support staff to help people to manage their behaviour and to ensure that people's behaviour was not controlled by inappropriate use of restraint or medicines.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place for the safe management of medicines. Medicines were stored in the medicines room in a lockable cabinet which only certain members of staff had access to. Records showed that stock levels were accurate and balanced with the number of medicines which had been dispensed. There were protocols in place for the administration of medicines that were prescribed on an ‘as and when needed basis’ (PRN medicines). Senior staff had responsibility for administering and disposing of medicines and undertook a yearly competency assessment to ensure good practice.

There were effective recruitment procedures in place which ensured people were supported by appropriately experienced and suitable staff. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions that may prevent them working with vulnerable people.

The registered manager told us that staff practice was monitored to ensure people were cared for safely and measures put in place to address poor practice. Records evidenced that this was the case.

There were sufficient staff on duty to support people. We saw that people's requests for support and assistance were responded to without delay.

Is the service effective?

Our findings

The Care Quality Commission is required by law to monitor the application of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The Mental Capacity Act 2005 sets out what must be done to make sure that the rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care or treatment. This includes decisions about depriving people of their liberty so that they get the care and treatment they need where there is no less restrictive way of achieving this.

The service had complied with the requirements of the Mental Capacity Act 2005. Where required, mental capacity assessments had been undertaken and DoLS applications had been made. Best interest meetings had been held to ensure that decisions made were in the interest of the person. People and their family were involved, as well as relevant health and social care professionals and staff from the home.

To ensure that new staff were suitable for the role, they undertook a six month probationary period in which they completed an induction. The induction included looking at care plans, completing the mandatory training, familiarising themselves with the service policies and procedures and shadowing more experienced staff members.

Staff told us and records evidenced they received regular supervision with the registered manager or team leader. During supervision, training and skill development was discussed. Staff said they felt supported and feedback during these sessions was constructive. Staff who had been employed by the provider for more than a year had undergone an annual appraisal.

Supervision and appraisals processes offered support, assurance and developed the knowledge, skills and values of an individual, group or team. The purpose was to help staff improve the quality of the work they do, achieve agreed objectives and outcomes.

Staff said they were happy with the training offered by the provider and felt they had received sufficient training for their role. The training matrix documented that staff had

completed the mandatory training called 'Foundation for Growth' which included modules on safeguarding, infection control and quality of care. Staff completed specific training to support people's individual needs, such as autistic spectrum disorder. People told us that staff did a 'good job'.

We observed staff communicated with people effectively and used different ways of enhancing that communication. This included, touching people on the arm to gain their attention, giving eye contact and affording people time to respond to any requests or questions.

Some people used sign language or signs which were individual to them. We saw that staff understood people's communication and were able to readily respond in a way which the person understood. A range of easy read and pictorial information was available to people, such as care plans, questionnaires, timetables and the daily menu. This empowered people to be involved in their care and support.

Each person had a health action plan which identified their health needs and the support they required to maintain their emotional and physical well-being. This helped staff ensure that people had access to the relevant health and social care professionals.

In addition, each person had a hospital passport. The passport gave information about the person's communication needs, their health and current medication requirements. This ensured that healthcare professionals had up to date information about the person's healthcare status and how best to communicate with and involve the person in decision making.

People had access to a choice of food and drink throughout the day and staff supported them when required. Meal times were variable, depending upon when people got up in the morning or when they were ready to eat. People told us they enjoyed the variety of food and we observed that people were offered alternatives if they did not like what was on the menu for that day. People were provided with a range of nutritious food and were supported to maintain a healthy weight. Records showed that people's weight was monitored monthly to support this.

Is the service caring?

Our findings

One person told us “the staff are marvellous, all of them”. Some people were not able to verbalise their opinion about their care, but smiled and indicated through gestures they were happy. One member of staff told us “I feel proud to look after these guys, it’s all about them. This job is really rewarding”.

In all interactions with people, staff were friendly, respectful and caring. We saw that people and staff had developed positive relationships with each other. Staff respected people’s privacy by knocking on their bedroom door and waiting until being invited in. When staff entered the communal rooms they acknowledged people and called them by their preferred name. A healthcare professional told us “the staff are very caring and know people well”.

The accommodation in Westbury Lodge was roomy and we saw that people wandered around freely as they wished or with support from staff. One person told us “I can go out wherever I want”. The door code was displayed on the inside of the front door, which meant that people had the freedom to choose when to go out. One person told us “I am really well cared for, I don’t need that much help but staff are always there for me”.

People were treated equally and as individuals by staff. We saw that staff were aware of people’s personalities and eccentricities and respected their right to do things in a particular way, change their mind or do things differently.

People who live at Westbury Lodge had varying levels of support needs, some of which were complex. Staff were

knowledgeable about the people in their care and were mindful of people’s emotional wellbeing. We saw that if individual people were agitated or distressed, staff used effective techniques to reassure and calm them.

Staff told us that as some people could not verbalise their wishes clearly they looked for other ‘cues’ such as facial expressions and sounds. We observed that staff took time to listen to people and supported them to make their own choices, explaining the options available to them.

People had access to advocacy support with regard to making decisions about their care and support and finances. An advocate supports people to understand their rights and encourages them to speak up if they need information to make an important decision or are unhappy about how they have been treated.

A range of information was available to people on the communal noticeboard. This included activities and events happening, information about how to get in touch with an advocate and how to take part in the “Your Voice” group. This was a group for people to get together and voice their opinion about things which were important to them.

Within the care records were end of life care plans in an easy to read and pictorial format. The plans gave options which people may like to consider for, ‘when they may become ill and to express their wishes for the end of life’. The registered manager explained they had sent these plans to families to enable them to speak with people about their wishes.

Is the service responsive?

Our findings

People's care and support was individualised and monitored to ensure the service could continue to meet their needs. For example, one person was no longer able to climb the stairs to their bedroom so they were moved to a more appropriate bedroom on the ground floor. Care staff told us the information and guidance given in the care plans enabled them to safely and consistently deliver care and support in the way in which people wanted.

Each person had a care plan which was tailored to their individual preferences and abilities. People and their relatives had been involved in the discussions and planning of their care and support. Care plans were signed by people or their relatives to show their agreement with the support which was given and how the care would be delivered.

Care plans had been reviewed on a monthly basis and changes made when required. A social care professional told us that "the service took a person centred approach to all aspect of care and support and thought that people were very well supported".

Peoples preferences and choices were respected. People told us they made choices about what they wore, their personal care and daily routines, what they ate, social activities and visiting their family. People were encouraged to go out into the community, either on their own or with the support of staff.

Care records evidenced that referrals had been made promptly to a range of health professionals when people's

needs had changed or as part of preventative interventions, such as the 'influenza jab'. People told us that staff responded to their needs in a timely manner, especially those related to their health and wellbeing.

Each person had a weekly plan outlining the hobbies and interests they had chosen or wanted to be involved with.

On the day of the inspection we observed a member of staff offered a person the opportunity to do an arts and craft session. The person's care plan confirmed this was a particular activity they enjoyed taking part in. Another person was given a hand and foot massage, again this was documented within their care plan. Staff knew people's likes and dislikes. A care worker explained how one person liked to visit toy shops and took great enjoyment from this.

People were actively supported to engage in hobbies and interests of their choice. The registered manager said, "We try to accommodate everyone, but each person has very different needs which can make it a challenge". They told us that last year, two people had taken a holiday to Euro Disney. Staff had helped them to organise the trip so that appropriate support was available during their time away. They were now planning a return trip.

One person told us "I don't have any complaints". People told us they would talk to staff if they had a complaint. A care worker explained how they had supported one person to put together a written complaint to an external authority because they wanted to 'do it formally'. There was a complaints procedure in place and we saw that people who used the service were encouraged to raise any concerns at the weekly house meetings. People had access to a copy of the complaints procedure. These were written in a user friendly style using pictures and plain English.

Is the service well-led?

Our findings

There was a registered manager in post at Westbury Lodge. The service had clear values about the way care should be provided and the service people should receive. Staff had clearly defined roles and understood their responsibilities in ensuring the service met people's needs. Staff told us they felt supported and valued and the management team were approachable.

A care worker said "we work really well as a team. You can always talk to the manager, they are very approachable". The registered manager felt they had an open and transparent approach and this was confirmed by staff and health and social care professionals alike. One healthcare professional told us "the home is very well managed and all of the staff are approachable". The regional manager told us they valued their staff and explained that the provider, Park care homes (no 2) Limited, operated a staff performance and award scheme to celebrate and reward staff achievements.

There were regular staff meetings, which were used to keep staff up to date and to reinforce the values of the service and how they expected staff to work. Staff also reported that they were encouraged to raise any difficulties with the management team.

The registered manager and the provider completed a range of audits on the quality of the service provided. This included audits of medicines, care records, staff supervision, staffing levels, complaints, staff training, incidents and accidents. The registered manager submitted notifications of incidents and safeguarding alerts to the CQC as required. There were contingency plans in place in the event of the loss of facilities, such as gas or electricity.

The building and the environment was audited by the registered manager to ensure internal and external areas were well maintained. There was a development plan in place for the home and people were consulted about any changes made. The garden had recently had a new decking area added to it and the registered manager told us they would be asking people for their opinion on how they wanted the garden laid out. Recently the dining room had been redecorated.

The registered manager ensured they kept themselves and staff up to date with best practice. As part of Park care homes (no 2) Limited, information was disseminated to their home managers regarding changes in legislation or information sharing of best practice. The registered manager accessed various resources through the British Institute of Learning Disabilities (BILD).