Whitmore Vale Housing Association Limited

Westlands

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

We carried out this inspection on 12 June 2015 and it was unannounced.

Westlands provides accommodation and support for up to seven people who have a learning disability or autistic spectrum disorder. On the day of our inspection there were seven people living at the service, two of whom were away on holiday. The accommodation is provided over two floors that are accessible by stairs and a passenger lift.

At the time of our visit a new manager was in post and had submitted an application to register with the Care Quality Commission (CQC). The previous manager was working for the provider but was still registered with the CQC as the manager and was supporting the new manager. 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 2008 and associated Regulations about how the service is run.

Staff were aware of their responsibilities to safeguard people from abuse and were able to tell us what they

Summary of findings

would do in such an event. People's care would not be interrupted in the event of an emergency and people needed to be evacuated from the home as staff had guidance to follow.

People were safe living at the service as appropriate checks were made on staff before they commenced working at the home.

Where there were restrictions in place, staff had followed legal requirements to make sure this was done in the person's best interests. Staff understood the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) to ensure decisions were made for people in the least restrictive way.

Staff were provided with training specific to the needs of people. This allowed them to carry out their role in an effective way. It was evident staff had a good understanding of the individual needs of people.

There were enough staff deployed in the home. There were enough staff to enable people to go out each day and to go away on holidays.

People received their medicines in a safe way. People were encouraged to eat a healthy and varied diet and were involved in choosing the food they ate.

People were supported to keep healthy and had access to external health services. Professional involvement was sought by staff when appropriate. Relatives told us staff referred people to health care professionals in a timely way.

Staff encouraged people to be independent and to do things for themselves, such as help around the service or do some cooking.

Staff supported people in an individualised way. They planned activities that people liked doing.

Relatives were involved in developing the care and support needs of their family member.

Staff responded to people's changing needs and encouraged individuals to try different things to give them a varied and stimulating life.

A complaints procedure was available for any concerns and relatives and people were encouraged to feedback their views and ideas into the running of the home.

The provider and staff carried out a number of checks to make sure people received a good quality of care.

Staff felt supported by the new manager and had regular team meetings where they discussed events at the service and how it was run.

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.

Staff were aware of what abuse was and the processes to be followed when abuse or suspected abuse had been identified.

Individual risks of harm to people had been identified and suitable guidance was in place for staff.

There were enough staff to meet people's needs.

People's medicines were managed safely.

The provider employed staff to work in the home who had undertaken appropriate checks.

Good

Is the service effective?
The service was effective.

People were involved in decisions about their meals.

Staff received appropriate training and were given the opportunity to meet with their line manager regularly.

Where people's liberty was restricted or they were unable to make decisions for themselves, staff had followed legal guidance.

People had involvement from external healthcare professionals as well as staff to support them to remain healthy.

Good

Is the service caring?
The service was caring.

People told us they felt they were looked after by caring staff.

People's needs were assessed and care and support was planned and delivered in line with people's individual care plan.

People's privacy and dignity was respected. Staff were knowledgeable about the people they cared for and were aware of people's individual needs and how to meet them.

Good

Is the service responsive?
The service was responsive.

Where people's needs changed staff ensured they received the correct level of support.

People were able to go out and take part in activities that interested them.

Information about how to make a complaint was available for people and their relatives.

Relatives told us they knew how to make a complaint should the need ever arise.

Good

Summary of findings

Is the service well-led?

Good

The service was well- led.

Audit checks for the service were effective to help to ensure that people were receiving safe care, treatment and support that met their needs.

Staff and relatives felt that this was a well-run service and there was an open culture where staff felt able to speak up about any issues or concerns.

Staff felt they were supported by the new manager.

The provider had a set of values that included the aims and objectives, principles, values of care and the expected outcomes for people.

People, their representatives and staff were asked for their views about their care and treatment.

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 inspection took place on 12 June 2015 and was unannounced. The inspection team consisted of one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed the information we held about the service and contacted commissioners and other associated health and care professionals to obtain their views about the service. We reviewed the Provider Information Record (PIR) before the inspection. The PIR was information given to us by the provider. This enabled us to ensure we were addressing potential areas of concern. We looked at notifications that had been sent to us. 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.

During our inspection we observed people in the communal areas and staff interaction with people. We read care plans for two people, medicine administration records, mental capacity assessments for people, three staff recruitment files and supervision and training records.

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We also looked at audits undertaken by the provider, minutes of resident meetings and staff meetings, and a selection of policies and procedures. We had a very limited discussion with one person, we were not able to have detailed discussions with other people due to their communication methods. We did, however, undertake direct observations and recorded staff interactions with people.

We had discussions with three members of staff who were on duty during our inspection, the new manager and senior manager from the organisation. We also had telephone discussions with two relatives.

The last inspection was on 10 July 2014 when we found that the service was not compliant with consent to care and treatment of the Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds with Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Good

Is the service safe?

Our findings

One person was able to convey to us that they were happy living at the service. Relatives told us that they considered people to be kept safe by staff who knew them well. They told us their family member had never been mistreated by staff.

Staff were knowledgeable about their responsibility should they suspect abuse was taking place. The new manager and staff were knowledgeable about safeguarding and the reporting process to be followed when suspicions of, or actual abuse had occurred. They were able to tell us the different types of abuse. Staff told us they had received training in relation to safeguarding adults. We saw on the training programme provided that staff had received training in relation to safeguarding adults and this also included whistle blowing. Staff were confident that if they had to use the whistle blowing policy the information they reported would be dealt with in confidence.

One member of staff told us, and pointed out to us, the information which was available in the home about abuse and how to report it. This meant staff were aware of how to protect people from the risk of abuse. A copy of the local authority's safeguarding procedures was also available that included the contact details for the local safeguarding team.

Throughout our visit we observed staff interacting with people in a relaxed and friendly way. Staff talked to people and waited for them to respond before progressing with the conversation. This meant that people were able to converse using their preferred methods at their own pace.

People had risk assessments undertaken that would help to keep them safe. We saw these in the care plans. For example, there were assessments in place for the use of the vehicles, annual holidays, and outbursts of challenging behaviour, restricted communication skills, road safety and smoking. Staff were knowledgeable about the risks to people and the control measures in place to help minimise the risk. This meant that people were able to take risks as part of their daily routine as plans were in place to keep them safe.

The care and support provided to people would not be interrupted or compromised in the event of an emergency. The service had a contingency plan in place that provided guidance to staff of the actions to take in an emergency situation, for example, fire or flood.

The provider carried out appropriate checks to help ensure they employed suitable people to work at the service. The provider had a recruitment process in place to ensure staff employed were suitable to support people. Staff recruitment files included two references, proof of their identification and a Disclosure and Barring Service (DBS) check undertaken to check if they had a criminal record.

We found a sufficient number of staff deployed to meet the needs of people. The new manager told us there were three members of staff on duty each shift and one waking night staff member and one sleep in staff every night. We looked at the duty rotas. These confirmed the number of staff deployed as stated by the new manager. Staff told us they felt there were sufficient numbers of staff on duty each day. Throughout our visit we saw sufficient numbers of staff on duty attending to the assessed needs of people.

People's medicines were managed safely. The new manager told us that only staff who had received the appropriate training administered medicines. Medicines were stored securely so they could not be accessed by unauthorised people. Records of medicines received and returned were appropriately recorded.

We looked at the medicine administration records (MAR) held at the service. Each person had a MAR sheet that included a colour photograph of the person so staff could clearly identify the person to help prevent errors. The MAR sheets recorded the quantities and times of medicines given and were signed by staff. There were no noted omissions in the MAR sheets. Staff were able to explain the correct medicines procedures and why it was important medicines were dispensed to people in a safe way. This meant that people could be assured they received their medicines as prescribed by their doctor and that medicine management systems were safe.

People would receive their PRN [medicines to be taken as required] medicines in a consistent way. The provider had written individual PRN protocols for each medicine people

Good

Is the service safe?

would take. These provided information to staff about the person taking the medicine, the type of medicine, maximum dose, the reason for taking the medicine and any possible side effects to be aware of.

Relatives told us there had never been an issue with their family member receiving the medicines and they were kept informed when changes to medicines had been made by the doctor.

Good

Is the service effective?

Our findings

Relatives told us staff were very good at making doctors and dentist appointments as soon as they noticed there could be something wrong. They said that staff always informed them of any appointments.

People received support from staff who had the necessary skills. People were cared for by staff who had received up to date information about how to provide effective care to people. Staff told us they had received all the basic training as required. They also told us they received induction training prior to commencing their roles which helped them to understand people's needs and gave an introduction to the other essential training. We were provided with a training programme that showed the training each member of staff had received. This included epilepsy, Makaton, nutrition and learning disability.

Staff told us they had regular supervisions to discuss their roles and any training requirements. They also told us they had an annual appraisal which we saw evidence of. This meant that staff were provided with the opportunity to review and discuss their roles.

Throughout our visit we observed staff asking for people's consent before they supported them with any activity. For example, one person was asked if they would like to help making a cup of tea with the member of staff. Another person was asked if they were ready to go out for their activity.

Staff told us they had received training in relation to the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards. (DoLS), we corroborated this in the staff training programme. These are regulations that have to be followed to ensure that people who cannot make decisions for themselves are protected. They also ensure that people are not having their freedom restricted or deprived. It was clear staff had a good understanding of the principles of the MCA and DoLS and the process to be followed when making an application to deprive someone of their liberty was required.

Important decisions for people would be made in their best interest and would be taken in consultation with others, and authorised by the local authority. We noted in the care plans that information in relation to consent had been recorded. For example, we noted that one person was due to have a general anaesthetic for a certain type of treatment. The new manager was in the process of arranging a best interest meeting so the decision could be discussed and made in order to keep the person safe. An independent advocate visited on the day of our inspection to discuss the treatment further with the new manager, and to ascertain if this would be the least restrictive process for the person. The new manager confirmed that the best interest meeting would include the person, their family, GP, care manager and staff at the service. During our last inspection we noted that assessments for people's capacity to make a decision in relation to receiving their medicines had not been completed. During this inspection we saw that these had been completed for all people who lived at the service.

People were involved in decisions about what they wanted to eat and drink. We looked at the four weekly menu maintained by staff. These included pictorial menu cards that would help people to make choices. We noted each weekly menu recorded the names of staff and people involved in planning the menu for that week and the methods used. For example, it recorded pictures of foods and cookery books used to plan meals. We saw in the kitchen each person had a document that would help staff provide each person with appropriate help to prepare their meals. These documents were entitled, "I can do, and you may help." The emphasis at the service was on what people 'can do' not what they could not do. We saw staff asking people what they would like for lunch and their choices were respected. We saw staff supporting people in the kitchen to make their lunch. Staff talked to people when they made their lunch and gave clear explanations of what they were doing, why they were doing it in that way and they gave lots of praise to people.

People were supported to have a drink and a snack whenever they wanted. We saw on many occasions that either staff asked people if they would like a drink or people would make it known to staff that they would like a drink. For example, one person had asked for a cup of tea. A member of staff asked the person if they wanted to help make the tea with them.

Staff identified risks to people in their eating and drinking. Care plans we looked at included nutritional risk assessments. Referrals had been made to dietary and nutritional specialists when a concern had been identified

Good

Is the service effective?

in relation to their nutritional and hydration needs. For example, one person had been seen by a speech and language therapist to help them with an eating difficulty they had experienced.

People could be assured that their individual healthcare needs would be met by the required professionals when they needed them. We noted that people had access to all healthcare professionals as and when required. Each person had a health action plan that provided information in relation to people's healthcare professionals. For example, opticians, GP, audiologist and dentist. Staff told us they were able to tell when a person's health changed or there was something wrong with them. Staff told us there may be a change in their behaviour patterns and some people could vocalise if they were in pain. Other people who were generally talkative may become quiet and withdrawn. GP or other healthcare appointments were arranged as required. For example, staff noticed one person wince when they brushed their teeth. A dental appointment was made for them. The outcomes of all healthcare visits were recorded. This meant that people were supported to keep healthy.

Good

Is the service caring?

Our findings

Relatives informed us the staff team were marvellous and they really respected people. One relative told us they visited the service a lot, and they would not have their family member living anywhere else. Relatives informed us that staff always asked their family member about their care and what they wanted. They stated that staff had been at the service a long time and they knew all of the people and their likes and dislikes.

Staff treated people in a considerate way. Staff communicated with people in a caring way, waiting for responses to questions asked and involved people in making decisions about what they wanted to do. This was done by using different formats, for example, key words, body language and people's facial expressions. We saw staff attending to people in a pleasant, unhurried manner. Staff were respectful of people and there was friendly interaction between staff and people.

People were supported by staff who knew their needs. We asked staff how they got to know the people they cared for. They told us it was through watching them and being with them on a daily basis. They got to know their likes, dislikes, outings, foods and could tell when they looked forward to something. For example, one person knew when they were going somewhere because their "Face lights up." Staff also got to know people by reading care plans and discussing them with other staff. For example, one person liked collecting paper, envelopes and books.

Staff knew people's likes and dislikes, and allowed them the independence to make choices and make requests as they desired. One person came into the lounge and took the inspector's arm and led them to another chair. Staff let the person do this, as the chair the inspector had been sitting in was the person's favourite. Staff allowed the person to make this known themselves.

Staff were knowledgeable about the needs of people they looked after. For example, one member of staff was able to tell us about and the signs of behaviours that could challenge. They knew what to do when these behaviours were exhibited and the protocols that were in place to calmly address and resolve the behaviours. One person was seen to display some behavioural needs and we saw staff support this person in line with their care plan to reduce their anxiety and help them to calm down.

We saw staff asking people for their views and choices. We saw records that evidenced people were able to express their views about their care. For example, monthly review notes in the care plans recorded that the key worker discussed the care plan with the person, and records of their choices had been noted.

People were supported to access advocacy services should they need them. The provider offered advocates to people who needed someone else to speak on their behalf. Information about advocacy was available at the service.

We observed staff interacting with people in a respectful way. Staff told us they always respected the privacy, dignity and confidentiality of people. Staff stated they asked people if they could go into their bedrooms. We observed this happening during our visit. Staff also knocked on people's doors and waited for a response before they entered. Staff told us that when they attended to the personal care needs of people they ensured the bedroom doors were closed or locked so no one could walk in on them. They (staff) told us they encouraged people to cover themselves when walking between the bathroom and their bedrooms. We saw a member of staff had supported one person with their personal care needs in the privacy of the bathroom.

Relatives told us they were able to visit when they wanted and were made to feel welcome. They told us whenever they visited staff were friendly towards them.

Good

Is the service responsive?

Our findings

One person had just returned from having a holiday away. Although their responses to our questions were limited, they were able to express that they had enjoyed their holiday and that they went away every year. This was confirmed during discussions with staff who told us that staff at the service accompanied people on their annual holidays.

Relatives told us that their family members have plenty of activities to attend. One relative told us, "They are spoilt for choice." Another said, "My family member does music and dance and goes out a lot for meals and the local pub. I have to telephone most times to make sure they are at the service for when I visit."

Activities were organised on an individual basis. During the morning some people went out to attend external activities. One person liked to go to the shops, have a pub lunch or go for a walk. Another person liked going on public transport and staff ensured they were supported to go out once a week on a bus. Three people had been on a holiday in the last two weeks, two of whom were still away. We saw one person make it known to staff they wanted to go out in the vehicle. Staff responded by taking the person out in the vehicle to do some shopping with them. The person returned and proudly showed everyone what they had bought from their shopping trip. This meant that people were provided with activities they chose and enjoyed taking part in.

Staff were responsive to people's needs. We observed after breakfast one person wanted to go into the sensory room and lie down whilst listening to music. Staff told us this was the person's usual routine and it was something they always enjoyed doing. Staff went to the sensory room with the person to turn things on they wanted and then left the person to enjoy their time on their own checking on them periodically to ensure they were alright.

Staff asked people about the things they wanted to do. For example, one person had chosen to have a trip to London. We saw staff engaging the person in conversation about this and what they wanted to see. They had chosen to go to a London theatre to watch the Lion King. Another person had discussions about the holiday they had chosen for this year. Throughout our visit we saw staff sitting with people in the communal areas and involving them in discussions. This meant people were involved in making decisions about what they want to do and how they spend their time.

Care plans reflected what care people needed. Care plans included information pertaining to the individual and had been written in a person-centred way. Care plans were well organised and had an index at the front of the plan that made accessing the information easier. Care plans included health action plans, professionals' reports, meetings correspondence, personal care needs and a care passport. The information included in the file was very detailed and up to date. Care plans also included how the person communicated their choices, likes, dislikes and a reminder to staff to apply the five principles of the MCA when supporting people. This meant that staff were provided with important information about the person and guidance on how people would like their assessed needs to be met.

Each person had a hospital passport that would be taken with them as and when they required emergency treatment. This provided information to other services about the person, their current medicines, allergies, risks and important information about them, for example, how they communicate.

Staff responded to people's needs on an individual basis. Staff told us one person had a tea obsession but staff managed any effects too much caffeine may produce by combining decaffeinated with caffeinated tea. Staff told us another person loved the sun and showed us the special comfortable outdoor chair that staff had supported them to buy, which was in the garden.

The décor in communal areas were calming with the use of neutral colours. The new manager told us this was because some of the people had autism. We saw a digital photo frame on a table next to the television, which flashed up each person's photo in sequence. Bedrooms were appropriately decorated, spacious and light and airy, reflecting each person's individual taste. We asked one person who chose the colours for their bedroom, and they responded, "Me." Bedrooms had the personal effects of each person. For example, one person had a very keen interest in cars and lorries. There was a photograph on their bedroom wall taken of the person in a large truck. There were also miniature cars and pictures of various vehicles.

Good

Is the service responsive?

We saw photographs in the person's bedroom of the holiday they had recently been on. They told us, "I liked my holiday." This meant that people lived in an environment that suited their needs.

There was a 'reminiscence room' with a sensory room attached to it and an arts and crafts area. A member of staff had organised the reminiscence room, which was sensitively thought through as the youngest person living in the home was 58 and the oldest 80. The room contained an old-fashioned record player with LPs, and retro furnishings.

When someone had a complaint there were processes in place so that the complaint could be investigated in a timely manner. Information was available so people and relatives could raise a concern or make a complaint. We saw copies of the complaints procedure displayed at the service. This included the timescales for the provider to fully investigate the complaint. It also provided the details of the local independent ombudsman should they not be satisfied with the outcome of the investigation of their complaint. People were provided with a pictorial copy of the complaints procedure. Relatives told us they knew how to make a complaint but had never had to do so.

Staff told us that they would take all complaints to the manager so they could be investigated appropriately in accordance with the policy. They told us they could tell when someone was upset or unhappy through the way they acted and responded to people. They stated they would sit and talk to them.

The new manager told us any complaint would be discussed during staff and resident meetings to find out what could be learnt from it. The service had a complaints book, however, no complaints had been received to date.

Staff were complimented for the work they do. We saw letters of thanks that had been sent to the new manager from relatives. These included a 'thank you' to all staff for the effort they made to make a 60th birthday for one person a very happy occasion for them.

Good

Is the service well-led?

Our findings

Relatives told us the service very caring, like a big happy family. The manager was approachable and absolutely brilliant, she was very truthful and would do anything for the people living there.

People, relatives and stakeholders were encouraged to give feedback about the home. The results of the last survey was in June 2014 which we saw during our previous inspection. The new manager told they had just sent out the questionnaires this month. This was confirmed during the discussions we had with relatives, one of whom informed us they had just finished completing the questionnaire.

Staff told us that they were asked for their views about the service. They told us they had daily hand over meetings at the change of shifts, regular one to one supervisions and annual appraisals with the new manager. One member of staff told us that nothing needed improving at the service. They told us if they had something to say they would say it to the new manager and that both managers (previous and current) were good and listened to what staff had to say. They said they didn't have to wait if a person needed anything, for example, "If they need toiletries we can go out and buy them."

There was an open culture in the service. Staff were able to raise and discuss any topics they needed to as they were involved in the decisions about the service . Staff told us, and we saw records, that they had regular staff meetings where they discussed matters about the home, people, staffing and training. We saw minutes of residents meetings that had taken place at the service. Topics discussed included the menu, activities and outings. This meant that staff and people were involved in the decisions about the service .

The provider had a set of values that included the aims and objectives and the expected outcomes for people using the service. For example, 'to involve people, families and other professionals in care plans, to be adaptable to the changing needs of people that enables them to maintain their dignity and have control over their lives'. One member of staff told us they were aware of the values and they included to 'keep improving the service'.

The provider had a charter of rights that gave clear guidance about the rights of people. These included the right to all citizen rights, to live independent, active and fulfilling lives and the right to be consulted in matters specific to their needs, support and the running of the service.

Staff were seen to provide support to people in a way which met the values of the service. For example, we saw staff supporting people in a caring way, attending to personal care needs in private and addressing people by their preferred names.

Staff at the service continue to receive support. There was a new manager in place who, at the time of our visit, was part way through the registration process with the CQC. Their fit person interview had been arranged for the week following our inspection. The new manager was being supported by the previous manager who was still registered with the CQC for the service.

Policies and procedures were in place to support staff. We saw the manager held a file which contained policies useful for staff. For example, whistleblowing policy, safeguarding information, the fire procedure, MCA and DoLS guidance. Staff told us they had read the policies and were able to explain the guidance provided in them. For example they knew the procedures for the safe administration of medicines.

Accidents and incidents were logged and were discussed during staff meetings so they could be aware and reduce the risk of the same accident re-occurring. The new manager maintained a record of accidents and incidents and they included details of any incident, how it had been dealt with by staff and what actions had been taken. This meant that staff were able to be vigilant to ensure that accidents and incidents were rarely repeated.

The new manager and provider ensured people's assessed needs were being managed and actions were taken when issues had been identified. The home was quality assessed to check a good quality of care was being provided. We saw regular audits that had been undertaken by the new manager. These included audits on medicines, care plans, morning routines and handover meetings. They also included observations of practice. For example, morning routines and competency testing for the safe administration of medicines. The service also had monthly quality assurance visits by a representative of the provider. We saw a sample of the reports of these visits. Action plans to identify any issues raised had been produced and acted

Good

Is the service well-led?

on. For example, an issue had been identified in relation to the storage of keys for the cleaning cupboard. Immediate action was taken by the new manager to keep the keys safely stored.

The new manager kept up to date with changes in legislation and training needs and was able to implement these at the service. Staff had external links with other organisations that acted as developers and sources of best practice. For example, there were links with Skills for Care. This is an employer led workforce development body for adult social care in England. They work with employers to make sure their employees have the right skills and values to deliver high quality care. The new manager told us, and showed us, they were to implement the new care certificate for all new staff. We read in the minutes of staff meetings this had been discussed with staff.