

Leonard Cheshire Disability

# Westmead - Care Home Physical Disabilities

## Inspection report

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11 June 2018

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## Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

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

This comprehensive inspection was unannounced and took place on 9 and 11 June 2018.

At the previous comprehensive inspection completed in March 2017 we rated the service as overall requires improvement and issued a warning notice in relation to staff recruitment and a requirement in relation to staffing. Following this the service sent us an action plan showing how they intended to be fully compliant.

We completed a focussed inspection in October 2017 and found the service had met the warning notice and had taken steps to ensure their recruitment processes and policies across the organisation were updated and robust. They also met the requirement in relation to staffing and ensuring there were sufficient staff to meet people's needs in a timely way.

At this inspection, we found that the improvements to staffing and recruitment had been sustained.

Westmead 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 care home) accommodates up to 19 people in one adapted building. People living in the home have complex physical needs and some have learning disabilities.

The care service has not been developed and designed in line with the values that underpin the Registering the Right Support because it is registered for more than six people. However, it does follow best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities using the service can live as ordinary a life as any citizen.

Since the last inspection the service had a new registered manager, who had been in post for a few months when we completed this inspection. 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.

People said they felt safe and well cared for. Two people mentioned the use of agency staff but felt that the continuity of having the same agency staff had helped. Two people mentioned the home had been in a "turmoil" as there had been some tensions between some individuals living there. This had caused "disruption and a tense and difficult atmosphere." This had been resolved because one person had left the service.

There were sufficient staff with the right skills and understanding of people's needs and wishes. This meant outcomes for people had improved. People said staff were kind and helpful. Our observations showed staff respected people's dignity and privacy and worked in a way which showed kindness and compassion.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's consent to care and treatment was sought. Staff used the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and understood how these applied to their practice.

Care and support was person centred and well planned. Staff had good training and support to do their job safely and effectively. Activities were beginning to be tailored to meet individual's needs. The use of volunteers had helped to ensure people had regular opportunities to get out and about.

Risk assessments were in place for each person. These identified the correct action to take to reduce the risk as much as possible in the least restrictive way. People received their medicines safely and on time most of the time. There was a high number of medicine errors. An action plan had been developed to ensure staff had further training and to reduce the number of errors. Accidents and incidents were carefully monitored, analysed and reported upon.

There were effective staff recruitment and selection processes in place. People received effective care and support from staff who were well trained and competent.

People enjoyed a wide and varied choice of meals. Mealtimes were relaxed and enjoyable for people.

Quality assurance processes and audits helped to ensure that the quality of care and support as well as the environment was closely monitored. This included seeking the views of people and their relatives.

## 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 not always safe.

Improvements were needed to ensure medicine management was fully robust. The provider had an action plan to address this.

There was sufficient staff to meet the needs of people living at the service.

People were kept safe because staff understood about abuse

Recruitment practices were robust.

**Requires Improvement** 

### Is the service effective?

The service was effective.

People's healthcare needs were understood, documented and followed up.

People were cared for by staff who had regular training. Work was in progress to ensure support with practice through supervision and appraisals were being completed.

People's consent to care and treatment was sought. Staff used the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and understood how these applied to their practice.

People were supported to eat a well-balanced diet and they had access to health professionals to help them keep as healthy as possible.

**Good** 

### Is the service caring?

The service was caring.

People received care from staff who had developed positive, caring and compassionate relationships with them.

Staff were kind and affectionate towards people.

**Good** 

Staff protected people's privacy and dignity and supported them sensitively with their personal care needs.

People were supported to express their views and be involved in decision making with assistive technology where needed.

**Is the service responsive?**

**Good** ●

The service was responsive.

Care and support was well planned but some plans still required more detail about people's aspirations and goals. This was being addressed.

Activities were planned and, where possible, tailored to individuals' needs and wishes.

People or their relatives' concerns and complaints were dealt with.

**Is the service well-led?**

**Good** ●

The service was well led

The manager was registered with CQC and people, staff and relatives spoke highly of her commitment to make improvements and to listen to their views.

Systems ensured the records, training, environment and equipment were all monitored on a regular basis by the provider.

# Westmead - Care Home Physical Disabilities

## **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 9 and 11 June 2018 and was unannounced. The inspection was completed by one adult social care inspector.

The provider had completed a Provider Information Return (PIR). This is a form we ask the provider to complete at least annually. It asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at other information we held about the service. This included previous inspection reports and notifications. Notifications are changes, events or incidents that the service must inform us about. We contacted the local authority commissioning team, who has responsibility for monitoring the quality and safety of the service provided to local authority funded people. We received feedback from two health care professionals about their experiences of the service provided.

During the inspection we spoke with eight people. However, some other people were not able to comment specifically about their care experiences, so we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people living with dementia. We also spoke with two relatives, nine staff including the cook, administrator, care staff, maintenance person, quality assurance lead, regional operations manager and the registered manager.

We looked at four care files including risk assessments, care plans and daily records. We reviewed three medicines records, three recruitment records including staff supervisions and a variety of records relating to the auditing of the environment and quality of care.

# Is the service safe?

## Our findings

When we inspected this service in March 2017 we rated this domain as requires improvement. This was because we found recruitment practices had not always been robust. They did not ensure new staff had all the right checks and references in place to ensure they were suitable to work with vulnerable adults. This had been the second time we had found a breach in this regulation, we therefore issued a warning notice. This set out what the provider had failed to do. The provider had been keeping us up to date with what action had been taken since receiving this warning notice. This included ensuring potential new staff declared any convictions or cautions. They also ensured processes to ensuring new staff were of fit character by seeking references and more detail about their suitability.

We followed up this warning notice with a focussed inspection in October 2017. At this inspection the staff recruitment files showed effective recruitment practices were taking place to keep people safe. Safe recruitment was being sustained.

Previously we had also found there were insufficient staff for the number and needs of people living at the service. At the October 2017 focussed inspection this had improved. At this inspection completed in June 2018, we found the improvements in staffing levels had been sustained. There was still a reliance on agency staff but the service had a regular group of agency workers who were getting to know people. One person said "We are having lots of agency workers, but it is not a problem. They are usually the same ones and they are very nice. We are getting to know them and they are getting to know us."

Everyone living at Westmead needed support to take their medicines due to their complex needs. There were systems for recording when medicines had been administered. Only staff who had been trained and had their competencies checked could complete this task. Despite these measures, there were a high number of reported errors. We also saw that when one person returned from a weekend with their family, they had been given the wrong medicine administration record to complete (MARS).

Following feedback to the registered manager, she has sent an action plan showing how they intend to reduce the number of errors. This included further training and support to staff. The service were also intending to move all medicines to be stored centrally. The current system was for medicines to be stored in people's individual rooms. Two managers from other homes run by the provider were coming in to mentor and support staff and this included support with medicine management. The operations manager explained that as an organisation they would be moving to electronic records for medicine management which they hoped would further reduce the errors.

During our tour of the service, we noted one kitchen window was open and being used to provide cool air. This window did not have a fly screen and could therefore present as a potential cross infection issue if insects flew in and landed on food being prepared. Following feedback, the registered manager has explained a fly screen had been ordered and would be fitted as soon as it arrived.

Staff training and fire safety checks records showed that fire drills and training for staff were not completed

as regularly as described by good practice guidance. This meant that staff might not have the right competencies should an emergency evacuation be needed. Following feedback, the registered manager said this was being addressed with quarterly training and drills for night staff and six monthly for all daytime staff. This was in line with good practice guidance.

People were protected from risks as far as possible because risk assessments were completed and reviewed monthly or sooner if needed. Where someone was at risk of developing pressure damage, this was clearly identified. Staff were instructed on how to reduce this risk with use of equipment and regular repositioning. Where people were at risk of poor nutritional intake, a risk assessment had been completed and specialist support had been sought. For some people this included the use of high calorie supplements.

People were protected from possible abuse because staff understood what to look for and how to report any concerns. There had been a number of safeguarding issues raised by the registered manager since the last inspection. The manager was working with safeguarding team, commissioning teams and specialist support teams to ensure people were kept safe. People said they did feel safe and secure. One person said "Since there have been some changes to who is living here, I feel much safer. I feel happy again."

The home was kept clean to a high standard. The housekeeping team had a cleaning schedule which included ensuring areas had a deep clean on a regular basis. Staff understood infection control processes and there was a plentiful supply of gloves, aprons and hand sanitizer gel. We observed staff followed infection control processes with hand washing and the wearing of protective clothing.

Emergencies were planned for. For example, each person had an emergency evacuation plan and regular fire safety checks were being done, including testing of alarm bells. Fire equipment such as extinguishers had been serviced and maintained on an annual basis.

The maintenance person said they did not routinely check window restrictors but following the inspection we were sent documentation to show these were marked as checked on monthly audits of the environmental checks completed.

## Is the service effective?

### Our findings

People said they were being cared for by staff who understood their needs. One person said, "The staff do understand what to do to support me." Another person said, "I like all the staff who work here, they are very good."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions of authorisations to deprive a person of their liberty were being met. One person had such safeguards in place. Most people had applications pending. Details of people's capacity and any applications were included in their care plan for staff to refer to. Staff had a good understanding of MCA and knew what conditions had been put on the approved DoLS.

Staff said they had received good training and support to do their job effectively. The deputy manager said they were making sure each staff had received a supervision session to talk about their role and any training needs. They were also updating the training matrix and looking at what training they needed to book to ensure staff had annual updates on all areas of health and safety. Staff confirmed there was a range of training opportunities to enhance their skills and learn about areas of interest such as end of life care, working with people with dementia. The manager said they had recently used an external nurse educator to set up some learning sessions in particular health care areas such as diabetes, bowel care, pressure care and sepsis.

New staff had an induction which detailed all areas of how the home was run and what was expected of their role. Staff who were new to care were expected to complete a nationally recognised induction called the Care Certificate. This helped to ensure new staff understood the key elements of delivering safe, effective and compassionate care. Agency staff who were new to the service also underwent a short induction process to help them understand essential information to keep people safe.

New staff had the opportunity to shadow more experienced staff to help them gain a better understanding of the role and the needs of people living at the service. Agency staff were usually paired up with existing staff so that they could provide a consistent approach to people's care and support.

People benefitted from being offered variety of meals to suit their tastes and promote their health and wellbeing. There was a choice of at least two or three options for lunch and tea. The cook said she tried hard to accommodate everyone's likes and dislikes. She was trying out new recipes and using more spices to make menus more interesting for people. People said they enjoyed the meals and that regular drinks and snacks were offered. Comments included "We get lots of choice. I am trying to go for the healthier options and they do provide salads and jacket potatoes." "I enjoy all the food offered."

Care plans that we looked at identified favoured foods and dislikes. The care plans also identified any known food allergies/sensitivities. Where people were at risk of choking, there was clear instructions about what consistency of food they required and the amount of support needed. When we observed lunch, we saw people received the right consistency of food according to their needs.

The service worked across organisations to ensure people's healthcare needs were fully met. This included working with the local specialist learning disability team, occupational therapist and physiotherapist. The service also employed its own part time physiotherapist.

Assistive technology was used to help ensure people with complex communication needs were given an equal opportunity to express their needs and wishes. This included the use of signs and symbols and simple signing for some people. It also included the use of computers to enable people to make choices.

The design and layout of the service had been considered for people with complex physical needs. For example, there were wide corridors; tables and surfaces were at the right height for wheelchair users and assisted bathrooms with tracking hoists enabled staff to deliver care safely. Most bedrooms had doors which could be more easily open and shut. A part of the car park had been sectioned off for plants and seating area for people to enjoy. On the first day of the inspection it was very warm weather and people were enjoying sitting in the shade outside.

## Is the service caring?

### Our findings

People and relatives said staff were kind and ensured people were afforded their privacy and dignity. One person confirmed staff always knocked on their door before entering. They said "I am a night owl so staff know not to knock too early. They respect my choice to stay up late and have a lay in when I want. They are very good." One person told us they liked all the staff but would prefer a different key worker. We fed this back to the registered manager and she spoke with the person about their preferences of a new keyworker, and agreed to make the change. One family member said "The staff are pretty good. They know these guys well. I have always seen kind and caring interactions. There is a good atmosphere and it's nice to come in and hear lots of laughter."

Staff understood the importance of ensuring people's dignity was upheld. People had been assisted to dress in their own individual style. Staff were aware of how to support people and maintain their dignity and respect. For example, when assisting someone with their personal care, staff said they covered people's body parts to ensure their privacy. We observed people being supported by staff at lunchtime. Staff asked people whether they wanted to wear a clothes protector. At the end of the meal they offered to assist people to clean their face and hands. When supporting people with their toileting needs, staff did this in a respectful and discreet way.

People were encouraged to make choices about all the care they received. Staff understood how important it was to listen to people's views. People's known preferred routines and personal histories were included in their care plans. Where people did not communicate with words, their ways of communicating were clearly documented for staff. Staff were skilled at interpreting people's complex ways of communicating. For example, through eye movement and particular sounds. One staff member explained that when one person had a difficult decision to make about a health issue, they had some questions included onto their communicator (electronic device used to help people say what they want via an electronic voice.) so they could be fully involved with the decision-making process when they visited the hospital.

People mattered and staff were sensitive to people's moods and ways of communicating. For some people this may be through a facial expression. Staff spoke with one person about whether they were happy with the noise level in a communal area. When it was clear the person wanted to move, the staff member took them and their food outside to a quiet area. Another person said they wanted to spend time in their room and staff assisted them to do this.

People were supported to stay in touch with family and friends. Some people used Skype to family who lived in other countries. Family and friends could visit at any time and were made welcome. Staff offered refreshments to visitors.

Lunchtime was a relaxed and unhurried time. Staff sat with people and chatted whilst they ate their meal. People appeared relaxed and comfortable. It was clear staff had good relationships with people living at the service.

Compliments and feedback was recorded on an electronic system. The views from families were positive with comments such as "Thank you for the phone call to let me know how (name of person) got on. We are very grateful for all you do."

People were encouraged to personalise their rooms with small items of furniture, pictures, photos and knick-knacks. People's artwork had been displayed in the corridors and communal areas making the place more homely.

## Is the service responsive?

### Our findings

People were confident that staff were responsive to their needs. One person said "Since your last inspection, staffing has improved. We do have a lot of agency staff but at least there are now enough staff" Another person said, "If I want to go to Barnstaple to buy my craft items, I just ask and they plan the trip when staff are available."

People's care and support was well planned. This was because there were clear care plans which instructed staff how to best support someone with their personal care, emotional needs and healthcare needs. Where people had complex healthcare needs such as sections of the plan were detailed with pictures of their repositioning plans to keep people well. This was done in conjunction with the physiotherapist and occupational therapist. This helped to ensure people had the right equipment and positioning systems to help them stay well. Some people required regular bed rest to give them time out of their wheelchair. This was clearly identified in their care plans.

Plans ensured people had person centred care because it gave good details for staff to understand their likes, dislikes and preferred routines. The plans also had started to include goals for the future. At present these tended to be more about maintaining good health. We discussed this with the registered manager and she agreed goals which included people's future aspirations would be looked at next.

We looked at how the provider complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Care plans included where staff needed to consider people's sensory or hearing impairment. Staff were able to communicate with, and understand each person's requests and changing moods as they were aware of people's known communication preferences. This also included where people used communicators, had some signing and used facial or eye movement to indicate choice. Areas of the service were signposted with pictures, for example toilets, to help people find their way.

The provider's information return identified that there were improvements to make in ensuring people's views were heard when visiting hospital for example. The registered manager wrote "We have customers who are non-verbal, use communication devices, use key signing, gestures, eye movements. We are in process of developing Communication passports for these individuals so that volunteers, new starters, Occasional workers and agency staff will have a better understanding of the communication technique the individual is using and how they can then communicate with them. The service is working alongside the Intensive Assessment and Intervention Team and Speech and language Therapy team, to develop intensive interaction for customers who have been identified as at risk for under stimulation, being withdrawn and not wishing to engage with staff or other service users."

In past inspections we had heard from people that they would like more opportunities to get out and about and try new things. At this inspection people told us they were being enabled to go out to local shops, cafes and restaurants. If people chose to, they were supported to go on holiday. Some people spoke about trips

and holidays they had recently enjoyed. One person said they continued to be supported to do some advocacy work but this was not as often as they had been doing before they came to live at West Mead. The volunteer's coordinator had recruited a group of regular volunteers who either took people out, came to do activities or joined in group activities with people. This included cooking, quizzes, singing and music as well as some gentle exercises and games.

The service employed an IT specialist who supported people to access assistive technology and enjoy a variety of IT systems to help them stay in touch with family and friends. They also employed a part time physiotherapist to help people stay well, use the right equipment and have exercise to keep their as flexible as possible. The service had developed a sensory room where people could enjoy calming music and lights and images.

The service had a complaints process with written details of who people could make their concerns and complaints known to. We reviewed complaints in the last six months and saw these had been addressed and people had received a response. There had been a number of complaints about one issue. People were supported to voice their concerns and the registered manager assured people actions were being taken.

# Is the service well-led?

## Our findings

Since the last inspection a new registered manager has been employed and had been in post for a few months. A registered manager is a person who has registered with the CQC 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.

People, staff and families expressed a high level of confidence in the new registered manager. One person said "She is very good. She listens and she is sorting out more staff to come and work here." One staff member said "I do believe our new manager is very good. She is trying to make the right improvements. She is tackling some poor practice and she is looking at what's best for our service users." Another staff member said "I feel we can go to (name of registered manager) for any issue. She is really helpful and I have found her to be flexible when I needed some time off for personal reasons."

The registered manager and provider understood their responsibilities in respect of duty of candour. Where they had reviewed incident reports or complaints and concluded the service could have done things differently, they acknowledged this. For example, the registered manager had already identified actions to address the high number of medicine errors. She also asked the organisation to provide more training in dignity and respect when she received concerns about some staff practice. One person had specialist communication needs and the registered manager ensured staff received training to help understand how the person communicated.

This showed a proactive approach to making improvements.

Systems and audits were used to ensure the environment was safe and well maintained; records were kept accurately. The provider had a quality assurance team who visited the service at least monthly. They checked the audits to ensure these were helping to maintain and improve the quality outcomes for people. Monies were checked by the administrator on a weekly and monthly basis. Only senior staff had access to people's individual safes and all receipts for monies spent were kept providing an audit trail.

The visions and values of the service included equality and inclusion for all. It was evident that this was embedded by the efforts made to ensure people had means and ways of communicating where possible. The use of assistive technology enabled some people to voice their needs and wishes. There was a detailed section in care plans to instruct and direct staff to understand people's nonverbal ways of communicating. Staff were skilled in this.

The provider used various ways to gain the views of people and their families. This included annual surveys, meetings and one to one discussions. The provider employed an advocate separate to the service or management team. This person could be called and would visit individuals to discuss any concerns and developments.

The rating from the last inspection report was prominently displayed in the front entrance of the service and

on the provider's website.