

ROCCS Residential Community Care Services Westmeade

Inspection report

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Cheshunt
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Website:

Date of inspection visit: 1 December 2014
Date of publication: 20/03/2015

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?

Requires Improvement 

Overall summary

This inspection took place on 1 December 2014 and was unannounced. The inspection was carried out by an inspector.

Westmeade is registered to provide accommodation and personal care for up to 3 people who live with learning disabilities and autistic spectrum disorder. At the time of our inspection 3 people lived at the home and the home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

At our last inspection on 2 November 2013, the service was meeting the required standards.

People were safe as staff knew how to manage their care needs so that risks were managed in a way which ensured people had as much freedom as possible. Staffing levels meant people's individual needs were met and they received the support they needed to follow their chosen routines and go out into the community.

Summary of findings

People were protected from abuse and felt safe at the home. Staff were knowledgeable about the risks of abuse and reporting procedures. Safe and effective recruitment practices were followed and people were involved in the selection of new staff.

There were suitable arrangements for the safe storage, management and disposal of medicines. We found that, where people lacked capacity to make their own decisions, consent had been obtained in line with the Mental Capacity Act (MCA) 2005.

The CQC is required by law to monitor the operation of the MCA 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. At the time of our inspection the manager was making applications to the local authority for people who live at the home in line with the requirements of the law.

Staff had developed good relationships with people and were kind and caring. They encouraged and promoted positive behaviour in the way they praised and encouraged people. People were given choices and their privacy and dignity was respected.

People had access to healthcare professionals such as GP's and mental health specialists when needed. They were given appropriate levels of support to maintain a healthy balanced diet and were looked after by staff who had the skills necessary to provide safe and effective care. People and their relatives were positive about the care and support provided.

Leadership of the home was good. There was an open culture which encouraged all involved in the home to voice their views and concerns. However there was a need to have greater evidence of systems in place to monitor the performance of the home.

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 felt safe and staff managed risks and behaviours without restricting people.

There were enough staff to meet people's so they could follow preferred routines and spend time pursuing activities in the community.

Safe recruitment practices ensured only staff who were suitable and safe to work in the care home were employed.

People were protected by staff who understood the safeguarding procedures and would report concerns.

People's medicines were managed safely.

Good



Is the service effective?

The service was effective.

Staff were trained and well supported. They had the skills and knowledge to meet people's needs.

Arrangements were in place for people to access health care services when they needed them.

People's nutritional needs were met. They had access to food and drinks of their choice in the home and often went out for meals in the community.

Good



Is the service caring?

The service was caring.

Staff were kind and compassionate and promoted a happy, relaxed atmosphere.

Staff knew people well and used praise and encouragement to support people.

Staff listened to people and involved them in decisions about their lives.

People's independence was promoted and privacy and dignity was respected.

Good



Is the service responsive?

The service was responsive

Staff were able to meet people's personalised care needs and care records showed care was tailored to meet their individual requirements.

People could choose how they spent their days and were involved in a range of activities in the community.

Good



Summary of findings

People's views were listened to and acted upon through daily interactions with staff as well as more formally in meetings and surveys.

People were encouraged to express any concerns or complaints and they were responded to appropriately.

Is the service well-led?

The service was well led.

There was an open culture which encouraged all involved in the home to voice their views and concerns.

There were quality assurance checks in place to monitor the performance of the home though action plans need to be more clearly evidenced.

Requires Improvement



Westmeade

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 1 December 2014 and was unannounced. This visit was carried out by one Inspector.

Before our inspection, the provider completed 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. We also reviewed other information we held about the service including the most recent commissioner's report relating to their inspection and statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law.

During the inspection we spoke with all of the three people who lived in the home, the manager, supervising manager and two care staff. Following the inspection we spoke with three relatives

We reviewed care records relating to three people who lived at the home and two staff files that contained recruitment records. We also carried out observations in communal lounges and dining rooms.

Is the service safe?

Our findings

People told us they felt safe living at Westmeade and were encouraged, by staff, to talk about any concerns or worries. One person said “I am happy with all the staff. I know how to keep safe. We have a lot of staff looking after us” Another person said “ I am happy here I like it”

Staff had a good understanding and knowledge of how to safeguard people against the risk of abuse. They knew people well and were able to describe the individual changes in people’s mood or behaviour and other signs which may indicate that something was wrong. They understood the procedure to follow to pass on any concerns and felt these would be dealt with appropriately by senior staff or the manager. Staff told us that they had received safeguarding training and updates, which was confirmed by the staffing training schedule. We saw that when there was a concern raised, staff responded appropriately and records were made and analysed by the provider to minimise risk.

Staff said they felt there were enough staff to meet people’s needs and keep them safe. They said the staffing levels enabled them to support people to go out in the community pursuing their own interests safely. This was confirmed by our observations during the day. People’s dependency needs were regularly reviewed to ensure that staff with the necessary skills, and experience were available to provide appropriate care and support. There was a stable staff group and there was a robust recruitment process in place which included carrying out all relevant checks to ensure people’s suitability before they began work.

People were involved in assessments to help manage risks that may occur in many areas of their lives. For example we saw one person talking with a member of staff about a situation in the community they had found challenging. They discussed the steps they needed to take to be able to return to a similar situation again safely and told us about how they were being helped to achieve them.

We saw staff reacted calmly and confidently when someone’s mood changed and they needed extra support to keep themselves and others safe. There were clear guidelines in place for staff to support people in different situations so that they were treated consistently with dignity and respect whilst staff were managing the situation. The manager explained how all safety incidents were reviewed to see if any action is needed to be taken to minimise a reoccurrence.

There were clear procedures in place to enable people to receive their medications safely. People told us they received their medication when required and that staff had explained exactly what it was. Staff were trained in the safe handling of medication and medication was stored securely. We found that there had been an incident relating to missed medication which had been dealt with, thoroughly.

There were checks in place to make sure the home was run safely. These included fire alarm tests and evacuation drills and annual check of any electrical equipment. There was maintenance person employed by the provider who oversaw any repairs or refurbishment as they arose. We saw that there were contingency plans in place in the event of any emergency.

Is the service effective?

Our findings

People told us staff supported and helped them achieve what they wanted. One person said “We talk about things and what we want to do. Staff help me to do things. We sit down and plan our meals each week.” Relatives said they had every confidence in the care their relative was receiving.

Staff told us they received the training and support they required to carry out their roles. They said they received regular supervisions and we saw evidence of this in the records we looked at. Staff felt supported in the workplace through these supervisory meetings and were able to access further training when required. Staff were knowledgeable about the needs of the people they supported and knew how those needs should be met. One staff member told us “I enjoy working here, seeing people happy at achieving things.”

Staff were happy with the level of training they received since the training and development manager began in the organisation. This was a new role that had been recently recruited to support the manager to train the staff. One staff member said “Not only do they train us but they then carry out observations of our work practice to make sure we understand the training fully.” Another person said “We are given time to complete our training.”

The manager and staff all had a good understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The manager was in the process of applying for DoLS where appropriate following an assessment of a person’s capacity.

We saw staff sought people’s consent before providing care and support. For example when one person was getting upset staff asked if they could take them to another room to help them manage their feelings. We saw best interest decisions for people for help in managing their medication and finances. One person told us they were helped with their money. They loved buying clothes and staff helped them to do this.

Staff supported people in eating healthily. A person told us that they go with a staff member to do the weekly shopping

for the home and we saw that everyone helps in some way in the preparation of meals. One person told us “I like cooking I helped with the cooked chicken”. We heard staff supporting people to make a healthy choice for their lunchtime sandwich. Staff did this discretely and respectfully.

Two people had a healthy eating plan and there were ‘eat healthy’ posters around the home. One person told us “Yesterday we had a lovely dinner with roast chicken. We took all the skin off as it is full of fat.”

People’s weight was monitored and the home recently asked a dietician to advise them to achieve a balanced healthy diet whilst including people’s favourite foods. Staff told us that they had learned to swap some foods for more natural equivalent and that everyone in the home were taking part in trying to keep healthy. We saw each person had a food diary to record their diet in order to help maintain their goals.

People had an annual health check and had good links with health professionals. One person needed a scan and staff prepared them by finding a video on the internet so as to allay their fears. The person told us that the experience of the scan was positive and they didn’t worry as they knew what was happening.

One relative spoke of how the manager and staff really work hard to make sure their relative gets the right care. They gave an example of the manager not being satisfied with the medication changes and the effect they had so sought further advice and specialists until the situation was resolved. They said “The staff know the signs of when our relative is beginning to be unwell more than we do.” Another relative said of the staff, “Overall fabulous, they came and assessed my daughter and got it spot on. I know if I were no longer around they would manage now.”

We saw staff worked closely with community health and social care professionals to help people maintain good physical and mental health. Staff accessed art therapy to enable one person to express their feelings and worked closely with the therapists to create an environment the person could relax in.

Is the service caring?

Our findings

People told us they felt well cared for and said staff listened to what they had to say. They liked being together with the other people in the home and they said they all looked after each other. One person said “ I like it here it is my home now”

We saw staff related to people in a kind and caring way and promoted a happy, relaxed atmosphere. People were able to say anything and staff always answered respectfully. For example one person constantly repeated the same phrase yet staff found ways of responding to the person giving the same answer but in different ways. They also tried to move them onto talking about another subject whilst remaining engaged.

Staff knew people well and used praise and encouragement to support people. We saw a staff member talking with someone about their room and the choices they might wish to change it. There was a good rapport which showed caring support and mutual respect. We saw one person liked doing activities on their own and whilst staff respected their choice they made sure they were also included in any group discussions to do with the house or choices to be made.

Throughout our visit we saw and heard staff respected people's privacy and dignity. For example staff wanted to

close the bathroom door when supporting someone with a bath but the person wanted the door open so they agreed together to leave it half open to protect their privacy but respecting their right to choose.

People were prompted to attend to personal care independently, such as washing their hands, in a gentle way which helped maintain people's dignity. Staff also encouraged people to talk with them in private about their personal health issues to maintain their dignity and privacy. The manager told us that they can access local advocacy services, but they had not needed to use them recently.

People were supported to maintain contact with family and friends. One person told us how happy they were as they were going to stay with their friend in another care home. Another person wanted staff to call their parents to arrange an overnight stay. Staff agreed they would do so once their parents were home and gently reminded the person their parents may not be able to have them for an overnight stay right away but would arrange it as soon as possible. A relative told us “They make sure we meet up and are very accommodating. They will bring them [relative] over if I can't make it.”

People told us they planned things together with staff and were helped to gain independence in various areas of their lives. One person was working on their typing skills and had typed up their own care plan. The manager told us they were planning goals with this person to help develop their life skills.

Is the service responsive?

Our findings

People told us that they were involved in planning their care and support. They said staff spoke with them about what they wanted to do, what help they would need and who to involve to make it happen. One person was really keen to show us their care plan and the work they had put into it.

People were involved in deciding how they wished to plan their day and week. The manager said people were encouraged and supported to lead fulfilling and active lives both in the home and the local community. For example some people chose to attend a local day centre. One person was going three days a week but had recently reduced it to two as was not comfortable with the third day. The manager arranged for this person to experience a series of relaxing activities at home instead as well as activities to build up their life skills. The person was happy that their choice to change the activity was supported and implemented.

Care plans had been created to meet people's individual needs and to support the staff to support people. They held good information about them, their life stories, the people important to them, their interests and the areas where they needed help and support. We saw clear guidelines with the emphasis on giving people choice and promoting independence.

People's care plans are drawn up using widget symbols. Widget symbols add visual support giving easier access to information. We found that some plans had so many symbols on a page it was difficult to follow them. The manager was working on updating everyone's care plan using more photographs as well as spacing symbols more effectively to improve this and support further involvement from people. They told us they plan to discuss with people if they would like a visual care plan, on pin boards, in their room.

One of the managers said how the group of homes has set up a local group of the purple star award. The purple star

award is an initiative in partnership with local community groups, and carers to improve health and social care provision for people with learning disabilities. As part of the awards people from the home took part in an Olympics style competition. They also had been involved in a dance and drama group and were in a recent production. People told us how much they enjoyed being in a play and choosing and buying the costumes for it. A relative said how much pride they took in watching their relative in the Olympics competition in Bath. They told us, "[relative] has come a long way."

Most of the people living in the home liked sports and supported their local football team as well as played football. They told us that they enjoy Sunday morning football training which they were able to attend if they wished. They had also been given free tickets to a premiership home game which delighted everyone. One person told us they enjoyed swimming and showed us awards they had won at basketball. One person had recently joined a local 'mates and dates' club which gives people access to new friendship groups. People told us that they were able to go on holidays of their choice.

Everyone in the home is able to voice their opinion and were encouraged to talk about any concerns they had. People told us staff listened to them." I am happy with the staff I can talk if I am not happy." There were many informal opportunities to talk with staff as well as specific time with their key worker and house meetings. The manager said they did not have any complaints as they tended to deal with things as they arose and made notes in the daily report. The manager contacted us after the inspection to say they had formalised the system with a complaints and compliments book left in the hall of the home. One member of staff said "We try to be open as possible so that people can express any concerns and have them addressed. It's important to say we are here for the people who live in the home and if we are doing anything wrong we need to know."

Is the service well-led?

Our findings

People said the manager and staff supported them well. Relatives spoke very positively of the manager and the staff and their confidence in them to care for their relative. One relative said “I am really impressed and cannot sing their praises high enough.”

We saw staff worked well together and said they worked as a team and had the same values and vision which was “to have a caring relaxed home.” People responded well to staff who related to them in a positive supportive way.

Staff were positive about the leadership and management of the home. They told us they were encouraged to share their views about the service and how it could be improved. They said they were supported in their roles through staff meetings, as well as more informally on a day to day basis. This was reflected in the records seen. One member of staff said, “The manager is open and approachable.” Staff had a good understanding of whistleblowing procedures and said they would not hesitate to use them.

The manager is supervised by another manager within the organisation who carries out monthly audits. The manager told us that in addition the provider carries out weekly visits to the home and three monthly audits visits. The weekly visits are informal and the manager told us that these were both supportive and encouraging as they identified areas for improvement which the manager could quickly respond to and implement the improvements needed.

The manager was part of the staffing rota and told us that time for administration could get taken over by supporting staff to meet people’s needs. This meant that sometimes some of the essential administration could be overlooked. The manager was aware they had not informed us of an incident with medication that should have been reported. They had managed the issue appropriately at the time and the required report was sent to us before the end of the inspection.

We saw that there was a system of audits in use by the manager and the provider that covered areas such as; infection control, care plan files, medication and staffing levels however these were not always completed and did not always identify improvements to be made. We discussed with the manager the need to have more evidence of audits and action plans they had completed to monitor the performance of the home. Immediately following the inspection the manager contacted us to say they had received an extra eight hours administration time and had delegated some tasks to other staff so as to manage administrative tasks more effectively.

The manager and staff work closely with local professionals and local organisations to support them to meet people’s individual needs. They had formed good links within the local community and ensured people were actively involved in their local football club. The manager promoted clear values which influenced staff to work closely with people to promote their independence, making sure they were part of the local community and could develop and maximise their skills.