Caretech Community Services (No.2) Limited

Westbrook House

Inspection report

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Ratings

Overall rating for this service	Requires improvement
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?	Requires improvement

Overall summary

This inspection was carried out on 8 December 2015 and was unannounced.

Westbrook House provides accommodation and personal care for up to eight people with varying learning and physical needs. There were seven people living at the service on the day of our inspection.

There was no registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (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 and associated Regulations about how the service is run. The service was being run by the deputy manager with support from a senior support worker and the locality manager. The service was recruiting for a registered manager.

At the last inspection on 10 February 2015, the service was found to not be meeting the standards. We found concerns in relation to safeguarding people from abuse, consent, care provision, staff training and supervision, management and governance and the management of

Summary of findings

complaints. At this inspection although we found they had made some improvements, they were not meeting all the standards. We found there to be issues in regards to the management of medicines and relating to the governance of in the home.

The Mental Capacity Act (2005) provides a legal framework for making particular decisions on behalf of people who may lack 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. Where they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working in line with the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that the service was working in accordance with MCA and had submitted DoLS applications which were pending an outcome.

People's care needs were being met and care plan's included detailed guidance to support staff to meet their needs. There were short versions of the plans available for agency staff to read when they worked at the home. Staffing had been an issue at the home and shifts were frequently covered by agency staff, however, there was a plan in place to reduce the impact of this on people. The locality manager was recruiting for the vacant staff positions and they followed a robust recruitment procedure.

Staff told us the training had improved and we saw records to support this and showed most areas were up to date. However, training in the management of medicines was an area that was lacking. Staff had recently started receiving one to one supervision and told us they felt supported.

People received appropriate support with eating and drinking and had regular access to health care social care professionals. People were treated with dignity and respect and their feedback was sought. Complaints were responded to appropriately and surveys were sent out to obtain the views of people, their relatives and professionals.

We received positive feedback about the management of the home even though they were without a manager. The deputy manager, senior support worker and the locality manager were working together and we were told this had been effective.

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 not always safe.

People did not have their medicines managed safely.

People were supported by staff who knew how to recognise and respond to allegations of abuse.

People were supported by sufficient numbers of staff who were recruited robustly.

People's individual risks were assessed.

Requires improvement

Is the service effective?
The service was effective.

People were cared by staff who were trained and supported.

People's consent was sought prior to provding care and support.

People were received sufficient amounts to eat and drink and had regular access to health care professionals.

Good

Is the service caring?
The service was caring.

People were treated with dignity and respect.

People were encouraged to be involved in planning their care.

Relationships between people and others were supported.

Good

Is the service responsive?
The service was responsive.

People's care needs were met and plans were in place to support this.

People had access to activities.

People's feedback was obtained and complaints responded to appropriately.

Good

Is the service well-led?
The service was not consistently well led.

There was no registered manager in post. However the home was lead by a team of senior staff.

Statutory notifications were not sent to the CQC as required.

Action plans had achieved improvements.

Requires improvement

Westbrook House

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2014 and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This visit took place on 8 December 2015 and was carried out by one inspector. The visit was unannounced. Before our inspection we reviewed information we held about the service including statutory notifications relating to the service. Statutory notifications include information about important events which the provider is required to send us. We reviewed the action plan they sent us subsequent to the previous inspection undertaken in February 2015 telling us how they would make the required improvements.

During the inspection we spoke with one person who lived at the service, two relatives, two members of staff, three agency staff members and the locality manager. We received feedback from social care professionals. We viewed two people's support plans.

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 who could not talk with us due to complex health needs.

Requires improvement

Is the service safe?

Our findings

When we inspected the service on 10 February 2015 we found they were not meeting the standards in regards to safeguarding people from the risk of abuse as staff did not know how to report concerns appropriately. At this inspection we found that staff had received training in this subject and were now aware of how to recognise and respond to allegations of abuse .

People were unable to tell us if they felt safe at the service. However we observed how people responded to staff and support and they were relaxed, smiling and calm. Relatives told us that they felt people were safe living at the home. One relative told us, "I've never had any reason to doubt they're not safe." Staff were aware of how to recognise and respond to allegations of abuse. They knew how to report both internally and externally and where to find contact details for external agencies such as the local authority and the CQC. We found that information about how to report concerns was displayed around the home. The staff had reported concerns relating to potential abuse to their manager and they had reported these to the local authority. However, they had not reported these to the CQC. We explain more about this under 'Well led'.

Medicines were not always managed safely. People were unable to give their views on the way they received their medicines. We observed a staff member go between rooms administering medicines from the individual storage boxes in bedrooms. We saw that medicine charts were completed consistently, there was guidance for supporting people to take their medicines and handwritten entries were countersigned. However, we counted three people's medicines and found that the stock levels did not tally with the amounts that were supposed to be left after administration. This meant we were unable to account for the extra medication and whether the MARS were accurate. For example, there were too many tablets in the boxes indicating that people may have missed doses of medicines. We also found that internal stock checks had not identified this discrepancy. There were three types of training available to administer medicines but we found that some staff who were administering medicines had not received training to do so. In addition we found that previous medicine errors had not been reported to the CQC as required.

This was a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) 2014 Regulations.

People had their individual risks assessed and staff were familiar with how to support each person and help to keep them safe. For example, in relation to the use of equipment, pressure care management and the risk of falls. We saw that where risks were identified, there were clear guidelines recorded on how staff were to minimise the risks. We saw that where there had been accidents and incidents, there was a plan in place and guidance issued on how to reduce the risk of a reccurrence. Staff told us they were informed of these actions and changes at handover and team meetings.

The home had staff vacancies and had been using agency staff to cover shifts. Relatives told us that staffing had been a problem. One relative said, "There have been some staffing problems but this seems to be stabilising." The locality manager told us there were five full time positions that they were recruiting for. Staff told us that staffing had been difficult but shifts were normally covered by agency staff and they rarely worked short of staff. One staff member told us, "When we haven't been able to cover it, [Locality manager] has worked shifts." We saw, and we were told, that agency staff coming into the home had an induction checklist carried out to ensure they were familiar with the home and the needs of people they would be supporting. Agency staff confirmed this. One agency staff member told us, "They took me round, introduced me to all the guys and told me what everyone needs." Staff told us that the agency tried to send the same staff to help provide continuity of care for people. We noted that agency staff were supported by the permanent staff who guided them throughout their shift.

The service had a robust recruitment process in place. New staff members received written references, had a criminal records check, provided proof of identity and full employment history prior to starting employment. When staff were provided by an agency, a record of these checks were sent to the service prior to them working on shift. This helped to ensure staff working at the service were fit to work with vulnerable people.

Good

Is the service effective?

Our findings

When we inspected the home on 10 February 2015 we found that people had not had the appropriate mental capacity and best interest assessments to ensure their rights were protected. At this inspection we found that people had received the relevant assessments and the mental capacity act had been adhered to for those unable to make independent decisions.

Relatives told us that they were involved in decision making and best interest meetings where people lacked capacity to make independent decisions. However staff did not assume that people did not have capacity in all areas. Where people had been assessed as not being able to make life impacting decisions, day to day decisions were still given to people. For example, what they wanted to wear. One staff member told us, "They may not understand about if they want or need a flu jab but with things like what to wear, there's non-verbal communication, they will gesture, make a noise, eye movement or even a smile." We noted that an agency staff member went into a person's room and asked if it was ok for them to tidy their room. They waited for the person to gesture if it was ok before proceeding. We saw that the management team had made DoLS applications to the local authority in relation to areas such as being under constant supervision. These were pending an outcome.

When we last inspected the service we found that staff had not received adequate training and supervision to enable them to carry out their role safely and effectively. At this inspection we found that training provision had been improved and although one to one supervision had only recently commenced, staff felt supported. One staff member said, "The training situation is much better." They went on to say, "I can do my job better with the knowledge I have received." We saw a record of induction for new staff and the training spreadsheet showed that most training was up to date.

People were supported to eat and drink sufficient amounts to maintain a healthy diet. Relatives were positive about the food. One relative said, "I've always found it good." We saw that staff assisted people to eat and drink where needed, but also encouraged independence where people wanted to try and drink unaided. Staff acknowledged that they may spill it but provided a clothes protector and changed it after people had finished drinking. People who were at risk of choking were given supervision while eating and drinking and the prescribed fluid thickener was used.

There was guidance available from the speech and language team (SALT) and staff worked in accordance with this. One relative told us that they had been working with the home and SALT to ensure that a person who received all their food and drink through a tube had quality of life. This included giving the person taste tests under strict guidance so they could enjoy the taste and texture of food.

People had regular access to health and social care support. This included whole life reviews, GP appointments, dieticians and hospital appointments. This helped to ensure that people maintained good health.

Good

Is the service caring?

Our findings

People's privacy and dignity was promoted. Bedroom doors were closed when people were in bed or receiving care and people were supported to stay clean and presentable while eating and drinking. Staff quickly changed wet or soiled clothing and ensured people were dressed according to their preference. However, we did see on one occasion agency staff members push a person in their wheelchair from their bedroom to the bathroom in their underwear. We brought this to the attention of the senior staff member who told us they would address this and monitor their performance to help ensure this did not happen again. The staff member said, "That is totally unacceptable."

We noted that care plans were in an open and unlocked office and potentially accessible to those who were not permitted to see them. This compromised confidentiality and was an area that required improvement.

Relatives told us that they found the staff to be kind and caring. One relative said, "It's like a family." Staff knew people well and they had developed relationships with them. We observed people and staff laughing and communicating frequently throughout the day. Another relative told us, "Staff put in a lot of effort." They went on to say that staff had a rapport with people, they said of their relative when they interacted with staff, "[Person's] face beams."

People's preferences and life histories were acknowledged in care plans. Staff supported people in accordance with these preferences and were aware of what was important to them. For example, one person was noted to like to sleep with particular items of comfort. We visited this person in their room and found that they had their comfort items with them. Relatives told us that staff knew people well and communicated with them about any changes to people's health or welfare. One relative said, "I can tell [name] is happy, [they] interacts with people." There was information displayed about advocacy services available and staff told us that an advocate would be requested if needed.

The way people communicated their wishes and needs was recorded in care plans. We noted that staff did not assume that if a person was unable to communicate verbally, they could not communicate at all. For example, we saw staff ask a person things throughout the day and indicated that one hand was yes and the other was no and the person was able to touch what hand had their chosen response. This demonstrated that staff treated people with respect and individuals and helped them to feel valued.

Relationships between people living in the home and those between people and family and friends were encouraged. Relatives were welcome to visit at anytime and staff invited them for review meetings and liaised with care plan reviews. People were also involved in care plan reviews with pictorial plans being used to support involvement. One relative told us, "I know exactly what is going on, with [their] actual care." We saw on the day of our inspection that a review was being held with included the person, their relatives, a staff member and the person's social worker.

Good

Is the service responsive?

Our findings

When we inspected the service on 10 February 2015 we found that people were not receiving care that met their individual needs and the service did not respond appropriately to complaints. At this inspection we found that people's needs were being met and complaints had been responded to appropriately.

People were unable to tell us their views on the care they received. However, we observed some support given to people in communal areas and saw that people were receiving regular continence care, they were up and dressed at a time they preferred and were supported to eat, drink and participate in activities. We saw that staff used the equipment that people had been assessed for and ensured they received the appropriate supervision. Relatives told us they were happy with how people's needs were met. One relative told us, "[Name] is well looked after." They went on to say, "They know [person's] needs and meet them well." Another relative told us, "I can tell [name is happy."

People's care plans were written in a person centred way. They detailed how and when people liked and needed support and gave clear guidance to staff to carry out their role. Care plans had been reviewed and updated regularly and reflected any changes to people's needs. There was a daily handover between shifts which included sufficient details to enable staff to provide the right support to people. Any changes, health needs and appointments were included on these forms.

People had access to activities which included in house games and crafts and going to shops and day centres. Relatives told us there were sufficient activities available to meet individual needs. One relative said, "[Person] loves the people [they] live with, not sure [they'd] want to do more than [person] does." They went on to say in regards to engaging their relatives in activities, "They've been fantastic." Staff told us they felt that the activity provision had improved and they were looking for more day trips for people to enjoy. We saw on the day of our inspection that people received one to one care due to the number of people in the home, as others had gone out. Agency staff members provided one to one activities under supervision and prompting by the permanent staff member. These included decorating the Christmas tree, skittles, reading and the staff member engaged the person in the story and playing musical instruments. We also saw that people's favourite films were put on the TV.

People were asked for their feedback during resident meetings. Staff who were able to communicate effectively with people recorded their responses to subjects. We saw that people had requested an outing to a Zoo or a farm. Actions from this meeting included arranging these outings. We saw that these events had taken place and photographs and leaflets from the days out where displayed on the notice board. We noted that staff tried to obtain feedback regularly at reviews in addition to these meetings. Surveys had been distributed and there were some responses from people, their relatives and professional. Feedback was positive with no required actions arising. Reviews of care plans also asked people about their views of the service they received as an additional source of feedback.

Complaints were responded to appropriately. Relatives told us that they found the management team and staff approachable and helpful and they were happy to raise things if needed. We saw any concerns were logged clearly and the investigation and outcome was also recorded. This included providing feedback to the complainant and implementing any actions to reduce a reccurrence. For example, where there had been a complaint relating to the amount of food sent to the day centre with someone, this had resulted in a staff meeting and supervision sharing lessons learned and a guidance sheet on the amount and type of food to be provided to ensure staff did not make this mistake again. Staff told us that all issues, through complaints or feedback, was shared at team meetings, handover and supervisions in order to minimise the risk of a reoccurrence of issues and help ensure staff worked in accordance with good practice.

Requires improvement

Is the service well-led?

Our findings

When we inspected the service on 10 February 2015 we found that there was a lack of quality systems in place and insufficient leadership at the home. At this inspection we found that there had been some improvements and systems were in place for monitoring the service but the home was without a registered manager and this was an area that required improvement.

There was no registered manager in post and the service and the locality manager told us they were currently recruiting to fill this post. The home was being led by the deputy manager and senior support worker. One staff member told us, "They are fantastic." The home was being supported by the locality manager who staff also told was, "Really supportive." And one staff member said, "[Locality manager] gets involved and helps support us on shift." Relatives were also positive about the management team. One relative told us that the locality manager seemed, "Really on the ball." They went on to say that, "[deputy manager] is absolutely excellent."

On the day of inspection the home was being led by a senior staff member who was working with agency staff members. We noted that the senior staff member guided the agency staff through the day and ensured that everyone worked in accordance with people's needs and the home's approach. For example, timings of care delivery, managing risk and providing activities. This demonstrated a positive approach to the leadership in the home and people's care was not impacted negatively by the use of agency staff. This helped to ensure the smooth running of the service.

People were unable to tell us about their views in relation to the management of the home but relatives were positive about the current staff team. They acknowledged the home needed a manager but told us that the senior team were very good. One relative told us, "I'm very happy with the service." Another person told us, "It's really picking up again now ."

We saw that a record of all accidents and incidents used to monitor the quality of the service was not used successfully in accordance with the service's action plan which they submitted to us. For example, where there had been notifiable events, the person completing the log sheet had answered 'No' under 'CQC' notified. A senior staff member told us that this was a work in progress and the deputy manager was currently working through events to ascertain what should be sent to the CQC as a statutory notification. For example, medicine errors, injury due to poor moving and handling and unexplained bruises.

This was a breach of Regulation 18 of the Care Quality Commission Registration Regulations 2009.

There were auditing systems in place and each one we reviewed stated that in all areas they scored 100%. As a result there were no action plans developed to enable us to see if they worked to improve any issues. However, we identified issues with the management of medicines in the home and the audit systems had not addressed these and therefore where not effective. We explain more about this under 'Safe'.

The previous manager had submitted an action plan following our last inspection telling us how they would make the required improvements. We found that areas that had been a breach of regulation had been addressed and as a result people received a better standard of service. For example, in relation to consent, care needs being met and complaints management. This demonstrated that the action plan had been effective in many areas.

There was a service improvement plan which had been developed following our last inspection and the local authority monitoring visits. This had last been updated in June 2015. We asked the locality manager if this had been reviewed but they told us, "I have only been here three months and haven't carried out my audit yet." They went on to say that they had planned to complete their review on the day of our inspection and would forward us a copy of their report and an updated action plan. However, at the time of writing this report we had not received it and were therefore unable to assess the effectiveness of the improvement plan. This was an area that required improvement.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **The service did not ensure the safe management of medicines.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents **The provider did not submit statutory notifications as required.**