Care Quality Commission

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Westside Home 1

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

Our inspection on 2 October 2014 was unannounced.

The service met all of the regulations we inspected against at our last inspection on 18 July 2013.

Westside Home 1 provides accommodation and personal care for three people with mental health needs.. The home is located in the London Borough of Brent North West London and is a residential property over two floors. The home is used as a step down facility for people with mental health needs with the aim to support people into more independent accommodation. There is a registered manager in place. 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 working in Westside Home 1 understood the needs of the people who used the service and we saw that care was provided with respect and compassion. People who

Summary of findings

used the service told us they were happy with their care. People had good access to health care professionals, which ensured their mental and physical health was regularly monitored and assessed.

Staff were appropriately trained and skilled and provided care in a safe environment. They all received a thorough induction when they started work and fully understood their roles and responsibilities, as well as the values and philosophy of the home.

The staff had also completed extensive training to ensure that the care provided to people was safe and effective to meet their needs.

Throughout our inspection we saw examples of good care that helped make Westside Home 1 a place where people felt included and consulted. People were involved in the planning of their care and were treated with dignity, privacy and respect.

The provider had employed skilled staff and took steps to make sure the care was based on local and national best practice.

The registered manager assessed and monitored the quality of care consistently. The provider encouraged feedback from people who used the service, care staff, relatives and outside professionals, which they used to make improvements to the service.

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?

Good

The service is safe. Staff we spoke with knew how to keep people safe. They could identify the signs of abuse and knew the correct procedures to follow if they thought someone was at risk of being abused. The provider had effective systems to manage risks to people who used the service without restricting their activities or liberty. Staff managed people's medicines safely and encouraged them to be independent with their care when this was possible and safe.

Is the service effective?

Good

The service is effective. People were involved in their care and were asked about their preferences and choices. People who used the service received care from staff that were trained to meet their individual needs. Staff had good systems to help them quickly identify any changes in a person's condition. They could also access appropriate health, social and medical support as soon as it was needed.

The environment was in need of updating, for example the paintwork appeared worn. However, the provider responded to this following our inspection by putting plans into place to redecorate the premises to ensure that appropriate facilities had been provided to meet the individual needs of people who used the service.

Is the service caring?

Good

The service is caring. During our visit staff were kind and compassionate and treated people who used the service with dignity and respect. When people required staff support this was responded to swiftly.

There was a choice of activities, further education and employment opportunities offered for people to participate in if they wished.

There was an effective system for people to use if they wanted the support of an advocate. Advocates can represent the views and wishes for people who are not able express their wishes.

There were private spaces in the home for people to go if they wanted to be away from other people.

Is the service responsive?

Good

The service is responsive. Staff communicated with other professionals to make sure that people were admitted and discharged in a coordinated way. Staff established effective ways of communicating with people to enable them to express their views about their care; future wishes were included in their care records, such as moving into more independent accommodation.

People consented to their care. For those who could not, the provider made sure that proper steps were taken so that decisions were made in their best interest.

During our visit we saw that staff responded quickly and appropriately to people's needs.

The registered manager had made links with colleges, local sports centres and employers to make sure that people continued to have their education, leisure and employments needs met.

Summary of findings

The registered manager promoted family involvement and people took part in meaningful activities in the home or in the local community.	
Is the service well-led? The service is well-led. Staff said they felt well supported and were aware of their rights and their responsibility to share any concerns about the care provided at the home. The provider monitored incidents and risks to make sure the care provided was safe and effective. The registered manager used systems to make sure that there was enough staff to care for people safely. The provider had employed staff with the right qualifications and skills to work at the home. They understood local and national best practice standards and put these into practice.	**Good**

Westside Home 1

Detailed findings

Background to this inspection

We inspected Westside Home 1 on 2 October 2014. This was an unannounced inspection which meant the staff and provider did not know we would be visiting.

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was led by an inspector who was accompanied by a specialist advisor. The specialist advisor had experience of people with mental health needs in residential care.

The provider completed a Provider Information Return (PIR) as requested by CQC. The PIR 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.

Before we visited Westside Home 1 we checked the information that we held about the service and the service provider. No concerns had been raised since we completed our last inspection.

During our inspection we observed how the staff interacted with people who used the service. We looked at how people were supported during the day of our inspection.

We also reviewed a range of care records and support plans for three people who used the service and records about how the home was managed.

We spoke with three people who used the service. We also spoke with the homes' registered manager and one other member of staff. We received feedback from three community psychiatric nurses (CPN) prior to our visit on 2 October 2014.

Good

Is the service safe?

Our findings

People who used the service told us that they felt safe. One person commented, “I feel safe here, staff look after me very well.” People said they had no concerns and knew the actions to take if they did not feel safe. One person told us if they had a concern they would report this to the manager or their key worker. One person gave us an example of a concern raised with the manager, which had been dealt with appropriately. Minutes of community meetings we looked at showed that safety was discussed with people to ensure they knew what actions to take if they did not feel safe. All people who used the service had a personal mobile phone for use when out in the community. The registered manager told us that the mobile phone was also used to contact people when they had not returned at the time agreed.

The provider had systems in place to ensure people using the service remained safe. This included policies and procedures such as safeguarding adults and whistleblowing policies to ensure staff were aware of actions to take if they had any concerns of abuse. Staff we spoke with knew of the different types of abuse and how to recognise them and of their responsibility to report abuse to a senior member of staff or registered manager. Staff told us that if their concerns were not taken seriously they would follow the whistleblowing protocols and report to external organisations such as the local authority and /or CQC. However, staff told us they had no concerns to report. They told us that they were confident the registered manager would respond appropriately to any concerns raised with them.

People’s health and social care needs and risks were assessed prior to using the service to ensure their needs could be met. People’s support plans we looked at included Functional Analysis of Care Environments (FACE) risk assessments to identify possible risks to people. FACE risk assessments are a comprehensive mental health toolset, core documentation system for multi-agency, multi-professional working. These covered clinical risk to the person, behaviours, and triggers of relapse, forensic history, personal circumstances, capacity and any deprivation to the person’s liberty. Where potential risks were identified there were relevant action plans in place for staff to minimise these risks. For example, staff worked with one person in particular to deal with bereavement.

The provider had appropriate systems in place in the event of an emergency. A detailed fire risk assessment was in place and regular fire evacuations were carried out to ensure people were aware to follow the evacuation procedure in case of an emergency. All people accessed the local community independently, but had to sign in and out to ensure that staff knew their whereabouts.

People’s care plans included their emergency contact details to ensure staff had access to information of people they could contact in the event of an emergency. All staff we spoke with knew of actions to take in the event of an emergency. Staff told us they would contact the emergency services and then their managers and people’s next of kin to update them.

People told us there was sufficient staff to support their needs and that they did not have to wait for long to be attended to. One person told us, “There is always enough staff around; they get extra people in when I have to go to appointments.” Staffing arrangements were planned taking into consideration the number of people using the service and the support they required. Staff we spoke with and staffing rosters we looked at for Westside Home 1 confirmed that the staffing arrangements in place were sufficient and met people’s needs. During the day of our inspection the registered manager and one senior care worker were on duty to support three people who used the service.

The provider had a robust recruitment and selection process in place. Staff records included health declarations, criminal records checks, copies of identification documents to demonstrate staff had the right to work in the United Kingdom and two written references. The registered manager informed us that staff credentials to work at the service were regularly monitored and where staff were found to be unsuitable to work in social care, appropriate actions were taken to ensure that people using the service were protected.

The provider had a detailed medicines procedure in place; staff received regular training in the administration of medicines. We assessed all medicine administration records, which were completed comprehensively. We checked medicines stock levels against medication administration records and found them to be consistent. Medicines were stored in a lockable, metal medicines cupboard, which was located in a room, which was only accessible by staff. People who used the service told us that

Good

Is the service safe?

they had no concerns with staff administering medicines. One person told us that during their last care plan approach (CPA) meeting self-administration was discussed and currently a procedure for the person to safely administer his medicines was formulated together with staff.

We found that there were no soap or paper towels located in the bathroom. We discussed this with the registered manager, who immediately replenished the paper towel dispensers. We discussed this with the registered manager that the home had not been deep cleaned for a while; we found dust in areas such as skirting boards, picture rails, window sills, behind furniture and in the kitchen. The fridge had an unpleasant smell when opened. We saw the day to day cleaning schedule, but were told by the registered manager that she agreed the home was in need of a deep clean. The registered manager told us that cleaning was part of the duties carried out by care workers, but she reassured us that she would approach a cleaning company to undertake the necessary deep clean. Following our inspection the registered manager sent us a copy of an invoice for a cleaning company to carry out the deep cleaning of the home.

Good

Is the service effective?

Our findings

People told us that they were happy with the support they received and that staff were kind to them. People said they would speak to staff if they felt unwell and that staff had the skills to support them because they understood their needs. People told us that staff called the emergency doctor or took them for health appointments when required.

The registered manager informed us that all new staff completed a two week induction when they began work to ensure they had the right skills to support people who used the service. This included introducing new staff to people, completing mandatory training, shadowing experienced colleagues and familiarising themselves with the provider's policies and procedures. Staff told us they received an induction when they commenced work at the service and staff files we looked at confirmed this. This showed that staff employed permanently by the service had the right skills and approach to work with people with complex mental health needs.

The provider had identified a number of mandatory training courses each staff had to complete. These included areas such as medicines management, food hygiene, first aid, fire safety, health and safety, infection control and safeguarding adults. Staff also completed training specific to some people's needs including break away training, managing challenging behaviour and mental health. Training records we looked at were not all up to date on the day of our inspection. However the provider sent us training records we requested for three care staff, which were all satisfactory. We found that staff were supported to acquire professional qualifications in health and social care to promote their career development. This showed that people were cared for by staff that had the appropriate skills, knowledge and support to meet their assessed needs.

All staff we spoke with informed us that they received regular supervision from their line manager. Supervision records confirmed staff supervisions were carried out every six months in line with the provider's policy. At the time of our inspection, annual appraisals were on-going and had been undertaken for most staff. This showed that staff performance and progress were being monitored and appropriate support provided where required. Staff meetings were being held every month. Minutes of staff meetings we looked at showed that topics covered included health and safety, staff roles and responsibilities, training and development, staffing, medication, annual leave, wages and other organisational updates. All staff we spoke with felt they were adequately supported to perform the role which they had been employed to undertake.

We found the requirements of the Mental Capacity Act 2005 code of practice were being met, however people living at Westside Home 1 have full capacity and no DoLS applications were required. The provider was aware of the recent Supreme Court judgement in relation to the Deprivation of Liberty Safeguards (DoLS) and knew of actions to take. The registered manager told us that all people living at Westside Home 1 were free to leave the home independently. The registered manager told us that there was a curfew in place; people who used the service told us that they were told of this curfew before they decided to move into the home. One person told us "I knew about the curfew from the start and agreed with it when I signed my tenancy agreement." We discussed with the registered manager if the curfew can be reviewed and were given examples were people were able to stay out longer if they comply with their treatment plan. For example one person visited a relative later due to long term illness. People who used the service raised no concerns about the curfew and told us that it is "fair" and helps them "to keep out of trouble."

People's nutrition and hydration needs had been assessed and monitored so that they received a balanced and nutritious diet. For example two people had problems with managing their weight; the provider discussed this with the people and supported them to attend regular gym sessions to manage their weight. This led to one person reducing his weight considerably. The person told us, "I like going to the gym and it helped me to lose some weight." People told us they were satisfied with the nutritional support they received. One person commented, "I cook my own meals, every week I give staff a shopping list and they buy the ingredients I need" Another person said, "I enjoy my food, we sometimes cook together, I am never short of food." The registered manager told us that one other person enjoyed Asian cooking and meals and went regularly to Asian restaurants.

Another person who recently lost weight due to poor appetite was immediately addressed by the manager and

Good

Is the service effective?

the GP prescribed food supplements and referred the person to the local hospital for further investigation. This showed that the provided responded swiftly to people's changing health care needs.

People told us that they had access to health care professionals when they needed them. Each person had detailed health records which explained how they were being supported to manage and maintain their health. For example, health professionals such as GPs, dentists, chiropodists, community mental health teams, physiotherapists and psychologist were involved in people's care to ensure the care and treatment they received was safe and met their needs. We saw that people were seen regularly by their allocated community psychiatric nurse (CPN) to discuss and assess their mental health care needs. People accessed the local clinic regularly to receive their fortnightly depot injections to manage their mental health needs. A person told us that it was very easy to access health care professionals when needed and staff were very supportive in booking appointments for them. We received feedback from two CPN's involved in the care of people living in Westside Home 1, who spoke positively about the care and support provided by staff and the good relationship they had with the home. We found that one person had a family history of Diabetes and the person told us that they had been to see their GP for a blood test.

Good

Is the service caring?

Our findings

We spoke with all the people using the service. Everyone spoke positively and said staff were "kind", "supportive", "good" and "brilliant." One person told us, "Staff is very supportive, willing to help us; it's like a normal family home." Another person said, "If I have a problem I will speak to a member of staff." People told us that they liked living at the home. During our visit, we observed warm, good natured and positive interactions between people and staff. There were good relations between people using the service and staff.

People told us that their privacy and dignity was respected. People said staff knocked on their doors before entering and called them by their preferred names. All people living at the home had a key to their room and to the front door, which ensured their privacy was respected and they could come and go when they wished. One person said, "They do treat us like individual adults and really care for us." One member of staff told us, "We treat them as we ourselves would like to be treated."

People told us that they felt listened to and that staff did not rush them to make decisions. The manager told us that most people could 'self-direct' their care and people we spoke with confirmed this. Self-directed care meant that people told staff the care they required and did everything independent dependent on the ability. One person told us, "I discuss with them what support I want and they listen to my concerns." All three support plans we looked at were person centred and included things they liked and disliked and the things that were important to them. Staff were aware of people's support needs and told us about individual health or social care needs and the support that was in place for them. For example, one person was managing his weight and staff arranged regular sessions at the local gym with him. This showed that staff were aware of people's needs and provided them with the appropriate support they required.

We found that people, their relatives and those that matter to them, could visit them or take them out into the local community. For example, one person told us of a recent holiday with a relative. People told us that staff encouraged them to maintain relationships with their friends and family. One person told us that their family visited regularly and the relationship between the person and their family had improved greatly since moving into Westside Home 1. One support plan we looked at showed that one person was being supported to meet up with friends on a weekly basis to maintain these relationships. People we spoke with and the registered manager informed us independent advocates were used to support people make decisions that mattered to them where this was required.

People's independence was being promoted. This included enrolling people on to community training courses such as cooking to improve their living skills. A person told us they had recently enrolled with a local college to improve literacy and numeracy. They told us "This has helped me to become more confident." People were responsible for their own laundry, cooking and upkeep of their room, which helped them to become more confident and gain more skills to live more independently in the future. Staff were aware of things people could do for themselves and told us that they encouraged and involved people who had the capability to perform certain tasks. One person informed us that staff were supporting them through training to be able to live an independent life in future and get his own flat.

The provider organised regular annual day trips in the summer, all people who used the service went in August to Poole in Dorset, which they really enjoyed. On person told us "We had great fun in Dorset, we had a laugh." This showed people were being supported to be involved in stimulating activities and access to their local community to prevent social isolation.

Good

Is the service responsive?

Our findings

People told us they knew what to do if they were unhappy. They said they would speak to the manager or a member of staff. The complaints procedure was provided to people during their admission. All the people we spoke with told us that they had nothing to complain about. Some people said they were "happy" with the support they received. The provider informed us that they had not received any complaints and people we spoke with told us that they did not have anything to complain about because "staff do their work well." When we asked people if they had any concerns, they told us they had nothing to complain about. Two people informed us that the managers always assured them of their "open door" policy, which meant that they could talk to the registered manager and could come to the registered manager with all their concerns. One person told us that he had a problem with another person living at the home, he raised this with the manager and the issue had now been resolved. This showed that people were encouraged to complain if they were not happy about the support they received.

People told us that staff regularly asked them how they were. We found that feedback was sought through monthly community meetings to gather their views about the support which was being provided. Minutes of community meetings showed these meetings were used to remind people to access their support plans to find out information about themselves, activities people were involved in and activities they would like to participate in. Where people had made any suggestions this had been recorded and actions had been taken by the provider. For example, the most recent trip to Poole was suggested by people who used the service. This showed that people's views were taken into consideration and appropriate action taken to ensure they were satisfied with the support they received.

People told us that the provider invited one of the people who used to live at the home and told people about their experiences and difficulties of living on their own. People who used the service told us that they found this very helpful and that this gave them something to work towards. People took part in voluntary work and were involved in the local community.

People's support plans were regularly reviewed to meet their needs and people had signed their care plans to demonstrate they were in agreement with the support that had been planned for them. People told us that they met with their key workers regularly to discuss their care plan and progress made. During these meetings new goals were set with the agreement of the person to ensure they continuously improve and work towards their goals. A comment made by one person, "I discuss my care plan regularly and work towards moving into my own flat, this is good for me."

Good

Is the service well-led?

Our findings

There was a registered manager in post who, on the day of our inspection, was supported by one senior support worker. People knew the management team and told us they felt comfortable speaking with them. When we asked people what they thought about the registered manager, comments included, “She is always here” and “She is always willing to listen to us if you want to speak to her.” One person told us the registered manager had told them “my door is always open to all of you.” People said that the manager and registered provider were “good” and one person said, “[the manager] is good to speak to because she always give me time and she takes action when I raise any issues.” Staff told us the manager was approachable and treated them as part of the team. They said they could easily raise any concerns with the manager and were confident any issues would be addressed appropriately. Staff told us that they felt well supported in their role and that they did not have any concerns at the time of our inspection.

Records we looked at confirmed that people’s care was individually led by well trained staff who demonstrated clear values in relation to involvement, compassion, dignity, respect, equality and independence. The provider had a service user guide on equality and diversity which covered areas such as age, gender and disability to ensure people using the service respected each other’s differences.

Monthly staff meeting were organised to support the staff. Minutes of the meetings covered areas such as safeguarding adults, training, human resource matters and other organisational updates. We saw that learning from other services run by the provider was shared at these staff meetings to ensure adequate support was in place to develop and drive improvement at the service.

People who used the service were involved in the development of the service. For example, we found people were involved in recruitment processes and sat on interview panels to have a say in the selection of new staff. This showed that the people’s views were taken into consideration when planning and developing the service.

The provider had a system in place to monitor the quality of the service. This included annual audits by an outside agency and covered areas such as records management, complaints, support planning and delivery, equality and diversity, involving people, health and safety protocols, medicines management, safeguarding, whistleblowing and mental capacity protocols. For example we saw that the fire alarm was tested weekly, fire drills were carried out very two months and the fire equipment was checked annually by an outside contractor. We saw that the provider had responded swiftly to shortfalls following a recent inspection by the fire authority and revised the fire risk assessment. The registered manager and registered provider realised recently that she found it difficult to keep up with all administrative tasks. She told us during our inspection that as a result of this they contacted an outside company to support the provider with this. We were told and saw evidence that the company will commence working with the provider on 6 October 2014.