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Westside Home 2

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

Summary of findings

Overall summary

This inspection took place on the 29 September 2016 and was announced. At the previous inspection visit which occurred in October 2014 all standards inspected were met and we rated the service 'Good'.

Westside Home 2 provided accommodation and personal care for six people with various mental health issues. During the day of our inspection there were no vacancies.

A registered manager was in post. 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 living at the home and staff made them feel safe. Staff said they attended safeguarding adults training. The staff we spoke with had a clear understanding of the safeguarding of adults procedures. They were able to describe the types of abuse and the actions they must take.

Risks were assessed and staff were knowledgeable on the actions they must take to minimise risks. Staff told us risk assessments were discussed at community team meetings and were developed by the key worker together with the person.

Staffing levels were being maintained with permanent staff and reflected the current needs of people who used the service. This meant that sufficient staff were deployed to reflect the two recent admissions. The rota in place showed two staff were on duty throughout the day and one member of staff at night.

Medicine systems were safe. Medication administration records (MAR) charts were signed by staff to indicate the medicines administered. Protocols were in place for medicines administered "when required" (PRN).

Staff were supported to develop their skills and their performance was monitored. Staff attended essential training as identified by the provider and specific training to meet the changing needs of people. One to one meetings were regularly held with the line manager and at these meetings concerns, training and personal development was discussed.

Staff had received training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). However, no restrictions were in place and people could access and exit the home as long as it did not impact their treatment and well-being.

People were supported with their ongoing health care needs. Reports of healthcare visits were maintained and demonstrated people had access to specialists and had regular check-ups, for example optician and dental check-ups.

People told us the staff were kind and caring. We saw staff interacted with people and where people became

agitated we observed staff used a calm approach to prevent any escalations.

People were supported with their activities programme which included college, various day services, gym and visiting friends and relatives.

Support plans were signed by the person to show their agreement. People told us records were kept about them.

Systems were in place to gather people's views during community residents meetings. Questionnaires were used to seek feedback for people who used the service and relatives.

Systems and processes were used to assess, monitor and improve the quality, safety and welfare of people. There were systems of auditing which ensured people received appropriate care and treatment.

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 was safe. Staff knew the procedures they must follow if there were any allegations of abuse.

Risks were assessed and staff showed a good understanding of the actions needed to minimise the risk to people.

The staffing levels were being maintained with permanent staff. Sufficient levels of staff were deployed to meet people's needs.

Safe systems of medicine management were in place.

Is the service effective?

Good

The service was effective. Members of staff benefitted from one to one meetings with their line manager. Staff said the training delivered increased their skills to meet people's changing needs.

People were able to make independent day to day decisions.

People's dietary requirements were catered for at the home.

Is the service caring?

Good

The service was caring. People received care and treatment in their preferred manner which respected their human rights.

Members of staff were respectful and consulted people before they offered support.

We observed positive interactions between people and staff.

Is the service responsive?

Good

The service was responsive. Support plans reflected people's current needs and gave the staff guidance on how to meet them.

People attended clubs, colleges, participated in household tasks.

No complaints had been received from relatives or members of the public for investigation since the last inspection.

Is the service well-led?

Good

The service was well led. Systems were in place to gather people's views.

Members of staff worked well together to provide a person centred approach to meeting people's needs.

Quality assurance systems to monitor and assess the quality of service were in place and protected people from unsafe care and treatment.

Westside Home 2

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 29 September 2016 and was announced, we gave the provider 24 hour notice to ensure someone was available for the inspection.

The inspection was completed by one inspector.

Before the 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 information we hold about the service, including previous inspection reports and notifications sent to us by the provider. Notifications are information about specific important events the service is legally required to send to us.

During the visit we spoke with four people, two members of staff and the registered manager.

We looked at three care records, four staffing records and records about the management of the service. These included medicines administration records, maintenance records and satisfaction surveys.

Good

Is the service safe?

Our findings

People told us that they felt safe living at the service. People's comments included "We all know what is right and wrong and if we needed to we would tell someone" and "If I didn't like something I would tell the manager". People told us they felt the service was clean and well looked after. One person told us "We all do our jobs to keep the place clean and tidy".

Systems were in place to protect people from abuse. People told us that they knew who to speak to if they felt they, or another person who used the service were being abused. Staff told us that they knew where the service's safeguarding procedures were if they needed them to report any concerns or if they suspected any form of abuse was taking place. Staff were clear that they could also contact the local authority directly with any concerns they had with regards to people's safety and welfare. Training records made available demonstrated that the majority of support staff had completed safeguarding training.

Systems were in place to assess and plan for known risks to individuals. For example, in relation to medicines and smoking. People had a clear awareness of what action they needed to take in the event of the fire alarms being activated. A fire risk assessment that considered when the service had reduced staffing was available, for example, during the night. The registered manager told us that this risk assessment had been sent to the local fire and rescue service for information purposes in the event of an emergency. Records demonstrated that regular checks were carried out on fire detection equipment around the building.

Procedures were in place for in the event of an emergency within the service. A 'grab folder' was readily available which contained information about the service, torches alongside first aid equipment. Each person had a personal emergency evacuation procedure (PEEP) which highlighted their individual needs and requirements. This helped ensure that appropriate assistance was planned in the event of people needing to evacuate the building in an emergency.

Procedures were in place by the registered provider for the recording of and review of any accidents and incidents that occurred. This process helped ensure that all aspects of accidents and incidents were considered and minimised the risk of the situations reoccurring.

Sufficient staff were on duty to meet the needs of people. People who used the service and staff explained that whenever more staff were required to support people, for example, to an appointment or a planned activity, the rota would be altered to ensure that sufficient staff were available.

The registered provider had a recruitment and selection policy to help ensure that only suitable people were employed at the service. Since our previous inspection two new staff had been recruited. We looked at the recruitment files of both these members of staff and saw that application forms had been completed. In addition to these checks we saw evidence that Disclosure and Barring Service (DBS) checks had been completed. These checks are carried out to determine whether applicants applying to work at the service had a criminal record or had been placed on a list of people who are barred from working with vulnerable

people.

Systems were in place for the safe management of people's medicines. Procedures and guidance relating to the safe management, administration and recording of medicines were available to the staff team. A designated room was available for the safe storage and administration of people's medicines which were stored in lockable cabinets. People received their medicines individually in their room to promote their privacy and dignity. This also enabled staff to manage people's medicines one at a time which minimised the risk of errors occurring.

The service was clean and tidy. People told us that they all had a responsibility to keeping the communal areas tidy for one another. Hand wash and paper towels were available to promote good hand washing and hygiene practices. Disposable aprons and gloves were available to minimise and prevent the spread of infection. For example, we saw that staff wore disposable gloves when supporting a person to clean their room.

Good

Is the service effective?

Our findings

People told us positive things about living at the service. Their comments included "Staff are always there to support me with anything I need", "They [staff] will always make time for a chat if I'm not feeling good" and "The staff will always arrange to go to an appointment with you if you want them to".

People told us that they felt that the staff supporting them were knowledgeable, and understood their needs. We looked at the training staff had undertaken and saw that it included health and safety, the Mental Capacity Act 2005, administration of medicines, the Mental Health Act and risk assessment and risk management in mental health. Staff explained that they were encouraged to apply and access training provided by the local authority and from the registered provider individually. We saw that training included internal and external training opportunities.

The registered manager told us that they had identified several areas of learning that was needed and in response to this all staff had access to undertake qualifications in health and social care. Staff told us that they received support from the registered manager to carry out their role. They told us that this support included regular opportunities to sit and discuss their role and development with the registered manager.

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 people lack mental capacity to make particular decisions, any decisions 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 2005. The application procedures for this are called Deprivation of Liberty Safeguards (DoLS). At the time of this inspection no best interest decisions were in place for people and no DoLS authorisations had been applied for. The majority of people using the service had the capacity to make their own decisions. A number of people were being supported under the Mental Health Act. Records demonstrated that people's rights were protected under the Mental Health Act and that they were in receipt of regular support and supervision by health care professionals. For general security purposes the service had a locked front door. People told us that they were not restricted by this lock as they were able enter and leave the service at any time they wished.

People showed us the communal kitchen where meals were prepared daily together with staff. A menu for the meals available was displayed in the kitchen. People told us that they would cook evening meals together or choose to cook something for themselves. People told us that they were happy with the food available and that there was always a choice of an alternative if you didn't want what was on the menu. They told us that there was always food available if they got hungry. One person told us that they used the kitchen regularly to plan, prepare and cook their own meals with the support of a member of staff. They told us that they were building their cookery skills in preparation to moving into their own accommodation which staff had supported them to apply for. People told us that they were able to go and do their own shopping for the foods that they prepared themselves. One person told us that they went to do their food shopping on a weekly basis. In addition to hot drinks; fruit, juice and water were available in the kitchen for

people to access.

People told us that they were supported by staff to keep healthy. One person told us that they were always supported to make a GP appointment whenever they wanted and another person told us that staff always encouraged them to attend their health care appointments. All people spoken with told us that staff would always support them to appointments. Records of people's appointments were maintained within their personal records.

Good

Is the service caring?

Our findings

People felt that the service was caring. Their comments included "I really am well looked after here" "I am well cared for, staff look after me" and "I trust the staff, they listen to me and what I want". The atmosphere in the service was calm and relaxed and it was evident that people had formed strong respectful relationships with others. We saw that people were encouraged to freely express their lifestyle choices and individuality in relation to how they spent their day, their religious beliefs and personal presentation. This demonstrated, and people confirmed that they were comfortable in their living environment.

People told us that staff respected their wishes and maintained their dignity. For example, staff were seen to speak with people in private when discussing personal matters. People told us that you just needed to ask the staff and they would go somewhere with you to have a private conversation.

People told us that staff asked for their opinions and listened to what they had to say. One person gave an example of accessing a particular college course. They told us that they knew which course they wanted to do and told us staff helped them to visit colleges and find the right course for them. This demonstrated that people's personal choices had been sought and individual's had been enabled and supported to choose a suitable college course for them.

Staff demonstrated a good knowledge of the people they cared for and took pride in their role. One member of staff told us about how they supported one person with obsessive compulsive behaviour and how they talked and reassured the person constantly, which was observed during our inspection visit.

People had taken the opportunity to personalise their bedrooms with their personal effects and belongings. One person told us that staff has helped them to personalise and decorate their bedroom. This demonstrated that staff at the service understood and respected the importance of involving people and supporting people individually.

Information relating to promoting choice, involvement and people's rights to have a say was available around the service. In addition a service user guide was available. This information contained information about the aims and objectives of the registered provider, people's right to privacy, dignity, independence and the aim for people to continue to enjoy their civil rights whilst using the service. The service user guide also stated the services that could and could not be provided.

One compliment had been received from a health care professional. "I have admired your very nurturing approach to working with some of the most complex high risk service users." A relative complimented,"You clearly understand my son's mental health problems. Your methods of constantly exploring solutions in order to improve his life experiences are admirable."

Good

Is the service responsive?

Our findings

People told us good things about living at the service. They told us that they had regular access to the local community. Everyone told us that they had positive experiences of living at Westside Home 2. For example, one person told us "Without this place I don't think I'd still be around". Another person who told us that they that had used other residential service prior to moving into Westside Home 2 told us "The atmosphere here is far better than anywhere else I've ever lived. Far more relaxed".

Prior to a person moving into the service their needs were assessed, initially by their supporting social worker or healthcare professional and the registered manager. The purpose of these assessments was to ensure that the service had the facilities to meet individual's needs and wishes. Two people told us that they had been encouraged to visit the service prior to moving in to help ensure that Westside Home 2 was right for them.

Each person had their own individual care plan that identified their support needs and how these needs were to be met. Sections of the care planning documents included information about people's needs and wishes in relation to their assessed needs, identified risks, medicines, finances and health. In addition to these care planning documents each person had a profile that contained personal information in relation to any health condition, past history, likes and dislikes, what's important to the person and what they admire.

The documents also gave the opportunity to record how best to support the person and where appropriate their legal status under the Mental Health Act. People had signed and dated their care plans. Daily records were maintained of the care and support people had received and had been offered throughout the day. People's daily records and care planning documents were reviewed on a regular basis.

People told us that they accessed the local community independently on a daily basis. For example, one person told us that each morning they attended different coffee shops. Other people told us that they visited the local shops, town centre, hairdresser and pub when they wished. One person told us that they liked to use public transport when they went out and about; others said they liked to walk. People told us that they attended local colleges to improve their writing and numeracy skills, others completed a fine arts course and one person who recently moved into more independent accommodation completed a university degree and is now in full time employment.

Monthly meetings were held for people who used the service. The minutes of the meetings were easily accessible to all. We saw that discussions from the last meeting had included food, smoking, mealtimes, activities, fire procedures and safeguarding procedures. People told us that they enjoyed the meetings as it gave everyone a chance to have their say of any changes or ideas within the service.

The registered provider had a complaints procedure that was readily available to people who used the service. People had the opportunity to comment on the service at any time. People were aware of how to make a complaint and were confident that any concerns they had would be listened to. One person told us that they had raised concerns in the past; they told us that these concerns had been listened to and had

been resolved.

Good

Is the service well-led?

Our findings

People told us that they felt supported by the registered manager. Their comments included "He is [registered manager] always approachable", "He listens to you" and "He [registered manager] makes you feel that your opinion matters".

Staff knew the management structure within the service and felt that they were supported well by the registered manager. Staff told us that they were able to contact the registered manager at any time to request support and guidance to enable them to carry out their role safely.

Quality assurance systems were in place to ensure that the service was safe and that people received the care and support they needed. For example, regular checks on medicines, the environment, care planning information and the fire detection system took place. In addition the registered manager met monthly with staff to discuss care, the environment, training needs and issues in relation to people who used the service.

The registered provider had a range of policies and procedures for the service that were available to all staff. Policies and procedures support decisions made by staff as they provide guidance on current best practice. Staff knew where to find the policies and procedures available within the service.

The registered provider regularly asked people for the views on the service they received by way of a survey. Once people's views had been sought and analysed the findings were discussed with people who used the service and staff to review and to promote further development within the service. The registered manager explained that if needed, an action plan would also be completed to address any improvements needed. Comments made in the last service user survey included when asked if people found the residents meeting useful. "Yes, it's good to have a forum where we can raise any issues or problems that we may have." Another question in relation to care and support included the response, "The care helped me to rebuild my life" and "My key worker helped me to settle into the community."

The vision and values were for people to be independent and to make their own choices. The providers PIR (provider information return) confirmed how important it was that, 'Everyone needing care should be treated as you yourself would want to be treated'. The PIR also confirmed that it was important to, 'Ensure good relationships are maintained', as well as, 'a positive communication culture', that is, 'non-judgmental' and where people are, 'encouraged to maintain and develop contact with their family, friends and others'. This was confirmed by people who used the service and staff.

Staff told us, "The home aims to offer a relaxed family environment in which to provide individualised care. Service Users are encouraged to function as independently as possible and to make good use of the facilities." "We support people's communication and promote a therapeutic environment for people with mental illness." The registered manager and staff confirmed how important it was that people had choice and independence. This was observed during the inspection.

The service had notified the Care Quality Commission (CQC) of significant events which had occurred in line

with their legal obligations.