

Westwood (Derby) Ltd

Westwood

Inspection report

175 Station Road
Mickleover
Derby
Derbyshire
DE3 9FJ

Tel: 01332513888

Date of inspection visit:
24 November 2016

Date of publication:
03 January 2017

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

We inspected this service on 24 November 2016. This was an unannounced inspection and was the first inspection of this service.

The service was registered to provide support and accommodation to 24 people who may have a mental health condition or maybe living with dementia. There were 21 people living in the home at the time of our inspection.

The service had a registered manager. 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 felt safe and staff understood their role in protecting people from the risk of harm. Risks in relation to people's daily life were assessed and planned for and these were discussed with people to ensure they understood how to keep safe. People's preferences were incorporated in their support plan and there were regular reviews of people's care to ensure it accurately reflected their needs.

The staff were friendly and professional in their approach and people were treated with dignity and respect and had their choices acted on. People could make decisions and chose how to spend their time; staff knew how to act if people did not have the capacity to make decisions and where restrictions were placed on people, applications had been made to ensure these were lawful.

The staff were kind and caring when supporting people and people were confident that staff supported them in the way they wanted. Staff had the knowledge and skills to provide safe care and there was sufficient staff available to support people the way that they wanted.

People could eat and drink what they liked. People enjoyed activities and opportunities to socialise. People stayed in touch with people who were important to them and spent time with friends and family in the home and could choose to stay away from the home. People knew who to speak with if they had any concerns and they felt these would be taken seriously. Arrangements were in place so that actions were taken following any concerns which were raised.

Health concerns were monitored and people received specialist health care intervention when this was needed. Medicines were managed safely and people received their medicines at the right time, as prescribed.

Quality assurance systems were in place to assess and monitor the quality of the service and the focus was on continuous improvement. There was regular communication with people and staff whose views were gained on how the service was run; their views were used to make continuous improvements.

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 were available at the times people needed them, in order to meet their care and support needs. Staff understood the risks associated with people's care, and plans were in place to minimise the risks identified. Staff understood their responsibility for reporting any concerns about people's wellbeing and people received their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who received training and supervision so they knew how to provide care for people. People made decisions in relation to their care and support; staff understood where restrictions to people's liberty was required, how to safely support them. People were supported to eat and drink what they liked and their health was monitored and responded to.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who people considered were kind and caring. Staff ensured they respected people's privacy and dignity, and promoted their independence. People received care and support from staff that understood their individual needs. Visitors were welcomed at the home.

Is the service responsive?

Good ●

The service was responsive.

Staff understood people's preferences and wishes so they could provide care and support that met their individual needs. People were supported to pursue their hobbies and interests and were given opportunities to share their views about the care and support they received. The registered manager dealt promptly with any concerns or complaints they received.

Is the service well-led?

The service was well led.

The management team had a good understanding of their roles and responsibilities and had systems in place to monitor the quality and safety of the service provided. Staff felt supported and able to share their views and opinions about the service. People had opportunities to put forward their suggestions about the service provided and these were acted upon in order to drive improvement in the home.

Good 

Westwood

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.

This inspection took place on 24 November 2016 and was unannounced. Our inspection team consisted of one inspector.

We checked the information we held about the service and provider and we asked the provider to complete 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 about the service such as notifications they are required to submit to the Commission. This included information about incidents at the service and information we had received from the public. We used this information to formulate our inspection plan.

We spoke with eight people who used the service, two relatives, five members of care staff and the house keeping team and the registered manager. We also gained the views of commissioners of the service and two health care professionals.

We observed how the staff interacted with people who used the service. We looked at five people's care records to see if their records were accurate and up to date. We also looked at records relating to the management of the service including quality checks.

Is the service safe?

Our findings

People felt safe in this home and they could speak to staff at all times. One person told us, "I like being here because I know the staff look after me. I'm not sure how I would cope on my own. I like it here with my friends and we are there for each other." We saw people received the care and support they needed in a timely way and people told us there was always a member of staff available if they needed support. One person said, "The staff are about if I need them but what's good is that they also leave me alone too. I like to do my own things and they don't hover over me all the time."

Risks to individuals were recognised and assessed and staff had access to information about how to manage these. Staff understood how to support people and had an in depth knowledge of how to keep them safe. For example, some people stayed away from the home overnight and were at risk of self harming or misusing alcohol. The risks were assessed and where people were independent when they went out there were agreements which detailed how long people would leave the home, how to get support and how to act if they misused alcohol. One person told us, "I go out on my own but I always tell the staff where I am. We have talked about how to stay safe and I know what I have to do. I go out in the afternoon and stay out at night but the staff know where I am so I'm safe." The staff confirmed that people were able to spend time away from the home and one member of staff said, "Where people want to be independent we talk about this and agree how we can help them to stay safe. People know that this is their home and they are safe here, but we have to assess the risks when people go out and we have agreements in place."

People were supported by staff who recognised the signs of potential abuse and how to protect them from harm. Staff had received training in protecting people from the risk of abuse and staff had a good knowledge of how to raise these concerns. Staff also told us they knew the whistleblowing procedure. One member of staff said, "I wouldn't hesitate to report any concerns about poor care practices. It's up to us to support people." They told us they would ensure people using the service were protected from potential harm or abuse and felt they would be able to raise concerns and be supported by the management team. This meant suitable action would be taken to protect staff if they raised a concern in good faith, to protect people in receipt of care or from potential harm.

People were supported by staff to take their medicines at the right time. We observed a member of staff administering medicines to people and saw they followed safe practices. Staff received training in the safe handling and administration of medicines and had their competency assessed. People kept their medicines in a locked cupboard in their bedroom. One person told us, "I have all my tablets in there. I'd know if the staff missed anything out but they don't." Information was available to identify where people needed 'as required' medicines (PRN). One person told us, "If I'm not feeling well I can ask the staff if I can have another tablet. I talk to the doctor about my tablets so sometimes they change, but the staff always know this and sort everything out for me." Where people had creams prescribed, a body map was completed to show where these should be applied. There were medication management systems which demonstrated checks were in place to ensure the medicines were recorded and stored correctly.

People were supported by staff who were fit and safe to work in the service. Before staff were employed the

registered manager carried out checks to determine if staff were of good character and requested criminal records checks, through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in making safer recruitment decisions. One member of staff told us, "It was made clear that I had to have everything in place before I started working here and I understood that."

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People were supported to make decisions on a day to day basis. We observed people decided how and where they spent their time and made decisions about their care and support. Where staff identified that people may not have capacity to make a specific decision, capacity assessments were completed. For example, assessments were completed to determine whether people were safe in the community or needed support from staff to ensure their safety. Staff also understood that capacity could fluctuate and one member of staff told us, "Some people have quite complex health needs and we need to make sure we assess capacity more than once so we can get the decision right. Where we need support, we have had health staff support us with the assessment and decision making."

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 within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Where people were had restrictions, for example having access to their cigarettes, people told us the arrangement to have one cigarette an hour had been agreed and we saw their consent had been recorded. One person told us, "I'm not ready to have my cigarettes. I'd smoke them all one after the other and then I wouldn't have any more and that affects how I am." Another person told us, "If I wanted them I could have them but I know how much money I have and the staff help me to manage this. I am happy with how things are and if want to make any changes then I can just talk to the staff."

People were supported by staff who were trained to support them safely. They told us when they started working in the service they had received induction training which included shadowing experienced members of staff and completing the care certificate. The care certificate sets out common induction standards for social care staff. It has been introduced to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care. They said they felt they had the necessary skills to be able to support people and had been given opportunities to get to know people. One member of staff told us, "I was new to care when I started here, so having this support really helped me to settle in. They wanted me to do things the right way from the start and I'm really pleased with how everything has gone." Another member of staff told us, "The staff couldn't be more supportive. It's difficult starting a new job but they are there for me every step of the way."

People were supported to eat and drink and told us they had enough to eat and liked the food. One person told us, "The meals are very good and very substantial. There's a menu board so we know what's being cooked. Today is pork chops. If you don't like it then you can have something else." People told us they liked to buy some personal food items and one person told us, "There's enough here but I like to go shopping and

get a few things for myself." Another person told us, "We get a lot to drink and can help ourselves. I like the way it is here."

People were supported with their day to day healthcare and attended appointments to get their health checked. One person told us, "I have to wear hearing aids and get my ears and eyes checked. If I'm not well, I can see the doctor." Some people received specialist support from community mental health services. One person told us, "I see a psychiatrist at the hospital. They are really supportive and make sure I'm okay. If I want, I can have the staff or my family come with me." Where people had specific health care needs, for example diabetes, the staff understood how to support people to keep well. Staff were responsible for checking people's blood sugars and knew how what action to take if they were concerned. One health care professional told us, "The staff are very good at recognising where there are concerns and don't hesitate to contact us if they are worried."

Is the service caring?

Our findings

People were happy living at the service and were positive about the staff and how they were supported. One person told us, "The staff are very caring and I don't know where I would be without them. They cheer me up when I'm down. I'm not ready to move out and live on my own. I get support here and I know this is what I need right now." One relative told us, "[Person who used the service] is happy here and settled. It's good to see them as they are, and we're happy with how they are supported. The staff always seem happy and if I need to speak with them about anything I can. I can't think of anything I'd like changing here."

People were encouraged to be as independent as possible and to take responsibility for their life and daily decisions. We saw people were able to decide how to spend their time and what support they received. One person told us, "It's up to me what I want to do. I know the staff are there and they support me when I need it. Sometimes we just sit and talk and that's all the support I want." Another person told us, "I like to go for a walk every day. I do my own shopping and just tell them staff when I'm leaving. I'm quite happy to go out on my own."

The staff had developed good relationships with people and had a understanding of their needs and any preferences. We heard staff spending time talking with people about topics of interest to them and about forthcoming events. One person told us, "The staff are like family to me. I think a lot of them."

People maintained relationships important to them and could have friends and relatives visit or could chose to go out on their own or with family and friends and staff fully respected this. One person told us, "I go and see my friends. I let them know where I'm going so staff don't worry about me." One relative told us, "We can visit when we want to. If we are near here then we could just drop in. The staff are always welcoming."

Staff respected people's privacy and dignity and we saw staff speaking with people discreetly about matters of a personal nature. Staff recognised how important it was for people to feel positive about their image and to dress in a style of their choosing. For example, we saw one person was supported to apply makeup and style their hair before they went out. They told us, "I like to look nice when I go out and I like the staff to help me. They also help me do my hair as they do it better than I could alone." We saw in people's support plans that their preferences for how they were supported were recorded, along with their likes, dislikes and what was important to them.

People were able to have a key to their room and a lockable facility in their bedroom. One person told us, "I always lock my room. I like to know everything is safe and people respect that. Staff don't come into my room unless I give permission. I like it this way."

People had information about advocacy service should they need this to help make choices and decisions about their life. Advocates are trained professionals who support, enable and empower people to speak up. One person told us, "I can have people to help me choose what I want now and in the future. Sometimes it's not clear and talking to someone can help me."

Is the service responsive?

Our findings

People were involved with a range of activities according to their interests. One person told us, "On a Thursday we have Zumba and that's fun. We play a lot of games like dominoes and monopoly. We are going to a local pub for our Christmas meal and I'm really looking forward to it." We saw people enjoyed the dancing and were laughing and talking with each other through this activity. Another person told us, "I'm looking forward to Christmas. We always go out and I really enjoy it."

People were supported to be independent in the service. We saw one person helping to clear away after lunch and they told us, "I like to do what I can and do the tables. I don't do it every day but I enjoy doing this." One relative told us, "The staff are very good at helping people to have control. [Person who used the service] is responsible for doing all their washing and ironing." People could leave the home independently and one person told us, "I like to go out by myself. I've always done it and want to carry on doing this. I often see the same people on my walks and it's nice to say hello to them and be out." The support plan included information about how to ensure people's safety. One member of staff told us, "We are constantly monitoring the balance between safety and independence and supporting people to do what they like to do."

People could retain responsibility for their own finances. One person told us, "I look after my own money and can go out to the shops when I want. It's up to me to manage my own money. I've also looked after things and I like that I can still do that here."

People received care and support which met their needs, in the way they preferred. They told us their support had been discussed and agreed with them, and staff knew about their likes and dislikes. One person told us, "We talk about my plan and how I want everything. It has information about what the staff are going to help me with and any medicines. I can either read it or the staff will talk about it so they know I understand and agree. It's up to me whether I sign it or not but I say if I'm not happy." The care records showed how people were involved in planning and making choices about their care and support. Where people's needs had changed the support plans were adjusted to meet people's changing support needs. The reviews included all aspects of the person's care and support and what had happened in relation to the person's physical and mental health.

People knew what to do if they had any concerns and people had a copy of the complaints procedure. One person told us, "There's no need to complain, it's wonderful here." We saw there had been a small number of complaints received by the provider who had investigated these and recorded the outcome of any investigation. The notice board also displayed a feedback board. This included how happy people were with the service including the staff and activities. Magnetic 'smiley and unhappy faces' could be placed in each area to indicate people's feelings. One person told us, "If we're not happy about something we can complain or we can put one of the faces on the board. It lets staff know how we are feeling about everything."

Is the service well-led?

Our findings

There was a registered manager in post and they understood their role and responsibilities and people knew who they were. People felt they could approach them if they wanted to talk to them about anything and they would listen and make changes as a result of this. One person told us, "They always ask if I'm alright. They're very kind and have time for me." The registered manager had a good understanding of people's needs and drove improvement within the service for the benefit of the people who used the service.

There were meetings held for people who used the service so the provider could capture their views and get their suggestions and choices. One person told us, "We go to meetings and talk about what we want to do and where we want to go." People were given the opportunity to comment about the quality of the service in a satisfaction survey; the results were analysed and used to make improvements within the service and the results were shared at these meetings. One person told us, "The staff let us know what is happening and if we don't like what they say we can tell them." This showed the provider listened to what people and staff had to say to make improvements within the service.

The staff worked well as a team and told us they were proud to work in the service. One member of staff told us, "People are at the heart of what we do and we are proud of the support and care we give people here. I think it's good because communication is good and we are always trying to find better ways to do things." Another member of staff told us, "You have to be proud of where you work so you can give your best." Some staff had attended a leadership course where they reviewed how the service could be developed. One member of staff told us, "We looked at where we are now and where we want to be. We had to be honest about our work practices and people and staff were asked about what they wanted. It's good that it's displayed as it helps us to be accountable to do the things we said we would." The results were displayed in the hall for people to view and people confirmed they had been involved with reviewing how the service was delivered.

There were systems in place to monitor the quality and safety of the service in relation to the environment and the safety of the service. Care audits were completed to review whether records reflected people's actual support needs and had been amended when their needs had changed. Accident and incidents were reviewed. Accidents and incidents had been recorded and analysed to identify any trends. Any risks or learning points identified as a result of these were cascaded to the staff team and referrals were made to external professionals as required.

The registered manager understood their responsibilities and the requirements of their registration. For example they had submitted statutory notifications to us so that we were able to monitor the service people received.