

Derbyshire Care Services Ltd

Western House

Inspection report

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Mickleover
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Date of inspection visit:
30 November 2017

Date of publication:
16 January 2018

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 30 November 2017 and was unannounced.

At the last inspection on 13 October 2015 the service was rated Good.

At this inspection we found the service remained Good.

Western House is managed by Derbyshire Care Services Limited. The service is in Mickleover near Derby and provides accommodation and personal care for five people with mental health needs. At the time of our inspection there were five people using the service.

Western House has a registered manager 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 told us they felt safe at Western House. Staff knew how to protect people from harm. The service was well-staffed so staff could support people both at the service and in the wider community if required.

People told us they helped to keep the premises clean and tidy and took pride in how it looked. The premises were spacious and comfortably furnished and surrounded by secluded gardens. People had their own personalised bedrooms which gave them a place where they could spend time alone if they wanted this.

People said staff knew them well and gave us examples of how staff had supported them to settle into the service, become more independent, and access both work and leisure opportunities in the wider community. Staff were qualified and experienced in supporting people with mental health needs in both health and social care settings.

People told us they liked the food served. Mealtimes were flexible to fit in with people's work and other leisure activities. People helped to choose the menus and prepare the meals served.

Records showed that staff assessed people's health when they came to the service and arranged for them to see specialist health care professionals as necessary and have annual well-being checks with their GPs. If people wanted a healthier lifestyle staff supported them to achieve this.

People told us staff at the service were caring and kind and the service had a family atmosphere. Staff shared interests with people they supported and talked with them about what they liked. People had their own bedrooms and TVs and said staff respected their privacy and dignity.

People told us the service provided was open, honest and fair and focused on empowering people and supporting them to move towards independent living. People and staff were listened to and changes made to the service in response. People and staff said the service was well-led and the management team caring and supportive.

The providers used a variety of quality monitoring and auditing tools to ensure the service met its legal and regulatory responsibilities. Records showed the service was continually improving. Staff worked in close partnership with other agencies to ensure people were supported by a range of health and social care professionals.

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 remained Good.

Good ●

Is the service effective?

The service remained Good.

Good ●

Is the service caring?

The service remained Good.

Good ●

Is the service responsive?

The service remained Good.

Good ●

Is the service well-led?

The service remained Good.

Good ●

Western 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 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.

This inspection took place on 30 November 2017 and was unannounced. It was carried out by one inspector.

We reviewed the 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 looked at information received from local authority and health authority commissioners. Commissioners are people who work to find appropriate care and support services for people and fund the care provided.

We reviewed the provider's statement of purpose and the notifications we had been sent. A statement of purpose is a document which includes a standard required set of information about a service. Notifications are changes, events or incidents that providers must tell us about.

We spoke with three people using the service. We also spoke with the registered manager (who is also one of the providers), another provider, the deputy manager, and one support worker.

We looked at records relating to all aspects of the service including care, staffing, and quality assurance. We also looked at three people's care records.

Is the service safe?

Our findings

People told us they felt safe at Western House. One person said, "I feel safe because there are gates at the front of the house and because the staff make sure we are safe." Another person commented, "This is a safe place. No-one bothers us here. It is quiet and peaceful and a good place to get back on your feet again."

Staff were trained in safeguarding in-house and by the local authority. They had a good understanding of their safeguarding responsibilities and how to protect people from harm. They knew to report safeguarding concerns to other agencies including the local authority, the health authority, and CQC. This multiagency approach to safeguarding meant that if people were at risk they could be assured of support from staff at the service and external health and social care professionals.

People told us they understood the risks they and others were subject to and said staff at the service had helped them to gain insight into those. They said staff supported them to stay safe while at the same time respecting their freedom. For example, some people said they felt safer being accompanied by staff when they went out whereas others went out alone.

Risk assessments were personalised to fit people's lifestyles and activities. Those we saw were detailed and written in conjunction with the people using the service, staff and external health and social care professionals. This meant they were based on a combination of approaches to risk prevention in order to meet people's varied needs.

Staff told us that any changes regarding risk were communicated to them through records and verbally during handovers. One staff member told us, "I read the notes but also discuss risk with the staff team when I come on duty. We have all the information we need to help people keep safe. If someone new comes to the service we are briefed so we know how to support them from the start."

People told us the service was well-staffed. One person told us, "The staff always make time for me. I never have to wait to see anyone." Records showed there were enough staff employed to support people at the service and to accompany them when they went out if this was required. Staffing levels were flexible, depending on people's needs, and the providers ensured extra staff were on duty if they were required.

One staff member told us, "There are always staff here for people day and night. If I'm sleeping in people know they can just come and knock on my door if they need me." Staff also told us that either the registered manager or the deputy manager were on call 24/7 and would be at the service within minutes if they were required.

The providers had systems in place to ensure new employees underwent the relevant pre-employment checks. These included Disclosure and Barring Service (DBS) checks and the provision of two references. This meant that only suitable staff were employed at the service.

People told us they were happy with how staff supported them with their medicines. One person said,

"They've got me into a routine now so I can manage on my own but they do check to make sure I'm getting it right."

People followed the service's 'step programme' which helped them progress from having staff administer their medicines, to being prompted, to self-medicating. This prepared people to manage their medicines independently. Accurate medicines records were kept so it was clear that people had had their medicines as prescribed.

Staff were trained in the safe management of medicines and knowledgeable about their use. Medicines were kept securely at the service. The service's contract pharmacist provided advice and support to staff on request. The people using the service had access to a health service medicines helpline which they could use if they had any queries about the medicines they were on.

All areas of the premises were cleaned to a high standard. One person told us, "When I first came here it smelt nice and that's why I liked it – it was clean." People told us they helped to keep the premises clean and tidy and took pride in how it looked. A staff member said, "We all chip in. The service users keep their rooms tidy and we [the staff] do bathrooms and communal areas."

People said they were aware of safety issues at the service and took part in fire drills. One person told us they had recently taken part in fire safety training at the service which involved a lecture and practical training in putting out fires. They told us, "It was fun and I know what to do now if there's a fire."

Staff were trained in infection control and food hygiene and followed the providers' policies on these. Suitable procedures were in place to ensure food preparation and storage met national guidance. Cleaning products were kept securely and risk assessments carried out for their use. The service received a five star rating from the local environmental health department when they were last inspected in 2016.

We discussed the use of window restrictors with the management team. People using the service had asked to continue to be able to open their windows for ventilation and temperature control and did not want window restrictors fitted for this reason. In response the management team has introduced individual risk assessments for people which will be used to ensure the arrangements they have are safe for themselves and others.

If people were involved in any accidents or incidents staff kept detailed records and informed the relevant authorities. The registered manager audited accident and incident records to identify if there were any patterns or trends that needed addressing. Records showed that following accidents or incidents staff took action to help reduce any identified risk in the future. For example, the registered manager said that as a result of reviews the frequency and content of staff handovers had been increased. This was evidence of ongoing improvement to safety at the service.

Is the service effective?

Our findings

People received effective care and support because their needs and choices were assessed, understood and met in line with relevant guidance. People said staff knew them well and gave us examples of how staff had supported them to settle into the service, become more independent, and access both work and leisure opportunities in the wider community.

Staff used the evidence-based 'Recovery Star' tool to assess people and gain the information they needed to create effective care plans for them. These covered a range of areas including managing mental health, living skills, and work.

Records showed that people underwent comprehensive assessments before coming to the service. Senior staff visited them in their existing accommodation and, where relevant, met with the health and social care staff who were currently supporting them. This team approach helped to ensure that if people chose to come to the service it was suitable for them. People were able to visit the service before admission and move in on a gradual basis if this was their preference.

People said they thought the staff were skilled and knowledgeable. One person said, "The registered manager knows her stuff as do the other staff. When I talk to them I feel they understand the problems I've have."

Staff were qualified and experienced in supporting people with mental health needs in both health and social care settings. As well as general training in care, staff completed specialised mental health courses, for example, the Mental Health Act, MAPPA (multi-agency public protection arrangements), and challenging behaviour. This helped to ensure they had the necessary skills to meet the needs of the people using the service. Staff told us they were satisfied with the training provided which they said helped to ensure they could work effectively with people at the service and in the wider community

People told us they liked the food served. One person said, "The food is top dollar. We have big fruit bowls and they are always full and we have takeaways as a treat." Another person commented, "We get a good choice of food and the staff encourage us to eat healthily."

Staff assessed people's nutritional needs when they first came to the service and supported them to improve their diets where necessary and eat wholesome food. Mealtimes were flexible to fit in with people's work and other leisure activities. People helped to choose the menus and prepare the meals served.

People took part in 'come dine with me' evenings when they took it in turns to plan and prepare a meal for the rest of the people using the service. Staff said this was a good way for people to develop a range of skills in a positive and enjoyable way. Themed evenings were also held to give people the opportunity to sample food from a range of different cultures giving them access to a varied diet.

One person told us staff at the service worked well with their CPN (community psychiatric nurse) in order to

provide them with the support they needed. Another person said, "When I come here the staff spoke to the staff at my last place so I didn't have to keep going over everything again."

Staff told us they had an 'excellent relationships' with the members of people's MDTs (multidisciplinary teams) and could call them for advice if they needed to. They also said they worked with the police where necessary as they were a good source of advice with regards to people's security and safety in the wider community.

People told us they could see their GPs when they needed to. One person said, "I see my GP for blood tests once a year. The staff remind me." Some people registered with a local GP when they came to the service and others kept their previous GPs.

Records showed that staff assessed people's health when they came to the service and arranged for them to see specialist health care professionals as necessary and have annual well-being checks with their GPs. If people wanted a healthier lifestyle staff supported them to achieve this. For example, they acquired an exercise bike for one person and supported them to improve their health through more exercise and better nutrition.

People told us the premises met their needs. One person said, "It's fantastic here – it's clean, the rooms are fantastic, it's perfect." Another person said they liked the premises because they were 'like a proper home'. They told us, "It's a lovely house. It's cosy in winter with the Christmas tree lights on. The decoration's good. If I ever get my own place I'd like it to look like this."

The detached premises were situated on a quiet residential road. People had their own personalised bedrooms which gave them a place where they could spend time alone if they wanted this. People had a choice of communal areas and the use of an outside covered smoking area. The premises were spacious and comfortably furnished and surrounded by secluded gardens.

The registered manager told us signage was kept to a minimum both inside and outside the premises so the service did not have the look of an institution and blended into the surrounding area. This helped to ensure that people were in an appropriate setting for making the transition to more independent living.

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 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).

Records showed that the people using the service had been assessed with regard to their ability to consent to their care and to make informed decision about their daily lives. Staff had had training in the MCA and DoLS and understood the importance of people consenting to their care.

People were supported to make choices and, as far as possible, determine their own lifestyles. Staff understood the necessity of people consenting to their care and support. Records showed people's written consent was obtained when key decisions were made.

Is the service caring?

Our findings

People told us staff at the service were caring and kind. One person said, "The staff are thoughtful. On my birthday, out of the blue, [staff name] bought me [some sporting equipment] I really wanted. Then they took me out. I had a fantastic day." Another person told us, "I can tell the staff anything. They are very caring. If you're out in town they give you bell to see if you're alright."

A staff member told us the providers were caring people. They said, "They care from the heart and the care they provide is genuine." People said all the staff were 'understanding'. One person said, "They do listen and they don't judge but they don't excuse anything either. They are completely straight with us."

People said the service had a family atmosphere. One person told us, "All staff have got their own qualities. [Staff name] is like a father figure to me. If I am anxious I got to [staff name], if I want company I go to [staff name] – I can have a laugh with him – he's like a mate. And [staff name] is a like a little sister to me. I do feel part of a family here." Another person said, "The staff make me laugh, they have quirky personalities. [Staff name] has me in stitches, he feels like a mate."

Staff were interested in the people they supported and talked with them about what they liked. Sharing interests with people was one of the ways staff built caring and supportive relationships with them. One person told us, "I go fishing with [staff name] and when we're there I can tell him anything."

If people wanted this staff helped them to keep in contact with or reconnect with their families. One family had written to the service to thank them for 'giving us our son back'. Staff supported people to visit their families and welcomed their families to visit the service. If families themselves needed support staff provided this.

People using the service had access to their own records and could see them when they wanted to. They were encouraged to express their views and make decisions about their own care and support. Records showed that people had contributed to their care plans and signed to say they were in agreement with them.

People told us staff respected and promoted their privacy, dignity and independence. One person said, "We've all got our own big bedrooms, which is our own space, and our own TVs which we watch in private. It's good for my mental health to be able to take myself off and have privacy." Another person told us, "The staff are respectful. They know I like my privacy and they don't infringe on my personal space. No-one – clients or staff – comes into my room without knocking first and waiting for me to say it's OK." People bedrooms were lockable and they had their own keys which helped to ensure their privacy was maintained.

Is the service responsive?

Our findings

People's care plans set out how staff would provide them with personalised care that was responsive to their needs. They were written in conjunction with the person themselves and others involved in their care. They gave staff the guidance they needed to help ensure people received support that was right for them.

Care plans were written so staff had the information they needed to work with people in a sensitive and understanding way. For example, one stated "Make an effort to converse with [person] but understand the signs they may want to be alone.' This helped to ensure staff understood the people they were supporting and were able to provide them with individualised and responsive care.

Staff told us care plans were informative and gave them the information they needed to support people in the way that was best for them. They were regularly reviewed and updated in line with people's changing needs. People and their relatives, where appropriate, staff and external health and social care professionals were involved in care plan reviews to ensure people had the multidisciplinary support they needed.

Staff ensured people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The registered manager told us that if people needed information in a different format or language they would provide this on request.

People had individual programmes of activities in place that they had agreed in conjunction with staff. One person said, "I have a busy life here now. I'm beginning to do quite a bit. I do something every day." Another person, who met with us when they returned from their regular voluntary job, told us, "I love my work. [The registered manager] helped me get it. It's the best thing I've ever done."

People told us about some of the activities they did which included swimming, gym, paid and voluntary work, fishing, learning to drive, college courses, social and discussion groups, shopping, walking, and visiting friends and family. Staff encouraged people to play an active part in group living at the service and take on responsibility for everyday tasks like cooking and cleaning. This helped people to develop the skills they need to live more independently in the community.

People said that if they had any concerns or complaints about the service they would speak to any of the staff on duty. One person told us, "You can say anything to them [the staff] and if something is wrong they will put it right." Another person said, "If you have a complaint you tell the staff – they always ask if there's anything we're not happy with. I would have no problem telling staff if something was wrong because they'd sort things out straight away."

Records showed that no formal complaints had been received at the service. The registered manager said that minor informal complaints, known as 'grumbles', were always recorded and addressed, and records confirmed this.

The registered manager said that in the event of a person requiring end of life care staff would support them in line with their wishes and cultural needs and in conjunction with the health service.

Is the service well-led?

Our findings

People told us the service provided was open, honest and fair. One person said, "They [the staff] don't judge us. If they pull you up about something it's for your own good." Another person told us, "If you're honest with them [the staff] they can help you. That's how it works here." A staff member said, "It works just as it is. I think it's a fantastic service."

People also said the service was well-led and caring. One person told us, "I feel part of a family. I like and get on with all the staff." Another person said, "It's the best place I've ever been. It's the way its run." A staff member told us, "The home is family-run and I am made to feel part of the family myself."

The service focused on empowering people and supporting them to move towards independent living. Staff told us they were still in touch with people who had previously used the service and were now living independently. A staff member said, "This service works for people. We see them come here and improve and then move on into their own flats. It can be a long process but with the right support they can do it." A person told us, "I used to be 'revolving door' but since I've been here I've never been back in hospital and I've got a job." This was evidence of the service fulfilling its purpose.

The providers used a variety of quality monitoring and auditing tools to ensure the service met its legal and regulatory responsibilities. Records showed these included audits of all aspects of the service with action taken to address any shortfalls.

People's and relative's views were central to the service's quality monitoring programme. These were collected on a daily basis through informal discussion and reviews and formally with the use of the providers' service users satisfaction survey. The results of the Autumn 2017 survey showed that management and staff had made changes to the service as a result of people's comments and feedback. These included introducing a brunch-style cooked breakfast once a week, updating the premises, and organising a night out. This showed that staff listened to people and took action to develop the service in line with their wishes.

People using the service attended monthly residents meetings where they discussed their experience of the service and talked about how it could best work for them. Records showed staff listened to people at these meetings and took action in response to their comments and suggestions.

Staff had monthly supervision sessions and meetings to keep them up to date with developments at the service and give them the opportunity to discuss their roles and any training needs they had. Records showed staff used these meetings to ensure the people they supported were safe and that they were offering them an effective, caring, responsive and well-led service. Staff told us management were supportive of them and the teamwork at the service was excellent.

The service worked in close partnership with other agencies to ensure people were supported by a range of health and social care professionals. The combined expertise of those involved meant that people had the

specialised care they needed to move towards independent living.