

Modus Care Limited

Westbrooke Grange

Inspection report

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Date of inspection visit:
17 July 2019

Date of publication:
08 August 2019

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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

About the service

Westbrooke Grange is a residential care home registered to provide care and support to five people who may have Autistic Spectrum Disorder (ASD) and/or mental health needs. At the time of the inspection there were four people living at the service.

Westbrook Grange is owned and operated by Modus Care Limited. The provider has over 50 small residential facilities for adults aged 18 to 65, as well as bespoke, individually tailored services for people with ASD across England.

The service comprised of five individual flats, with a shared kitchen and lounge. At the time of our inspection the service was undergoing substantial building work to help improve the design and adaptation of the premises.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used some restrictive intervention practices as a last resort, in a person-centred way, in line with positive behaviour support principles.

People's experience of using this service and what we found

People were supported by kind and caring staff, who promoted their independence. People were supported to remain safe, but without unnecessary restrictions being imposed on them.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported

this practice.

People's health and social care needs were robustly assessed, with their care and support being delivered in a person-centred way; keeping the person at the heart of their own care. Involvement by external professionals ensured people's needs were managed in a holistic and multi-disciplinary way.

Staff received good support and relevant training to be able to meet people's individual needs. New staff joining the organisation were inducted to the providers ethos of, "To enable people to have a fulfilling and purposeful life' and policies and procedures".

The manager was a role model and ensured the culture of the service was based on the providers values of, "Respect, choice, empowerment, and inclusion".

Governance systems ensured improvements were highlighted so action could be taken promptly. Incident and accident reports were reviewed, and themes and trends were analysed to ensure the culture at the service relating to restrictive practices was appropriate.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was Good (published 25 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Westbrooke Grange

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector and one Expert by Experience. An expert by experience is a person who has personal experience of using services or cares for someone who has a learning disability and/or autism.

Westbrooke Grange is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager who was in the process of registering with the Care Quality Commission. This meant that they and the provider were legally responsible for how the service was run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We also looked at statutory notifications the provider had made to us about important events. In addition, we reviewed all other information sent to us from stakeholders for example the local authority and members of the public.

We used all of this information to plan our inspection.

During the inspection

During the inspection we spoke with three people, four members of care staff, the deputy manager, the registered manager, two positive behavioural specialists and the regional manager.

We also contacted Devon County Council adult social care commissioning team.

We looked at two care plans for people who used the service, policies and procedures, incident records, and auditing and monitoring checks.

After the inspection

We contacted Healthwatch Torbay. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also contacted the NHS learning disability service, an occupational therapist and a relative of a person living at the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the service. Relatives also expressed they felt confident with the care and support provided at the service.
- There were systems in place to protect people from abuse, including policies and procedures and training for all staff.
- The management team had a comprehensive understanding of safeguarding processes and told us of the importance of being "open and transparent".

Assessing risk, safety monitoring and management

- People were supported to keep safe but without imposing unnecessary restrictions on them.
- People who experienced behaviour that could challenge, had detailed positive behavioural support care plans and risk assessments to ensure they were supported in line with best practice.
- Staff had received accredited training in restraint and were able to tell us how to safely support people.
- The provider had a positive behavioural specialist team who supported the service, to ensure people were fully protected from unsafe restraint, or inappropriate seclusion or segregation.
- Incident and accident reports were reviewed, and themes and trends were analysed to ensure the culture at the service relating to restrictive practices was appropriate. The Provider's Information Return (PIR) stated, "Incident analysis and staff training, and workshops form part of a reflective process of analysing lessons learnt and implementing improvements to practice and support".
- A relative told us they were kept informed of any incidents and an external professional told us, "Staff always inform me of incidents and offer me chance to add to their review/debrief of the situation. On occasions when serious things have happened the staff have responded in a timely way to promote safety and reacted appropriately".

Staffing and recruitment

- People were supported by enough numbers of staff, of which were funded by the person's commissioning authority.
- People's views on their own staffing levels were listened to and respected. For example, one person had shared with staff that they felt their 2:1 staffing at night was too imposing, so this had been reviewed in line with multi-disciplinary discussions.
- The provider had a recruitment policy, and staff working at the service were recruited safely to ensure they were suitable to work with vulnerable people. Staff were recruited according to the providers values of "Respect, choice, empowerment, and inclusion".
- People and their families were involved in the recruitment of staff. For example, with the help of staff, one

person had written their own recruitment advert to ensure staff employed had the skills they wanted and needed. People and families were also asked to be present during interviews.

- One relative told us how staffing had not always been consistent when promised as part of a planned move for their loved one. They expressed that they felt "Let down".

Using medicines safely

- People's medicines were managed and stored safely.
- People were encouraged to be involved in the management of their own medicines, by having medicine cabinets in their own flats.
- People had care plans which described how they wanted and needed their medicines to be administered.
- People who were prescribed 'as required' medicine, such as antipsychotic medicines had clear protocols in place, so administration was managed in line with the Mental Capacity Act 2005 (MCA).
- People received medicine reviews, and external advice was sought from people's GP's, or psychologists when needed.

Preventing and controlling infection

- People lived in a clean and odour free environment.
- Staff had received infection control training and followed policies to prevent the spread of infection.

Learning lessons when things go wrong

- The provider's governance system was effective in helping to highlight when action was required for improvement so learning could take place.
- Weekly 'link meetings' were used to reflect on what had gone well and what could be improved.
- Data analysis was effectively carried out to help identify useful themes and trends to minimise reoccurrences. For example, when restraint had been used or safeguarding alerts had been raised.
- The Provider's Information Return (PIR) stated, "Westbrooke Grange promotes an open and transparent culture, providing clear reporting and escalating procedures for emergencies, incidences, safeguarding, protected disclosures, complaints and statutory notifications, using a reflective practice model to analyse data and lessons learnt, continuously working to improve the service provided".

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they started using the service to help ensure their expectations and needs could be met.
- People's care was planned and delivered in line with their individual assessments, which were reviewed regularly or when people's needs changed.
- People's care plans were designed to reflect best practice principles in the delivery of their care. For example, NHS England guidance such as 'Stopping over medication of people with a learning disability, autism or both (STOMP)'. As well as 'annual health checks' were taken account of to ensure people's care needs were met in line with up to date best practice.

Staff support: induction, training, skills and experience

- Staff received support in their role, by way of supervision and staff meetings. The open and transparent culture also meant staff could seek advice and guidance from the management team at any time.
- Debriefing sessions were used to help support staff and to reflect on their practice, following distressing events.
- New staff joining the organisation received a newly designed comprehensive induction. The care certificate (a national health and social care induction) was used when staff had not worked in the health sector before.
- Staff received training in subjects specific to be able to meet people's needs, such as learning disability and autistic spectrum training.

Supporting people to eat and drink enough to maintain a balanced diet

- People were encouraged to make their own meals, with staff assistance as required.
- People's likes, and dislikes were known by staff and healthy eating was encouraged.

Staff working with other agencies to provide consistent, effective, timely care

- The management team and staff worked closely with external professionals to ensure people's care was joined up. For example, multi-disciplinary team meetings frequently took place to discuss people's ongoing health and social care needs.
- When people moved between services ('transitioned'), the person's current staff team worked beside the new staff team, to ensure their support needs were consistently and effectively met. The Provider's Information Return (PIR) stated, "An agreed transition is implemented and led by the individual, with timescales and expectations clearly stated".

Adapting service, design, decoration to meet people's needs

- At the time of our inspection the service was undergoing substantial building work to help improve the design and adaptation of the premises.
- People and their families had been fully involved in the new design of the premises. The changes being made took account of people's individual needs. For example, sound proofing areas, and fitting 'activities of daily living' (ADL) kitchen units in people's flat. Enabling people to practice instrumental tasks related to meal preparation and cooking.

Supporting people to live healthier lives, access healthcare services and support

- People had access to external health and social care services to manage and maintain their ongoing health and support needs. Annual health checks took place, to identify problems sooner, and to help keep people healthier.
- People's care plans reflected how to live a healthy life. Weekly meetings were held with people, to talk about meal choices.
- New oral and dental health care plans were being developed in line with the new National Institute for Health and Care Excellence.

Ensuring consent to care and treatment in line with law and guidance

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

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 had the appropriate legal authority and were being met.

- People were fully protected by the legislative framework.
- The management team and staff had a comprehensive understanding of the MCA.
- Best interest meetings were held, and the outcome recorded when it was deemed a person did not have the mental capacity to make specific decisions.
- People had detailed care plans in place relating to their mental capacity. Care plans had also been created in suitable formats, for example pictorially for people who may not understand the written word.
- People's consent to care and support was recorded.
- The Provider's Information Return (PIR) stated, "Individuals are encouraged and supported to access advocacy services where needed, so that professionals can support them to voice their opinions and needs".

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us they liked the staff. Relatives also told us, "There are certain staff that are absolutely amazing".
- People were relaxed in staff's presence.
- Staff spoke fondly of the people they supported and spoke to people in an 'adult to adult' manner.
- Prior to the building work taking place, people had been effectively supported about the possible disruption that it may cause. Staff had worked sensitively with people to help reduce their anxiety, for example by providing ear defenders to be worn to eliminate noise.
- People were protected from discrimination in relation to the protected characteristics in line the Equality Act 2010.

Supporting people to express their views and be involved in making decisions about their care

- The Provider's Information Return (PIR) stated, "Residents are listened to and the service works to make people feel that they matter".
- People were fully involved and empowered to make decisions relating to their care and support. For example, one person told the manager that staff did not fully understand their autism. So was being supported by an occupational therapist to deliver a bespoke training course to the staff team at the providers head office.
- One person used a thoughts and feelings diary to help express to staff and their family about how they were feeling.
- External professionals such as psychologists and therapists spent time with people, as required to help them express their views and feelings about their ongoing mental wellbeing.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect, staff knocked on people's doors prior to entering.
- People's privacy was respected when they wanted to spend private time alone.
- People's independence was empowered, and staff looked at creative ways of promoting independence. For example, staff had recognised one person, when in the kitchen did not open the cupboards. Therefore, pictorial signs were placed on the kitchen cupboards to help prompt the person to what was behind each door, so they could help prepare their own snacks and meal
- An external professional told us, "Whenever I have visited and witnessed interactions between carers and the person I am involved with, it has always been very respectful, caring and person centred. The staff

always seem to have the needs of the individual at the fore front of anything they are doing/going to do".

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had comprehensive care plans in place which detailed how they wanted their care and support needs to be met.
- People were empowered to create their own personal profiles which gave staff key information about what was important to them, what they liked, what they did not, and how they wanted to be supported.
- Weekly discussions were held with each person to seek how the person was feeling, and to ensure their care and support needs were being met as they wanted.
- Care reviews were held with relatives and those externally involved in the person's care.
- Independent mental capacity advocate's (IMCA's) were sourced to support people when they did not have the mental capacity to be able to express their views or be involved in making decisions about their care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service identified and documented people's individual communication needs. Some people were unable to communicate verbally, or had other communication needs due to their autism or learning disability. Therefore, some people made choices and communicated with the assistance of pictures, signs and symbols.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People took part in social activities within the community that they liked and were supported by staff as needed. For example, attending the cinema, swimming or going for walks. However, one relative told us some staff were better than others in motivating their loved one to do things socially and to help focus their mind on other things.
- People were encouraged and supported to maintain relationships with friends and family as they wanted. Staff were also respectful when people choose not to spend time with others. A relative told us how they were able to communicate regularly with their loved one via technology, such as Facetime on the person's electronic tablet.
- People were supported to use public transport and/or the providers two cars to access the community.
- People's care plans were detailed and described how they wanted and needed their social needs to be met. Individual weekly meetings with people took place, to engage in what people wanted to do or achieve

in the coming week. One person had recently decided to take up a certain exercise class so had been helped to find out where it took place, and since attends each week.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy which was displayed around the service in various formats, to ensure people's understanding of it. The Provider's Information Return (PIR) stated, "Concerns and complaints are investigated thoroughly and dealt with promptly and professionally. Feedback is implemented into service practice with lessons learnt shared between the staff".
- Weekly discussions were held with people, which also gave them an opportunity to talk about any complaints, concerns or worries they may have.
- The manager told us they felt their "open door policy" and visibility within the service helped to reduce the likelihood of complaints.

End of life care and support

- There was no one at the service who was receiving palliative care.
- The manager told us they were currently developing end of life care planning provision, to ensure information was recorded about how people wanted to be supported at the end of their life.
- We were told staff would as required, undertake training in end of life care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The providers website stated, "Modus Care have developed a model of care and support built on Person Centred Planning (PCP) principles, experience and understanding that provides a positive choice for a service provision based on skilled and detailed assessment, multi-disciplinary planning and specifically focused resources". Of which, we found.
- There was a person-centred culture, which kept people at the heart of the service.
- The manager was a role model and ensured the culture of the service was based on the provider's values of, "Respect, choice, empowerment, and inclusion". The manager told us "I've never liked to be a manager who is inaccessible".
- People and staff were empowered to be part of the ongoing development of the service.
- The culture and atmosphere of the service was welcoming and inclusive. Staff were happy to speak to the inspection team and were honest and open with their views.
- There was an employee of the month nomination scheme which was used to promote staff appreciation of their colleagues and the achievements happening within the service.
- An external professional told us, "I think [the manager] is working tirelessly to get Westbrook Grange up and running, and she is doing an amazing job. Her hard work and dedication is paying off and I think she is an inspiration and other managers who could learn a great deal from her".

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and manager recognised when mistakes had been made. They listened to people, respected their views, and apologised when they had experienced care, which they believed was not appropriate or had not met their needs.
- The manager was aware of their responsibility to inform the Commission of significant events in line with statutory duties.
- The management team spoke openly and honestly throughout the inspection process.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a management structure in place which people and staff were aware of.
- The management team had a comprehensive understanding of regulatory requirements and used

national guidance to develop policies, procedures and processes.

- There was a robust governance framework which helped to identify where improvements were required. The provider's monitoring systems were in place at a local level, as well as at a regional and national level, helping to have a full strategic overview of the service.
- The providers quality team carried out practice inspections at the service, which were based on the Commissions Key Lines of Enquiry (KLOEs).

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The Provider's Information Return (PIR) stated, "The resident satisfaction survey, staff engagement survey and complaints, compliments and comments are used to encourage people to take an active role in the continuous improvement of the service and wider organisation".
- A suggestions box gave visitors an opportunity to share their views.

Continuous learning and improving care

- The Provider's Information Return (PIR), stated "Positive behaviour support work and analysis ensures that the service is proactive and works to improve the quality of life of individuals. By identifying underlying functions of behaviour, which enables the service to reflect, review and adapt the support provided".
- Local, regional and national meetings took place within the organisation to help share good practice, and to reflect where things could be improved.
- The manager engaged with other providers to share in best practice. For example, by attending the care managers network and local authority conferences.

Working in partnership with others

- The service had good working relationships with the local primary care services.
- The provider had recently been part of a project, working with the learning disability intensive treatment team (ITT) for South Devon and Torbay in helping to develop care planning, and protocols for the use of restraint, seclusion or segregation in line with national guidance and best practice.
- We were told by an external professional, "There have been a number of incidents/issues with the individual I am involved with and [the manager] has always taken these very seriously, she has responded in a very professional and appropriate way, when further assessment or further investigation has been required this has always been done in a thorough and effective way. [The manager] has always responded to these often, very complex situations in an absolutely professional, non-judgemental, responsive and effective way".