

Catholic Care (Diocese of Leeds)

Westhaven

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Westhaven provides accommodation, care and support for up to seven people with learning disabilities. At the time of our inspection, there were four people living at the service.

People's experience of using this service:

- People told us they were safe and well cared for living at Westhaven and their independence was encouraged and maintained. One person said, "I'm happy here."
- We found one breach of the regulations in relation to consent. The provider was not completing decision specific mental capacity assessments and best interest decisions for people who might lack the capacity to make decisions about their care.
- We found some improvements had been made in relation to providing safe care and treatment however, the provider continued in breach of regulations because not enough improvements had been made in relation to the safe management of people's medicines, assessment of staff's competency to administer medication and information in people's risk assessments. We also found concerns in relation to fire safety.
- The service met the characteristics of requires improvement in three out of the five key questions. This is the third time Westhaven in rated as requiring improvement.
- We have made three recommendations in relation to medicines, consent and quality assurance.
- The service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities using the service can live as ordinary a life as any citizen.
- People were involved in meaningful activities that maintained and enhanced their skills and abilities.
- People were supported by staff who were motivated, enjoyed their job and felt well supported through regular supervisions and training.
- The management had a clear vision about the quality of care they wanted to provide and there were plans to improve the service.
- More information is in the full report.

Rating at last inspection:

At our last inspection the service was rated requires improvement overall. Our last report was published on 10 January 2018.

Why we inspected:

This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Enforcement:

Information relating to the action the provider needs to take can be found at the end of this report.

Follow up:

We will continue to monitor the service to ensure that people received safe, high quality care.

Further inspections will be planned for future dates. We will follow up on the breaches of regulations and recommendations we have made at our next inspection.

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 not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our Effective findings below

Requires Improvement ●

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 not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Westhaven

Detailed findings

Background to this 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was conducted by one adult social care inspector and one assistant inspector.

Service and service type:

Westhaven is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was on short term leave during our inspection but there was an acting manager who was managing the service in their absence and was fully available during this inspection.

Notice of inspection:

This inspection visit was carried out on 29 January 2019 and was unannounced. Inspection activity started on 29 January 2019 and ended on 4 February 2019.

What we did:

Before the inspection, we reviewed all the information we held about the service including previous inspection reports and notifications received by the CQC. A notification is information about important events which the service is required to tell us about by law. We used information the provider sent us in the

Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to decide which areas to focus on during our inspection. We requested and received feedback on the service from the local safeguarding teams and commissioners.

During the inspection, we spoke with three people using the service and two relatives of people using the service. We spoke with four staff; this included the area manager, acting manager and care workers. We looked at care records for two people using the service including support plans and risk assessments. We analysed three medicine administration records. We reviewed training, recruitment and supervision records for two staff including competencies. We looked at various policies and procedures and reviewed the quality assurance and monitoring systems of the service.

After the inspection, we exchanged emails with the acting manager for additional evidence and updates on the actions being taken by the provider following this inspection.

The report includes evidence and information gathered by inspector and assistant inspector. Details are in the key questions below.

Is the service safe?

Our findings

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

Requires improvement: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely:

- At our last inspection on 17 October 2017, we found the provider was in breach of regulations in relation to safe care and treatment because information about people's risks was not always updated, creams and 'as and when' required medication was not recorded consistently and staff did not have their competency to administer medication assessed in line with good practice. At this inspection we found not enough improvements had been made, further concerns were found in relation to fire safety and the provider continued in breach of Regulation 12 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.
- We saw the provider was administering people's medication from their dossett boxes and there were no gaps in recording. However, we found unclear instructions in one person's medication administration record and care plan if this medication was to be administered every day or 'as and when' required. We discussed this issue with the acting manager and they addressed it immediately.
- Staff had their competency to administer medication assessed by the manager, however the information on these records was very limited and did not show which skills, knowledge or actual competencies had been assessed. We discussed this issue with the acting manager and they acknowledged improvements could be made in recording these assessments. We recommend the provider consults and implements current guidance in relation to the safe administration of medicines in care homes.
- During this inspection, we found improvements had been made in how people's prescribed creams and 'as and when' required medication were recorded. For example, one person had been prescribed a medication in case their blood sugar levels dropped. There was a clear protocol in place to explain the signs this person would present and what staff should do if this happened. We found creams were administered and recorded appropriately with clear instructions where and how to apply them.

Assessing risk, safety monitoring and management:

- The provider had systems in place to identify and manage risk to people's care however improvements were still required in making sure the information in people's file was the most up to date. People had a range of risk assessments to look at different areas of their care such as personal care, choking and carrying out domestic activities. One person's care records showed inconsistent information in relation to how this person's risk of choking should be managed. We discussed this with the acting manager and we were reassured the risk was being managed appropriately however the risk assessment and care plan had not been updated. After our inspection visit, the acting manager confirmed this had been amended.
- We found people's person evacuation plans (PEEP's) were not updated and the fire evacuation procedure lacked detail. For example, three PEEP's indicated that, if possible, staff should stay with people in an event of a fire however this was not workable with the current staffing levels. There was evidence that regular fire

drills had been done with staff and people living at the service and only one person actually required support from staff. We discussed these concerns with the acting manager and after our inspection they advised us this information had been updated and communicated to staff.

- These findings constitute a breach of Regulation 12 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.
- The premises and equipment were well maintained to help ensure people were kept safe. Regular checks were undertaken in relation to the environment and the maintenance and safety of equipment.

Systems and processes to safeguard people from the risk of abuse:

- People told us they felt safe living at the service. Relatives also shared this view.
- Staff had received training in safeguarding adults, knew how to identify abuse and how to raise a concern. One care worker said that if they had any concerns they would "let the management know and document."
- The acting manager knew what to do if a safeguarding concern was reported to them.

Staffing and recruitment:

- People were supported by staff who were safe to work with them. Staff files contained the information required to aid safe recruitment decisions such as full employment history, references and a Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out checks on individuals who intend to work with children and adults, to help employers make safer recruitment decisions.
- People and relatives told us there were enough staff around to provide care and support. Staff told us the current staffing levels were appropriate for the level of support people required and other tasks they had to complete such as cleaning and recording. The acting manager told us the rota was done flexibly, for example to accommodate people's appointments.

Preventing and controlling infection:

- The provider was managing the risks of cross infection appropriately. Care workers had completed training in infection control prevention. Staff told us they have access personal protective equipment (PPE). Relatives told us they found the home clean and hygienic and our observations confirmed this.

Learning lessons when things go wrong:

- The acting manager told us there had been no accidents or incidents that they were aware of. They told us any incidents were logged, monitored by senior manager bimonthly and if any learning had been identified this was "delivered through our team meetings and newsletters."

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.

Requires Improvement: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- 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). No one living at Westhaven was subject to a DoLS authorisation.
- Throughout our inspection visit we saw people were supported to make decisions about their day to day wishes and preferences. We observed people decided how and where they spent their time, what they wanted to eat and drink and who they spent their time with. Care plan records we looked at showed how people liked to make decisions and what support they needed to do so. However, when people had difficulty in making certain decisions, the provider was not completing decision specific mental capacity assessments and best interest decisions in line with legislation.
- For example, one person's care documentation indicated "[Person] recognises £1, £2 and £0.50 although [person] does not understand the true value of money." There was no assessment of capacity or best interest decision in place in relation to the management of this person's finances.
- Another person's care plan indicated they were able to withdraw money and make every day purchases. Staff confirmed this support was in place and they felt the person was able to make these every day financial decisions. We asked the acting manager if they felt this person understood the value of bigger amounts of money and they felt they were not. Records showed this person had spend a considerable amount of money on an item of furniture and we were concerned if they had the capacity to consent to this particular decision. We discussed this issue with the area manager and acting manager and we were reassured this decision had been made in appropriate consultation with relevant people and there was a clear audit trail of the purchase however the appropriate process had not been followed in line with the MCA 2005. We discussed these concerns with area manager and acting manager and they told us they would address this issue. We made a recommendation for the provider to consult and implement good practice in this area.
- These findings constitute a breach of Regulation 11 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

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

- People's physical, mental health and social needs were assessed and their care and support was planned through the development of a care plan. Care plan records we looked at showed the assessments had involved relevant people to make sure care could be delivered in the way people preferred and staff could meet their identified needs.
- People's needs in relation to the protected characteristics under the Equalities Act 2010, were taken into account in the planning of their care. People's communication requirements were assessed and included in their care plans.

Staff support: induction, training, skills and experience:

- People told us they felt comfortable with staff who knew them well. We asked relatives if they felt staff had the necessary skills and knowledge, they said, "Yes, they do have the skills" and "Yes, they seem to [have the skills]."
- Staff had access to a varied and relevant training plan which was up to date.
- People were supported by staff who had been supported by regular supervision and appraisals. Staff told us, "They [supervisions] are good, [manager] asks you about any safeguarding issues, how I am feeling, if I do need extra support."
- New members of staff had been through an induction period which included training and shadowing shifts with more experienced members of staff. Staff said, "Everyone was fantastic [during my induction], absolutely fantastic team, everyone was very approachable, I was observing [staff] and learning, I still can ask everyone [if in doubt]."

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

- People were supported to eat a balanced diet that met their needs and according with their preferences. One person said, "There is a meal plan, each resident has a day, its in the office, I chose chicken cobbler for next Monday tea." Staff corroborated this; they told us, "We do not decide what to cook, service use's choose, we have some cooking books in the cupboard and they [people] can choose something different."
- Our observations confirmed staff understood what people's meal preferences were and worked with them to identify what they wanted to eat and drink and when. We observed people preparing their breakfast with minimal support from staff. One person told us, "I had cheerios [this morning], I have porridge and egg sandwiches sometimes." Staff confirmed people were involved in preparing meals and setting the table, "Staff cooks, [person] is very helpful, [person] peels potatoes, it depends on [person's] mood, they have their own days to set the table."
- The acting manager and staff told us that during meal times people and staff ate together to promote a homely environment.
- People's care plan included information about their nutritional needs and this was being followed by staff. For example, one person had lost weight and the dietician had recommended fortified meals, such as milkshakes. We observed a staff member offering this support. This person's care recorded indicated the food taken and their weight was also being regularly monitored. This showed the risks of malnutrition were being managed appropriately.

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

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

- People told us staff had contacted other healthcare professionals when required. One person said if they needed to see the doctor "I'd tell staff and they would sort it."
- The records we looked at confirmed referrals had been made when necessary and the provider maintained regular contact with relevant services such as the podiatrist and GP.

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

- The home was not purpose build and the provider told us of their plans for the refurbishment of the home. At our last inspection we found some bathrooms did not have heating. At this inspection, we found extra heating units had been fitted in the bathrooms.
- The service environment, including communal areas was accessible for people to use and throughout our inspection visit we saw people moved freely around the service as they chose.
- The service was homely, and personalised to meet people's preferences. Each person had their own room. Those we looked at had been personalised to each person's preferences. We saw the dining areas had been decorated with photos from people's holidays and items created by people.

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.

Good: 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 were supported by staff who were kind. They told us, "[Staff are] lovely." Relatives commented, "[Staff] are very caring" and "Yes, they are [kind], [person] seems happy and [person] would tell us if they were not [happy]."
- During our inspection visit we observed staff and management talking with people in a caring and respectful way. Interactions between staff and people staying at the service were relaxed. It was evident that people felt comfortable in the presence of staff.
- The acting manager and staff had a good understanding of protecting and respecting people's human rights. People received care and support which reflected their diverse needs in relation to the protected characteristics of the Equalities Act 2010.

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

- People and relatives told us they were involved in decisions about the care delivered by the provider. One relative said, "Yes, I have attended [a review] a couple of months ago, everything was discussed." Relatives also told us they had been contacted by the provider when their loved one's needs had changed.
- Records we looked at confirmed regular reviews were taking place and involving relevant people.

Respecting and promoting people's privacy, dignity and independence:

- People's dignity and privacy was respected. People told us staff respected their choices. One person said, "They do [listen to me]."
- Staff had received training in dignity in care and our observations confirmed staff provided care that was respectful and promoted people's privacy and dignity.
- The acting manager and staff told us they understood the importance of keeping people's personal information confidential. We saw people's care records were stored in locked cabinets within a room that was locked when not in use.
- Although they said they had not needed to use it recently, the area manager and acting manager showed us they knew when and what to do to support people to access advocacy services themselves if they needed this type of support. Advocacy services are independent of the provider and the local authority and can support people in their decision making and help to communicate their decisions and wishes.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- Care plans reflected people's choices, wishes and preferences and things that were important to them. For example, care plans included information about people's relevant relationships and those who were involved in their care.
- The service ensured people had access to the information they needed in a way they could understand it and were complying with the Accessible Information Standard (AIS). 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. For example, the provider had developed easy read questionnaires for people to give feedback about the service. Some people choose to use them, other preferred to answer by writing their views. Staff were able to tell us about people's communication needs and preferences.
- The provider was supporting some people with accessing meaningful activities. For example, during our inspection visit, one person was supported to call a taxi and then go to a baking class, which they were clearly looking forward to attend. Two other residents told us of their plan to jointly attend a swimming class that evening. One person told us of the activities they liked doing in their bedroom, "Listen to music and watch TV."
- People were encouraged and involved in participating in activities of daily living such as preparing meals and cleaning. During our inspection, we observed one person bringing their laundry basket to the utilities room and being supported by the acting manager with completing this task.

Improving care quality in response to complaints or concerns:

- People and relatives told us if they had any concerns they would not hesitate to discuss them with care staff or management and were confident their concerns would be actioned. One relative said, "I would speak with [registered manager], she is really understanding."
- The service have not received any formal complaint but had received one informal complaint. Our conversations with the area manager confirmed this had been dealt with appropriately.
- We recommended the provider updates their complaints policy in relation to the organisation that should be contacted if complaints are not resolved by the provider.

End of life care and support:

- The provider was not currently supporting anyone who required end of life care but they had recently supported a person with these requirements. Staff had received training in this area and the area manager told us about the support provided and links with other professionals. We saw evidence of how the provider facilitated this person's involvement in meaningful activities and relationships. People had chosen to have a photo of the person who had recently passed away in the dining area.

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.

Requires Improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Continuous learning and improving care:

- During this inspection, we saw evidence that there were several audits being regularly completed by staff, the registered manager/acting manager and area manager which included health and safety, medication and care plans. However, these had not always been effective in identifying the issues found at this inspection. We recommend that the provider searches and implements good practice in relation to effective quality assurance processes.
- The acting manager and area manager were visible and proactive throughout the inspection in demonstrating how the service operated and how they worked closely with people and staff. They were knowledgeable about people's needs and open during the discussions about the issues found at this inspection. During and after the inspection, the acting manager kept us up to date of the actions they were taking to address the areas that required improvement.

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

- At this inspection, we identified a continued breach in regulation related with safe care and treatment and one new breach in relation to consent. We have made recommendations about medicines management, compliance with the MCA and effective quality assurance processes.
- People, relatives and staff spoke positively about the service and its management. Staff said, "With [registered manager] there was always an opportunity to have a chat"
- Under the Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2015, registered providers have a legal duty to display the ratings of CQC inspections prominently in both the office and on their websites. On our arrival, we saw the ratings from last inspection were clearly displayed.
- The area manager and acting had a clear vision about the quality of care they wanted to provide to people living at Westhaven and there were plans to improve the service. They told us how they planned to involve people and relatives in implementing these plans.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- Registered providers of health and social care services are required by law to notify CQC of significant events that happen in their services such as allegations of abuse and deaths of people using the service. The provider ensured all notifications of significant events had been provided to us promptly. This meant we were able to check appropriate actions had been taken to keep people safe and to protect their rights.

- Policies and procedures was available and accessible to staff to support them in their roles. These had been discussed during team meetings.

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

- We received positive feedback on how the service was managed and the culture within the team. Staff we spoke with said there was good teamwork and clear communication within the team. One staff member told us, "I like how, as a staff member, I can get on with the residents, it feels rewarding, I get on well with staff and I am happy that I am part of this team."
- Surveys were given to people who lived at the service but the results had been analysed and presented jointly with other services for people with learning disabilities run by the provider. The acting manager told us they were planning to change this to allow for a more focused analysis.
- Relatives told us they had not been asked for feedback through a survey or questionnaire but they felt able to talk at anytime with staff or management or during people's reviews of care.

Working in partnership with others:

- Evidence we looked at demonstrated the service consistently worked in partnership with the wider professional team. Records noted the involvement of GP, social workers and commissioners of people's care.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider was not completing decision specific mental capacity assessments for people who might lack the capacity to make decisions about their care.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Not enough improvements had been made in relation to the safe management of people's medicines, assessment of staff's competency to administer medication and updated information in people's risk assessments. We also found concerns in relation to fire safety.