The Derby Care Home Limited

Westside Care Home

Inspection report

90 Western Road
Mickleover
Derby
Derbyshire
DE3 9GQ

Tel: 01332510084

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

Westside Care Home is a residential care home providing personal and nursing care to 19 people. The service can support up to 26 people.

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

The provider did not always take sufficient action to comply with the requirements of the Mental Capacity Act 2005.
People were not always supported to have maximum choice and control of their lives. Staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

People did not always receive consistent support to manage their health needs.

Care plans did not always reflect the support people received. People did not always feel empowered to express their choice about their daily support.

People were safe when they received at Westside Care Home. Staff knew how to keep people safe from avoidable harm and abuse. Risks associated with people's care had been assessed and regularly reviewed to reflect the support people needed to be safe. People's medicines were managed safely.

Staff had the training and experience they required to support people. They supported people to meet their nutritional needs and access health care professionals when required.

Staff were kind and compassionate. They treated people with dignity and respect. They promoted people's right to privacy.

The manager was easily accessible to staff and people for support and guidance. They were in the process of improving the service.

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

Rating at last inspection
The last rating for this service was Good (published 18 May 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?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

Westside Care Home

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 was carried out by two inspectors, one nurse specialist adviser and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Westside Care Home 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. The manager was in the process of registering with the Care Quality Commission. This means that they and the provider will be legally responsible for how the service is 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 reviewed information we had received about the service since the last inspection. We sought feedback from the local clinical commissioning body. 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 used all of this information to plan our inspection.

During the inspection
We spoke with eight people who used the service and two relatives about their experience of the care provided. We spoke with one care staff, two nursing staff and the manager. We spent time observing the care people received this helped us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records and their medication records. We looked at two staff files in relation to recruitment and staff supervision records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the manager to validate evidence found.

Good

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 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 who used the service were safe when they received support and care from staff. Staff had access to regular training and support on how to keep people safe from abuse and avoidable harm. A nurse told us, "This is a good home; I would not be working here if I did not think people were safe here. The care is good."

● Staff we spoke with demonstrated a good understanding of their responsibilities to report any concerns they may have regarding people's safety and welfare.

●The service had protocols in place to support staff confidently raise any concerns regarding practice and people's wellbeing. Records showed staff discussed their responsibilities on keeping people safe from harm and abuse.

Assessing risk, safety monitoring and management

● Risks assessments provided guidance to staff to care for people in a safe manner. They included detailed information of risks associated to people's general wellbeing and strategies staff could employ to minimise the risks. This included risk associated with skin care and nutrition.

● Records showed risks assessments were reviewed regularly to ensure they reflected people's current needs and good practice on how to reduce risk.

● Where people required aids and equipment to meet their needs, these were well maintained, and staff had the skills to support people safely with their equipment. Staff communicated to people and ensured their wellbeing when supporting them to mobilise with aids.

Staffing and recruitment

● There were sufficient numbers of staff on duty to meet people's needs. People told us they sometimes had to wait before staff could attend to them. However, there was no evidence this impacted on the care people received. One person told us, "You have to wait sometimes if they [staff] are busy with other things, but not so much that it's a problem." Another person said, "I have a button in my room, and I have pressed it before now. Yes, you have to wait, but you need to understand there are other people than me who need help, so you do have to wait."

● The provider followed safe recruitment practices. They completed relevant pre-employment checks which assured them potential employees were safe to work with people who used services.

Using medicines safely

● The provider had systems in place to manage people's medicines safely. People told us they received their medicines when they needed them. Their records also showed they received their medicines as prescribed by their doctor. There were effective protocols for the safe administration of 'as required' and anti-psychotics medicines.

● Medicines were stored safely. The provider had effective systems to maintain stocks of the medicines people required.

Preventing and controlling infection

● People were protected from the risk of contracting or spreading an infection. Staff had received training and followed good practice such as using personal protective equipment when they supported people with their needs.

● The home was clean, free from odours and a good level of hygiene was maintained. One person told us, "They [staff] keep my room clean, they do what they call a 'deep clean' of my room."

Learning lessons when things go wrong

● The manager had begun to make improvements to the service following feedback from staff and people. This included ensuring people who were admitted to the service were only people whose needs could be met by staff.

Requires Improvement

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 now deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- During our visit, we saw that people could access spaces which did not always meet their needs. Following our inspection, the provider made adaptations to ensure these spaces would be safe for people. This included fitting window restrictors in a bedroom. The provider sent us evidence that they supported staff to ensure only authorised staff could access rooms where there was a risk of people coming in contact with substances that could harm them.
- Majority of the radiators were suitable and safe for people who used the service. Following our visit, the provider took steps to put suitable covers on radiators which could present a risk of burns from hot surface. This reduced the risk of harm from hot surfaces in the home.
- People had access to well-presented bedrooms and outdoor spaces.

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). 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.

- Where people were deemed to be unable to make their own decisions, their records did not show there had been an assessment of their abilities and which decisions they needed support to make. Where decisions were made on behalf of people, it was not clear to see how staff had considered it to be in the best interest of the person.
- Where aids were used to keep people safe, we did not see any evidence the service had involved people in making this decision or monitored usage to minimise the risk of restricting people's freedom. One person told us, "They have a rail so you can't fall out of bed, but it means I can't get out on my own. I prefer it there so I know I'm safe in bed, but I do feel like a prisoner in my bed because I can't get out."
- We did not see evidence the service took steps to support people make their own decisions or promote their rights. For example, people did not have easy access to information about advocacy services.

Advocates provide independent support to people to help them express the wishes and understand their rights.

● Whilst these had not affected the care people received, the service needed to make further improvement to support people make their own decisions as independently as possible, by providing relevant support and information. The service also needed to improve the process of making decisions on behalf of people by collaborating with other people involved in a person's care to make the least restrictive and best decision for people that used the service.

● People's records showed the manager had made DoLS applications to the relevant authorities where required.

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

● The day-to-day support people needed to maintain their health and well-being was not always provided promptly. One person told how they did not always get prompt support to manage a health condition as advised by their health professional. They told us this impacted on their wellbeing.

Staff support: induction, training, skills and experience

● Staff had received training required to meet people's needs. People told us staff were skilled to meet their needs. One person said, "They [staff] are experienced. They all have their jobs to do and they do it well. Very good staff." During our visit, we observed staff were confident and knowledgeable in the manner they supported people.

● Nursing staff received the support and clinical supervision they required to meet and maintain the requirements of their qualification and professional body.

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

● People had regular access to meals and drinks of their choice. We saw staff supported people to meet their nutritional needs and supported them according to their specified health requirements.

● People were provided with adapted equipment which allowed them to eat their meals independently. People had the support they required from staff where relevant.

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

● People had prompt access to health care professionals when they required this. People's records showed staff referred them to health services and provided the support people required to access these services. During our visit, we saw health professionals visited people to support them with their health needs.

● The provider had an effective communication culture and systems within their service which staff used to share updates on people's care. They did this when people's needs change or following contact with other professionals. This meant all staff could have the information they required to support people with their health needs.

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

● The provider worked with people, their relatives and other professionals involved in their care to ascertain people's needs. They used the information obtained to plan people's care. This meant the support people received was as agreed with the service. A relative told us, "Somebody asked us lots of questions about [person]'s likes and needs before she came here."

Good

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 remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Supporting people to express their views and be involved in making decisions about their care
● Staff had good knowledge of people's personality and communication styles to carry out their wishes and preferences. One person told us, "They [staff] come to me at [time] to help me [task] and then [task]. That's my choice. It suits me fine."
● Where possible staff involved and supported people to make their own decisions. For example, people could choose their meals from the menu.

Ensuring people are well treated and supported; equality and diversity
● Staff were kind and compassionate. They demonstrated an interest in promoting people's wellbeing. People spoke highly of the caring attitudes of staff. One person said, "We have a laugh with the staff, and they work hard. I couldn't fault them." Another said, "Staff are friendly and do a good job."

Respecting and promoting people's privacy, dignity and independence
● People were supported to be as independent as possible. Staff offered people encouragement to retain and use any skills they may have. We observed staff encourage a person to independently mobilise. Another person told us how staff supported them to complete some of the daily living tasks independently.
● People were treated with respect and dignity. They told us they felt respected and staff took steps to put them at ease when they supported them. One person said, "[Staff] help you have a shower. They get on with it and don't make you feel awkward." Another person said, "They are respectful, that's very important."
● Staff promoted people's right to privacy. People gave us several examples of how staff promoted this. We also observed staff practices showed they respected people's privacy.

Requires Improvement

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 Requires Improvement. At this inspection this key question remained the same. This meant people's needs were not always met.

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

● People's care plans included detailed information about their needs and preferences on how they wanted to be supported. However, we saw some of the information conflicted with the support people received. For example, some parts of a person's care plan showed they did not have any aids to keep them safe. We saw this did not reflect the support they received.

● People did not always feel empowered to express their choice about their daily support. One person told us, "If I was in charge, I'd do something about the mornings. I know they need to hurry us, but to me it seems such a rush." Other people did not know if they could choose which days and how often they could be supported with tasks such as showering. We did not see any evidence this had impacted on the care people received.

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 manager told us they were in the process of translating relevant information people may require into formats that complied with AIS. This was not available to people at the time of our inspection.

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.

● We received mixed feedback from people regarding access to meaningful activities. Some people felt there were sufficient activities, other people stated they required more stimulation. Staff told us there were regular activities offered at the service. On the day of our visit, we observed offer of activities improved in the late afternoon. This included taking people out into the gardens.

● Some people told us they would welcome more support to meet their spiritual needs. We brought this to the attention of the manager who told us they will discuss this with people and put required support in place. The provider told us arrangements were in place to support people with their beliefs and faith.

● Staff supported people to maintain links with their loved ones. One person told us "My son visits and staff make him welcome." A relative said, "I can come whenever I wish to and stay as long as I like."

Improving care quality in response to complaints or concerns

● The provider had protocols for managing concerns and complaints received at the service. Records showed concerns raised about the service were investigated by the provider. They worked with relevant

agencies such as the local authority to address issues raised and improve care.

End of life care and support

● The provider had protocols in place to provide the care and support people would require at the end of their life. We saw staff followed best practice to care for a person who was coming to the end of their life.

●The notice board within the home had a well-presented informative display on End of Life care. However, it did not give further information on how to access more information from the home itself or who to speak to.

Good

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 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 manager was visible and could easily be accessed by staff, people who used the service and their relatives. During our visit staff and people could easily access their manager for support when required. One person said, "I'd go and tell the manager. [Manager] walks up and down and says hello to us. He's very pleasant. A very nice man." A relative said, "{Manager]'s a very nice chap. I'd feel happy to raise anything with him."
- Staff were happy to work within the service. They spoke positively about their experience of working with the service and felt they made a difference in the lives of people who used the service.

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

- During our conversations with the manager, they demonstrated a good understanding of the responsibility to act on the duty of candour and we saw their were protocols in place to support them apply this.

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

- The manager was new in their role and was working with the provider to become the registered manager. They were in the process of applying to the Care Quality Commission.
- The service had systems in place for monitoring the quality of care people received. The manager was in the process of making improvements at the service. They were working with staff, and relatives of people who used the service to achieve this.

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

- The service demonstrated an inclusive approach to care provision and had systems to consider people's requirement with respect to characteristic as described under the Equality Act 2010. The manager told us they would ensure the spiritual support available to people was sufficient for all who required this.
- Staff felt supported to fulfil the responsibilities of their role under the new manager. They had access to regular supervision and were supported to give feedback on ways to improve the quality of care people received.

Continuous learning and improving care

● The provider had systems in place to monitor the quality of care they provided. This included checks and auditing of various aspect of people's care. The manager was still in the process of acting on areas of improvement which were identified by the agency who pay for care of people at the service.

Working in partnership with others

● The service worked collaboratively with other professionals to ensure the care people received consistently met with people's needs.