

Miss Lucy Craig

West Farm Care Centre

Inspection report

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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: West Farm Care Centre is a residential care home providing personal care and accommodation to 50 people, some of whom were living with a dementia, at the time of the inspection.

People's experience of using this service: Since the last inspection widespread improvements had been made. However, although staff had spoken to people and their relatives regarding their preferences and wishes for end of life care, this was not well documented in people's care plans. We have made a recommendation about end of life care planning.

The clinical aspects of end of life care were well documented. A visiting palliative care nurse explained how proactive staff were in having conversations with people and their family members.

Care plans were detailed and promoted people's independence and individual preferences for how they wanted to be supported. Risk assessments were completed and steps taken to minimise risk.

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

People, and their visitors, told us they felt safe and well cared for. A range of activities were offered which people enjoyed, especially singing and the variety of animals that visited.

Medicines were well managed and safely stored and administered. Healthcare professionals were involved as needed and people were supported to maintain a healthy, balanced diet. Specialised diets and specific dietary requirements were catered for.

There were enough staff to make sure people's needs were met. Staff were also able to spend quality time with people chatting and enjoying each other's company.

Appropriate training had been offered which supported the improvements made since the last inspection.

There was an ethos of team working to ensure continuous learning and improvements. Staff said they were well supported and thought the management team were approachable.

Governance systems had been embedded since the last inspection which had led to the required improvements being made. A culture of continuous learning and improvement was being established and an action plan was in place to drive this forward.

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 requires improvement and we identified four breaches of regulation. (Report published 6 June 2018). The provider completed an action plan after the last

inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected: This was a scheduled inspection based on the previous rating of requires improvement. The service has improved its rating from requires improvement and is now rated good.

Follow up: We will continue to monitor the service and complete a further inspection in line with the rating of good. If any information of concern is received, 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?

Good ●

The service was 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?

Good ●

The service was 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.

West Farm Care Centre

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. 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: The inspection was completed by one inspector, one assistant inspector and an 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. Their area of expertise was older people's care.

Service and service type: The service is a 'care home'. People in care homes receive accommodation and nursing or personal care. 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 CQC. This means they, and the provider, are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: The inspection was unannounced.

What we did: Before the inspection we reviewed information available to us about this service. This included incidents the provider must notify us about, such as abuse; we sought feedback from the local authority and professionals who worked with the service. We assessed the information we require providers to send us at least once annually via their provider information return (PIR). The PIR provides key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with eleven people and four visitors including a healthcare professional. We also spoke with the nominated individual, the registered manager, the deputy manager, a unit manager, the general manager and the operations administrator. We also spoke with five members of care staff, three ancillary staff including a domestic, a chef and a kitchen assistant.

We looked at three people's care records, a selection of medicine administration records (MARs) and documentation about the management and running of the service. This included recruitment information, staff training records, complaints, accidents and incidents information and records relating to the governance of the service.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

At our last inspection the provider had failed to safeguard people from harm and abuse, and ensure people received consistently safe care and treatment. These concerns were a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) and Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulations 13 and 12.

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

- People told us they felt safe. One person said, "I do feel very safe in this home. The carers are very good and they are never very far away from you."
- Improvements had been made to ensure any concerns were investigated promptly and in line with local safeguarding procedures.
- Whistleblowing procedures were openly discussed and staff were supported and encouraged to raise any concerns.
- All staff understood their responsibilities in relation to safeguarding people and reporting concerns.

Assessing risk, safety monitoring and management.

- Any risks relating to people were assessed and managed.
- People were supported with positive risk taking which maintained their independence and gave people a sense of achievement and value, for example one person helped with meal preparation.
- Premises risk assessments were completed and were supported by monthly premises safety checks. They were up to date and included checks on fire equipment which was identified as an issue during the last inspection.

Staffing and recruitment.

- Staffing rotas showed planned staffing levels were appropriate to meet people's needs. At times levels exceeded those required.
- One person said, "Staff always have enough time to listen to you and they never seem rushed to get away."

Using medicines safely.

- The recording of the administration of medicines was accurate and complete.
- Medicines were stored securely and appropriately.
- All senior care staff who administered medicines were trained and assessed as competent. Care staff completed competency workbooks even though they were not responsible for the administration of medicines.

- Some protocols for the administration of as required medicines were not always specific and sufficiently detailed to ensure consistent use. This was rectified during the inspection.

Preventing and controlling infection.

- Measures were in place to control and prevent the spread of infection via regular and systematic cleaning.
- Staff had completed training and were knowledgeable regarding infection control. Staff used personal, protective clothing and equipment safely.
- In the kitchen the chef and kitchen assistant were able to demonstrate cleaning schedules were being followed as well as the correct storage procedures of food to prevent cross contamination. Temperatures of fridges and hot food were taken and recorded consistently.

Learning lessons when things go wrong.

- There was an open culture and staff were supported to report when things had gone wrong or if there were any near misses. Lessons were learnt and where needed, improvements made.
- All incidents were analysed and reflected upon so learning could take place. For example, an alternative to the nurse pull cord was used for one person due to the pull cord presenting as a risk to this person.
- It had been identified the positioning of seating in the lounge areas may have been a trigger for some anxious behaviour. Seating had been rearranged to make people more comfortable.

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

People's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection needs assessments were not always specific and some needs had not been documented in care plans. There was a failure to follow the principles of The Mental Capacity Act. These concerns were a breach of Regulation 12 (Safe Care and Treatment) and Regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 11 and 12.

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

- Improvements had been made to initial assessments of people's needs and some were very detailed, however others contained limited information.
- A named person spent the whole day with people when they first moved into the home and from this specific and detailed care plans had been developed and were regularly reviewed to ensure people's needs were met.

Staff support: induction, training, skills and experience.

- Staff told us they had access to ongoing training and development relevant to their role.
- The registered manager and provider kept a record of all training staff had received and when further refresher training was required. Most staff had completed all mandatory training, however there were some modules where training remained in progress. Plans were in place for face to face training sessions.
- Staff confirmed they felt supported through regular supervisions and an annual appraisal.
- Competency assessments were carried out with staff who administered medicines. A new competency assessment had been developed and implemented for all care staff who also supported the administration of medicines. This method of learning was in the process of being developed in other areas such as dementia care and whistleblowing.

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

- The dining environment was pleasant. People were supported to eat a varied and nutritious diet based on their individual preferences. People were shown different plated meals at lunchtime, so they could select what they wanted. Alternatives were also available if people didn't want the offered options.
- Dining experience audits were completed. People and visitors were encouraged to take part in completing the audits and sharing feedback. One person said, "Compliments to the chef, lovely dinner today."
- A range of snacks, including fruit was offered in between meals.
- Weekly food and fluid meetings were held with the chef and registered manager. The chef was knowledgeable about people's dietary requirements, likes, dislikes and allergies.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support.

- A relative said, "The staff always ring the GP or nurse if they think [person] is poorly."
- Involvement from dieticians, speech and language therapy and the behaviour team were documented. Advice and guidance from healthcare professionals was included in care records.
- People were supported with oral health as well as having access to opticians and podiatrists.

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

- The premises and environment were designed and adapted to meet people's needs. There was clear signage in some areas for people, including some pictorial signs.
- Since the last inspection the refurbishment to lounge and dining areas on the first floor had been completed.
- Some improvements were ongoing in order to support people with orientation and identifying their own rooms. The general manager advised this would be completed by the end of July 2019.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Improvements had been made since the last inspection. Mental capacity assessments and best interest decisions were completed appropriately.
- DoLS applications were made and monitored to make sure people were not unlawfully deprived.
- There was a far greater understanding of the principles of the Mental Capacity Act than at the last inspection.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity.

- People continued to be treated well by kind and caring staff. There was a caring and friendly atmosphere.
- Staff clearly knew people very well and were able to tell us about people, their lives and families. Staff engaged people and their family members in activities which everyone enjoyed.
- Relationships between people and staff were warm and compassionate. Staff spent time sitting chatting with people, engaging them in activities or just quietly holding someone's hand.
- People were positive about the caring nature of the staff. One person said, "I would rate the staff very highly in showing empathy and they do sit and talk to you if you need someone near you."
- Everyone we spoke with said they would recommend the home. One person said, "I would recommend this home to anyone as you get better quality care than other homes."

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

- People were supported to share their views and be involved in decision making about their care and support. A visitor said, "Staff always ask my relative, do you want to do something rather than make them do it."
- People and their relatives said staff were quick to respond to people's needs and people were never left waiting for support.
- Staff immediately sought a solution for one person who had expressed the view that they would like a quicker transfer to a comfortable seat after breakfast. The registered manager asked if the solution was acceptable to the person which they said it was.

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

- People were respected by the staff and their privacy, dignity and independence was maintained and encouraged.
- One person said, "I think there are plenty of staff to see to my needs but I'm very independent as I've lived on my own before I came into this home, so I don't demand much care from staff."
- Support was provided discreetly, and staff were conscious of maintaining people's self-esteem as their needs progressed. For example, making sure people's clothing was clean and tidy.
- Dignity Day was celebrated with people, visitors and staff. There was interactive training for staff and a competition for people and their family members to write a poem about what dignity meant to them.

Is the service responsive?

Our findings

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

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

At our last inspection care plans contained inconsistencies, inaccurate information and were not sufficiently detailed to ensure people received appropriate care and support. These concerns were a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 12.

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

- Improvements had been made to care plans and they included information about people's needs and preferences and how support should be provided.
- The quality of information in relation to diabetes management was varied. When we raised this the registered manager responded immediately and reviewed and updated all diabetes care plans.
- Information could be provided in braille and alternative formats if a request was made.
- People's history, interests and religious needs were documented within their care plans.
- Activities were varied and led by care staff. People's enjoyment of singing and taking part in the varied activities was clear to see. Two dementia dogs in training also visited the home which people enjoyed.

End of life care and support.

- Staff were compassionate and confident in providing support for people at the end of their lives. A palliative care nurse said, "The staff are very proactive. They are good at meeting with families and people and arranging discussions around Emergency Health Care Plans and Do Not Attempt Cardio Vascular Resuscitation orders."
- One person spoke with us about how staff had supported them through a loss. They said, "The carers have been so supportive to help me over my grieving process and they are like an extended family to me."
- There was limited information about people's specific wishes about the support and comfort they wanted as they neared the end of their lives.

We recommend the service finds out more about training and compassionate end of life care planning from a reputable source.

Improving care quality in response to complaints or concerns.

- An easy read complaints procedure was available. People and visitors told us they knew who to speak to if they had any concerns.
- Complaints were logged and investigated. Outcomes were shared with the complainant.
- All complaints were reviewed a month after receipt to make sure any actions put in place were still working

and the complainant remained happy with the outcome.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the provider had failed to establish and operate systems and processes to ensure compliance. This was a breach of Regulation 17 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 17.

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

- There was a culture of openness, learning and reflection which supported the planning, development and promotion of individualised, high quality care.
- The registered manager understood their duty of candour responsibility saying, "Being honest and open, transparent, no point covering things up, have to apologise. If you are wrong you say you are wrong, learn from it, look at why did it go wrong, what can we do next time."
- A relative told us, "I would say the organisation is professional. The staff are caring and are very approachable if you want to know anything."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care.

- There was an improved understanding about roles, responsibility and accountability. A staff member said, "Since the last inspection we have all worked together as a team and we all feel listened too."
- Improvements had been made to quality assurance processes and the quality of documentation had improved since the last inspection. There were some ongoing areas of work and the registered manager said, "Care plans are still an ongoing piece of work, increasing staff confidence and developing team work, everything is everyone's job. We are addressing responsibility and accountability of roles, developing staff."
- An overall action plan was in place to drive improvement. The plan included actions identified through audits, supervisions with staff, team meetings and general observations.

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

- Residents and relatives' meetings, and staff meetings were held regularly and various methods of involving people and staff were in place. A staff member said, "Staff meetings are well structured, things are taken on board."
- Recent quality surveys had been completed covering a range of areas including management, staffing and

care and support. Feedback received was positive.

- Community links had been developed which reflected people's needs and preferences.

Working in partnership with others.

- Staff worked in partnership with key professionals such as the safeguarding team, local authority commissioners, the behaviour team and the palliative care nurses to support service improvement and care provision.