

Rootcroft Limited West House

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 House is a residential care home providing personal care to 23 people at the time of the inspection. The service can accommodate up to 26 people in one adapted building over three floors. The new provider has the same ownership structure but has a new management team. Since the last inspection in September 2018, improvements to the service have been made.

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

People and their relatives described the staff as caring, patient and kind. People were treated with respect and their dignity maintained. Staff were attentive to the needs of people and provided person-centred care. Professionals told us the service had remarkably improved under the guidance of the new registered manager.

The mealtime experience was positive. Tables were attractively laid, and people were offered a choice where they wished to dine. The chef was knowledgeable and experienced and spoke passionately about providing nutritional meals to meet the needs and requirements of the individual. The three-course meal served at lunchtime included homemade soup and looked appetising. Specific dietary needs were catered for such as cultural preferences and pureed meals.

Infection control procedures were followed. We witnessed staff using PPE appropriately, hand-washing and using alcohol gel to reduce the risk of infection. The building had been recently redecorated and the environment looked clean and tidy.

Activities were well organised by an activities co-ordinator who had recently undertaken an accredited course relating to specific activities to meet the needs of the people living at the service. The activities co-ordinator knew the people well and understood individual ability. They skilfully included each person in the activity in a positive way.

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.

Safe medicine administration was demonstrated. Medicine stock and records checked were found to be correct, demonstrating that people received their medicines as prescribed.

There was a safe staff recruitment process in place, which included an induction programme, with staff new to care undertaking the Care Certificate. Staff received full training with additional specific courses relevant to their job roles. All staff received supervisions and appraisals.

The registered manager was proactive and led by example, working closely with the deputy manager to

provide a strong management team. Staff told us they felt supported and valued. Audits were undertaken and analysed with an action plan. The provider visited the home regularly and held meetings with the management team.

Regular staff meetings were held where staff could contribute and raise ideas, as well as an opportunity to share 'lessons learned'. The management and staff worked as a team.

Resident and relative meetings were conducted, and minutes demonstrated that people were consulted about aspects of the service and their care. Notice boards showed photographs of a variety of activities that had been organised. The service was working closely with the community to gain further involvement with recreational activities and was linking with relatives and friends through the private social media.

A newsletter had been introduced which informed about the changes and progress of the service. The service was recognised by management and staff as being the people's home and people were invited to 'have their say'.

The areas of concern raised in the previous inspection were being addressed and progress was seen during our visit. There had been a positive outcome from the local authority inspection and any areas for improvement had been completed. The registered manager was enthusiastic about continually improving the standards of the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
The last rating for this service was requires improvement (published 21 September 2018). Since this rating was awarded, the registered provider of the service has changed. The new provider registered with us on 12 December 2018. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection based on the previous rating and as this is a new provider.

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?

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 House

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 or caring for someone who uses this type of care service.

Service and service type

West House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we held about the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with four people who used the service and three relatives about their experience of the care provided. We spoke with eleven members of staff including the provider, registered manager, assistant

manager, senior care workers, care workers and the chef. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at five staff files in relation to recruitment and staff supervision. 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 provider to validate evidence found. We looked at training data and quality assurance records. We spoke with four professionals who regularly visit 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 with the previous provider, this key question was rated as requires improvement. At this inspection with the newly registered provider this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff were aware of types of abuse and were confident that if they reported an allegation of abuse, it would be dealt with appropriately.
- The service had systems and processes in place to safeguard people from abuse.
- People and relatives told us they felt safe using the service and were confident to contact the registered manager if they had any concerns. One person said, "They are very nice staff here, I feel very safe with them all."

Assessing risk, safety monitoring and management

- Environmental risk assessments were carried out, with current maintenance certificates for equipment and utilities on file.
- Maintenance work was being undertaken at the time of the visit and there was appropriate notification signage in place to enable people and staff to be safe.
- Staff were attentive to people's needs to ensure their safety and comfort during mealtimes, medicine administration and activities.
- There was oversight of the service including observational spot checks conducted by the registered manager weekly.
- Audits demonstrated oversight management including health and safety, medicines and incidents, which were reviewed, analysed and action plans completed to ensure standards were maintained.

Staffing and recruitment

- Safe staff recruitment processes were followed with the relevant employment checks completed.
- New staff undertook a comprehensive induction programme which was reviewed at the end of the induction period to ensure competency.
- Staff rotas viewed showed staffing levels were maintained and related to dependency levels which were completed monthly.

Using medicines safely

- Medicines were stored safely. The medicine room and refrigerator temperature checks were completed. Stock control was maintained.
- We observed lunchtime medicine administration. This was conducted safely in an unhurried manner.
- Medicine administration records were completed. We tallied stock medicines and they correctly balanced.
- 'As required when needed' (PRN – pro re nata) medicine information forms were completed and body map charts were accurately recorded.

Preventing and controlling infection

- Staff were observed following infection control procedures including hand washing. Personal protective equipment (PPE) was worn appropriately. PPE was easily accessible with an assortment of glove sizes in dispensers allocated around the service.
- People were offered cleansing wipes to enable them to wash their hands before lunch.

Learning lessons when things go wrong

- The registered manager was experienced and fully aware of the previous issues highlighted in the last report and action was taken to improve standards.
- All audits were analysed and action plans followed. Staff meeting minutes demonstrated that lessons learned were shared with the staff.

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 with the previous provider, this key question was rated as requires improvement. At this inspection with the newly registered provider, this key question has now improved to Good. 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

- Computerised care plans were comprehensive and person-centred.
- People's needs were assessed and reviewed regularly. Likes and dislikes were documented.
- All aspects of health and social choices were recorded and guidance for staff was clear and informative.
- Management and staff knew the people well and we observed care being delivered to meet the individual needs of people; for example, moving and handling procedures and mealtime assistance.

Staff support: induction, training, skills and experience

- Staff completed an induction programme and those new to care undertook the Care Certificate. The Care Certificate is an identified minimum set of standards that sets out the knowledge and skills expected of specific job roles in health and social care.
- All staff received initial mandatory training and periodic updates to ensure their practice was current. Additional courses associated with their job roles were also complete; for example, the activities co-ordinator had completed an accredited course in delivering activities to meet the needs of the people using the service.
- Staff told us training was good, with opportunities to attend different courses and for personal development. Some staff were undertaking Qualifications and Credit Framework (QCF) courses in health and social care and another had attended the senior carer programme.
- Staff said they felt supported by the registered manager and deputy manager. Staff confirmed that competency observations were conducted and they worked as a team to support each other.
- Staff files demonstrated regular supervisions and annual appraisals were conducted including specific competency observations such as medicine administration.

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

- During the visit we observed people were offered refreshments throughout the day with assistance being given where required.
- We observed lunch being served. A three-course meal was offered with soup, main meal and dessert.
- People were asked where they wished to dine, and many chose to sit at the dining tables which were nicely laid with tablecloth, placemats and flowers. Staff provided people with an opportunity to wash their hands with wipes before their meal.
- People chose from a menu the day before, however if they wanted something different this would be arranged; for example, one person declined their lunch and was offered an alternative.
- We spoke with the chef. They were experienced and maintained a clean, well-organised kitchen. They

spoke with passion about providing food that was suitable, recognising that some people had small appetites so fortified meals and the use of fresh produce, ensured maximum nutritional benefit. The chef told us, "I can do anything for them, whatever they like, if I've got it."

- The chef was aware of people's individual needs and pureed foods were presented in an appealing way.
- People interacted in conversation with each other and staff during lunch. Staff were attentive. People were offered a choice of drinks. At the end of the meal we observed one staff member asking "Are you finished, may I take your plate. Did you enjoy your meal", before removing items from the table.

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

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

- The service worked closely with other agencies. We communicated with one professional who spoke highly of the staff and expressed how much the service had improved since the new management.
- People were provided with adequate access to healthcare services. Care plans identified visits to the GP, dentist, optician, chiropodist and audio clinic. One professional told us that the staff were very caring, and communication with the service was good.
- There was a new area furnished for hairdressing and the hairdresser visited regularly.
- Other professionals such as religious representatives visited, or people were given an opportunity to attend their place of worship.

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

- The service had recently been redecorated. The environment was clean, fresh and tidy. People were involved in the choosing of paint colours. The registered manager told us that two people lived on one floor and between them they chose the wall colouring of the corridor.
- Signage identified different areas of the service. Because of the age of the building, some floors were uneven, however there were handrails to assist.
- The garden was appropriately furnished with tables, chairs and bird feeders. There was a conservatory area at the end of the lounge which was decorated to represent an 'indoor garden' giving the impression of 'bringing the outside garden in'. Photographs on the notice board showed that those who didn't want to go outside could join in with gardening activities such as potting up plants.
- For people's convenience and to promote independence, the service had introduced a small shop where toiletries and confectionery could be purchased.

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.

- People were assessed for their mental capacity, which provided guidance for staff on how to continue to offer choice when providing care.
- Where necessary DoLS were obtained. A record was kept to ensure DoLS applications were updated as required.

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 with the previous provider, this key question was rated as requires improvement. At this inspection with the newly registered provider, this key question has now improved to Good. 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; respecting equality and diversity

- Care plans identified equality and diversity with people being offered choice in how they were addressed in relation to their name. Religious and spiritual preferences and dietary requirements were documented, for example the chef confirmed they provided food to meet the cultural requirements for one person.
- We observed staff treating people with kindness and compassion during all aspects of care provision. One person told us, "I have a lovely key worker, but to be honest, all the staff are lovely."
- Relatives told us that staff were kind and caring. One relative said, "The quality of care is good. Staff are caring, they laugh and joke with people." Another relative told us, "The home is fine, a little old, but the staff are outstanding. I'm very impressed with the staff. They are patient, caring and helpful."

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

- During the activities of quizzes, staff ensured that each person in the lounge was involved. The activities co-ordinator approached people as individuals, taking into consideration their ability and mental capacity. Everyone was made to feel part of the activity and their contribution was valued.
- Professionals told us that when they have visited, people were involved in activities. One professional told us, "Staff are always nice to the residents and provide what they want. If they want to go to the quiet lounge they accommodate this."

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to maintain their independence. We observed staff asking people how they could help them and providing guidance and support with mobility, meals and activities.
- We observed that bedroom doors were closed. When staff attended to those in bed, they knocked before entering the bedroom.
- Relatives told us staff were always present in the lounge when they visited.
- Staff spoke with genuine interest and compassion when talking to us about people who used the service. Staff appreciated the changes with the new management team and told us people were well looked after and they would recommend using the service.

Is the service responsive?

Our findings

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

At the last inspection with the previous provider, this key question was rated as requires improvement. At this inspection with the newly registered provider, this key question has now improved to Good. 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

- Care plans were person-centred. All aspects of care were assessed with guidance for staff on how to care for the person.
- People were involved in their care planning to provide choice. Written consent to care practice was obtained and documented in the care plan. We observed staff interacting with people, gaining their consent at the point of care delivery.
- People were seen to be given choice throughout the visit including meal times and activities.

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

- Care plans identified people's communication needs. For some people this involved using communication cards.
- Some people used technology to assist communication, for example iPads.
- The service had visits from a school choir where they used sign language during the performance. For one person who found communication difficult, the service arranged for someone from the school to teach the person and staff simple sign language.

Improving care quality in response to complaints or concerns

- The service had a comprehensive complaints and concerns procedure. A record of complaints, concerns and incidents were maintained. Each had been investigated resulting in an outcome with lessons learned.
- People and relatives spoken with knew how to make a complaint if required and were confident that it would be dealt with appropriately.

End of life care and support

- The service worked closely with the palliative care team who visited regularly.
- Care plans identified end of life wishes including advanced care planning when required.
- Where appropriate, care plans had information about decisions taken for 'do not attempt cardiopulmonary resuscitation' (DNACPR). This is a way of recording a decision a person or others on their behalf had made that they would not be resuscitated in the event of a sudden cardiac collapse.
- Staff had received end of life training.

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 with the previous provider this key question was rated as requires improvement. At this inspection with the newly registered provider, this key question has now improved to Good. 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 registered manager and deputy manager both spoke with compassion and enthusiasm when discussing their aim for the service. They both had a clear vision of the importance of providing a high standard of care.
- Professionals who worked closely with the service told us the service had improved under the new management team.
- Staff spoke about the service as "feeling like one big family, everyone united." Staff also spoke about flexibility with the management having a caring approach to staff needs.

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 registered manager was experienced and knowledgeable. They understood duty of candour. Since their appointment, they had identified areas of concern and had forwarded statutory notifications as required by registration.
- The registered manager was positive about the provider and said they were supportive when discussing actions that were required to be taken to improve the standards of the home.
- The provider and registered manager held regular management meetings. Staff confirmed the provider visited the service, providing support to the registered manager and deputy manager.

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

- The registered manager was clear about their role. They were aware of the previous CQC inspection report and were determined to improve standards of care.
- The deputy manager confirmed that they and the registered manager worked well together and had the same ethos about improving standards. The service was managed throughout the week by either the registered manager or deputy manager including weekend cover. This provided oversight of the service as well as support to staff. Staff spoke positively about the management team, saying they were supportive and approachable.
- To reduce the incidents of falls, infections and pressure ulcers, the registered manager had allocated staff into different teams with specific responsibilities. The outcomes were recorded and analysed by the registered manager.

- Professionals spoken with agreed that the service had improved under the new registered manager. One professional told us, "The manager is honest, it's a nice home", whilst another said, "The atmosphere and culture of the home has improved greatly. Any actions required are addressed by the registered manager."

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

- The service worked closely with health and social care professionals including the community nurses, GP, chiroprapist and palliative care team.
- Resident and relatives meetings were held which enabled people to be involved in change suggestions within the service. The newsletter provided an update on actions taken and proposed ideas. People were encouraged to be involved in the nomination of the 'employee of the month' award.
- The positive outcome of the annual survey from people who used the service was displayed on the notice board along with an update on "You Said, We Did" matters that had been completed.

Continuous learning and improving care

- The registered manager was constantly striving for improvement in care provision. Various training opportunities were being introduced which had included the training undertaken by the activities co-ordinator and QCF courses.
- The registered manager had explored different training initiatives such as immersive theatre where staff 'experienced using the service' for the day by acting as one of the 'people'. This provided a sensitive holistic understanding of receiving care provision to improve care practices.

Working in partnership with others

- The service was gradually developing relationships with community organisations. People had visited the local pub, which they enjoyed.
- The registered manager was exploring intergenerational interaction through inviting relatives and staff to bring their children into the service to visit people at organised times. Photographs of people interacting with babies and children in a meaningful way were displayed on the notice board.