

Completelink Limited

# Prestwood 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?	Requires Improvement ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

We inspected this service on 14 June 2016 and it was an unannounced inspection. Our last inspection took place in November 2014 and we found that some improvements were needed. We found some people who used the service and their relatives thought that there was not always enough staff around to keep them safe and meet their needs, we also found that some people did not receive their medicines as prescribed. There was a lack of knowledge around mental capacity and capacity assessments had not always been completed. People did not receive personalised care and were not involved with planning this. We saw that quality monitoring was completed however this was not effective in identifying any shortfalls. The provider sent us an action plan showing us how they were going to make improvements. At this inspection we found the provider had made some improvements in most areas, some additional improvements were still required in one area.

Prestwood house provides residential and nursing care for older people some who maybe living with dementia. The service was registered to provide accommodation for up to 59 people. At the time of our inspection 37 people were using the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were not always involved with reviewing their care and did not always receive personalised care that was in line with their preferences. We found people's care needs were not always recorded correctly to ensure the correct action was taken.

People felt safe and were supported by staff that had an induction and training that helped them support people. Equipment was maintained and tested to ensure it was safe for people to use. When risks to individuals were identified we found staff knew about these and they were managed to keep people safe. Medicines were stored, administered and recorded in a way to keep people safe from the risks associated to them. There were enough staff available to support people.

We found staff understood the importance of gaining consent from people and when needed people's capacity had been assessed. When people were unable to make decisions these had been considered and made in people's best interests.

People had access to health professionals and referrals were made on behalf of people when needed. Staff were kind and caring towards people. People knew how to complain and felt confident complaints would be dealt with.

People enjoyed the food and the choices that were available to them. People made decisions about how to

spend their day and felt they were treated in a dignified way. People's privacy was upheld and they were happy with the activities that were available for them to participate in. Relatives were free to visit anytime and they felt welcomed by staff.

Quality monitoring was completed by the provider and was used to make improvements to the home. The opinions of people who used the service were sought and this information used to bring about changes. Staff felt supported and were given the opportunity to raise concerns. People told us the home was well managed and the provider understood their responsibility around registration with us.

## 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.

People told us they felt safe and risks to people were identified and managed in a way to keep them safe. Staff knew how to recognise and report potential abuse. There were enough staff available for people. Medicines were managed in a safe way and people were protected from the risks associated to them.

### Is the service effective?

Good ●

The service was effective.

Staff received an induction and training that helped them support people. People enjoyed the food and were offered choices. The principles of the Mental Capacity Act 2005 were followed. When needed capacity assessments were completed and decisions had been made in people's best interests. People received support from health professionals when needed.

### Is the service caring?

Good ●

The service was caring.

People were treated in a kind and caring way and were happy with the staff. People made choices how to spend their day and their privacy and dignity was promoted. Family and friends were free to visit throughout the day and felt welcomed.

### Is the service responsive?

Requires Improvement ●

The service was not always responsive.

People did not always receive care in their preferred way and in line with their preferences. Care needs were not always recorded to ensure people received support when needed and they had not been involved with reviewing their care. People told us they participated in activities they enjoyed. There were systems in place to manage complaints and people knew how to complain.

### Is the service well-led?

Good ●

The service was well led.

There were systems in place to monitor and improve the quality of the service. The opinions of people who used the service were sought and this information used to bring about changes. Staff felt supported and listened to and people felt the home was well



# Prestwood House

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 14 June 2016 and was unannounced. The inspection was carried out by one 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.

We checked the information we held about the service and the provider. This included notifications the provider had sent to us about significant events at the service and information we had received from the public.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spent time observing care and support in the communal area. We observed how staff interacted with people who used the service. We spoke with seven people who used the service, two relatives, three members of care staff and two registered nurses. We also spoke to the registered manager and a visiting health care professional. We did this to gain people's views about the care and to check that standards of care were being met.

We looked at the care records for five people. We checked that the care they received matched the information in their records. We also looked at records relating to the management of the service, including quality checks and staff files.

# Is the service safe?

## Our findings

At our last comprehensive inspection in November 2014 we found people who used the service and their relatives thought that there was not always enough staff around to keep them safe and meet their needs, we also found that some people did not receive their medicines as prescribed. We also found medicines were not always administered as prescribed. We asked the provider to make improvements. At this inspection we found the necessary improvements had been made.

People confirmed they felt safe. One person said, "I feel safe and am not worried by anything. They lift me safely and they never leave me". A relative told us, "Initially, we had reservations but we visit every day and I feel really confident that [person] is in a safe environment. It is absolutely first class. I have total confidence." We saw that when people needed specialist equipment it had been provided for them. For example, we saw people were transferred using specialist equipment and when needed people were sat on pressure relieving cushions. We saw this equipment was used in line with people's care plans. Records confirmed the equipment had been maintained and tested to ensure it was safe to use. This showed us people were supported in a safe way.

Staff knew what constituted abuse and what to do if they suspected someone was being abused. One staff member said, "It can be anything that seems weird, like bruises that we have not been made aware of." Another staff member told us, "I would report it to the manager; I know there are other lines available outside the home if needed". Procedures were in place to ensure any concerns about people's safety were reported appropriately. We saw when needed these procedures had been followed by the provider.

Risks to people were managed in a safe way. For example one person explained they were at risk of falling. They told us how staff supported them to walk in a safe way. They said, "I have my sticks when I am walking, I don't use them alone but the staff walk next to me. It reassures me. Without the staff there I wouldn't feel so confident. They talk and encourage me and it makes me feel safe". We spoke with staff about this, one member of staff said, "We allow [person] to take their time as they may fall if we rush them, it's good for them to walk and how we support them is written in the care plan". We observed staff supporting this person to walk in a safe way and in line with the information that was recorded in their care plan. This demonstrated that staff had the information needed to ensure they managed risks to people. We saw plans were in place to respond to emergency situations. These plans provided guidance and the levels of support people needed to be evacuated from the home. The information recorded in these plans was specific to the individual needs of people. Staff we spoke with were aware of these plans and the support people would need in this situation.

People told us there were enough staff and they did not have to wait. One person said, "They are very quick really, if they are doing something they let me know and come back straight away". Another person told us, "There is always somebody about". Staff confirmed that there were enough staff to meet the needs of people. One staff member said, "We work well as a team, if people go off sick we cover and help each other out. There are enough of us". A relative said, "There seem to be adequate staff". We saw that staff were available for people in the communal areas and they did not have to wait for support. The registered

manger told us the registered nurses complete a reporting tool each week. This had information relating to people's individuals needs and reflected the staffing levels needed recognising the need to decrease or increase in line with this information.

People told us their medicines were managed in a safe way. One person said, "The staff lock them away for me that way I know they are well looked after and the wrong people can't get their hands on them". Another person told us, "If I ask for painkillers they respond straight away". We saw staff administer medicines to people individually. Time was taken to explain to people what the medicine was for and encouraging them to take them. Some people self-administered we saw safe systems were in place to manage this. Our observations and records confirmed there were effective systems in place to store, administer and record medicines to ensure people were protected from the risks associated to them.

We spoke with staff about the recruitment process. One staff member said, "I couldn't start until all of my checks came through". We looked at two recruitment files and saw pre-employment checks were completed before staff were able to start working within the home. This demonstrated the provider completed checks to ensure staff were suitable to work within the home.



# Is the service effective?

## Our findings

At our last comprehensive inspection in November 2014 we found when needed mental capacity assessments had not always been completed and staff lacked knowledge around mental capacity. We asked the provider to make improvements. At this inspection we found the necessary improvements had been made.

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 or 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.

Some of the people living in the home lacked the capacity to make important decisions for themselves. We saw when needed people had mental capacity assessments in place. When people were unable to make decisions we saw decisions had been made in people's best interests. People told us staff gained consent from them. One person said, "Yes, they always ask permission and are respectful. I choose what I would like to wear and they help me. They never deny me anything I ask for." Staff we spoke with understood the importance of gaining consent from people before offering support. One staff member said, "We have to ask people they can say no if they don't want to, we don't force people to do anything". This demonstrated the principles of the MCA were recognised and followed.

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). The provider and manager had considered if people were being restricted unlawfully, however currently there was no one who met this criteria. Therefore there were no DoLS authorisations in place and no application had been made.

Staff told us they received an induction and training that helped them support people. One member of staff told us about their induction. They explained they had one week of classroom based training and then a further week where they shadowed a more experienced member of staff. They said, "The shadowing really helped. It taught me the right way to do things". This demonstrated that staff shared knowledge to offer care and support to people.

Another staff member told us about moving and handling training. They said, "We have really cracked down on this. I did a practical as part of mine we got in the hoists and the different equipment so we knew how it felt and how people would feel. It's much better that way. I have done it many times before but this was the best one yet". Another staff member said, "It was more in-depth we looked at the slings and the equipment, making sure they are safe to use before we even start". This showed us that staff were provided with the training that supported them to meet people's needs. The registered manager told us how they had implemented the care certificate. The Care Certificate has been introduced nationally to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them

to provide people with safe, effective, compassionate and high quality care. The registered manager said that all new starters would complete the care certificate as part of their induction. The registered manager told us and we saw the care certificate was being used as part of on going observational supervisions with staff. Records showed that people were observed in practice based on the standards of the care certificate.

People told us they enjoyed the food and they were offered choices. One person told us, "There is very good food with a choice of two mains and a pudding. You can even have a cooked breakfast every day if you want to. We have a morning cup of tea and tea and biscuits in the afternoons. For tea you can have sandwiches, or salad or soup. There is always a really good choice". Another person said, "The food is very good, there is always lots of choice and you order the day before but if you change your mind they will change the food for you. You can have drinks and snacks too if you want them". We saw there were cold drinks available for people on individual tables next to them and people were offered hot drinks and snacks throughout the day. At lunchtime we observed that one person didn't like their meal when it was served. They requested an alternative meal and this was provided for them. The person said, "If I don't fancy something I just have a sandwich, they don't mind me changing my mind". When needed staff spent time with people and offered support. We saw one person did not want their meal. Staff spent time with the person encouraging them to try their meal. With encouragement the person ate their meal. This demonstrated people received individual support when needed.

People told us they had access to health professionals. One person said, "If I'm not well the nurse's help me or they get the doctor in". A relative told us, "[Person] has had a lot of appointments, the organisation has been excellent with good dialogue, and the communication channels are good". Records confirmed that people attended health appointments including the dentist and chiropodists. When people needed support from health professionals we saw referrals were made. For example, we saw one person had been identified as losing weight, a referral had been made to a dietician and the recommendation they had made were being followed by staff. We saw other referrals had been made to speech and language therapists and tissue viability nurses. A visiting health professional told us, "It's a good home, communication is good". This demonstrated that's people had access to health professionals when needed.

## Is the service caring?

### Our findings

People and relatives told us they were happy with the staff. One person said, "Faultless, I would score one hundred out of one hundred". Another person told us, "The staff are very helpful and they are very patient". A relative said, "They are all lovely. They have been very good with [person] privacy and show her respect". We saw staff laughing and joking with people. The atmosphere was friendly and relaxed. One person said, "I won the quiz today and have won a cruise, but I'm not going on the cruise I chose the shampoo instead, I'm going to stay here I will have more of a laugh with these". We observed staff checking on people throughout the day to see if they needed help with anything. For example, one staff member asked a person if they could get them anything and checked if they were comfortable. Another staff member offered to help a person with their jewellery which they accepted. This demonstrated people were treated in a kind and caring way.

People told us their privacy and dignity was promoted. One person said, "They always knock on my door and show respect for my wishes". Another person told us, "There are no problems with that, very respectful the staff are". We observed staff knocking on people's door and offering support to people in a discreet way. One staff member told us, "Dignity is important, people looking nice and wearing their make up if they want to, everyone wants to look nice". This demonstrated that people's privacy and dignity was promoted.

People told us they made decisions about how they spent their day. One person said, "I like to go to my room in the afternoon and prefer to stay there watching TV, and have my tea in my room. They always pop in to see if I am okay". Another person told us, "They are very good, I like my clothes put out for the next day and they respect my wishes and do it for me". We saw staff asking people what they would like to do and where they would like to sit and offering people choices.

Relatives and visitors told us the staff were welcoming and they could visit anytime. One relative arrived and joked to staff, "Come on get the kettle on". The relative commented, "We have a laugh they know I'm joking". Staff told us, "Anyone can visit anytime". We saw relatives and friends visited throughout the day.

## Is the service responsive?

### Our findings

At our last comprehensive inspection in November 2014 we found people did not always receive personalised care and people were not always involved in planning their care. We asked the provider to make improvements. At this inspection we found some improvements had been made but further progress was needed.

People told us they were not involved with reviewing their care. One person said, "They ask us our opinions on the food but I haven't been asked about anything else and there aren't any meetings. I haven't been asked my views". Another person said, "They asked how I wanted things doing when I came to live here but not since, it would be nice if we could revisit that as I have changed a lot in those years". The care files we looked at did not show how people were involved with reviewing their care. One staff member told us, "We used to have meetings before, and this is something the manager is going to look at again". The registered manager had implemented a keyworker review sheet. This was completed by staff on behalf of people; the registered manager told us they would change this so people were involved with reviewing their care.

People did not always receive care in their preferred way and in line with their preferences. For example, one person explained to us how they liked to watch the television in the lower lounge. They told us, "You can stay up till 8:50pm. I go along with it, to help out. If I ask to stay up I have to move upstairs which I don't like". We spoke with a member of staff who confirmed that people are asked to go to the upper lounge or to their rooms at this time. Another person told us, "There is a set time for bed". This demonstrated people's preferences were not being considered.

People's care needs were not always recorded accurately to ensure correct action was taken. For example we saw in a person care plan there was a recommended amount of fluids they should have each day to remain hydrated. A chart was completed daily for this person stating how much fluid the person had however this was not totalled up. We counted the totals for this person and found they had not received the recommended amount in the care plan. . Another person's records identified they were on a pureed diet. We saw this person was offered food that was not in line with this. Staff confirmed this person should not have been offered this food. This demonstrated the systems in place were not effective in ensuring people's care needs were met.

People told us they were able to take part in activities they enjoyed. One person spoke with enthusiasm about the activities and entertainment. They said, "We play bingo, do quizzes and we have exercise people come and visit, the one lady also brings a guitar and does music afterwards". Another person told us, "We go outside too when its fine and they have bingo and we do exercises throwing balls, it's great". We saw there were activity coordinators in place and a reminisce quiz was taking place. People were laughing and joining in shouting out the answers. One person commented, "It keeps my mind ticking over, I enjoy this". There was information displayed around the home about up and coming events such as the beach party and holy communion. We saw pictures were displayed about previous events that had taken place. One person commented, "Look at me there that was a good day".

People told us they knew how to complain. One person said, "If I wanted to complain I would go to the nurse but I have never needed to". Another person told us, "If I ever raise an issue it's dealt with straight away". A relative confirmed they were aware of the complaints procedure. We saw the provider had a complaints policy in place. When needed the provider had responded to complaints in line with their policy.

# Is the service well-led?

## Our findings

At our last comprehensive inspection in November 2014 we found systems were in place to monitor quality however they were not always effective in identifying shortfalls. We asked the provider to make improvements. At this inspection we found the necessary improvements had been made.

Quality checks were completed by the provider. These included monitoring of medicines, health and safety and incidents and accidents. Where concerns with quality had been highlighted we saw action had been taken. For example we saw concerns had been raised around lighting in an area of the home. We saw that this had now been actioned and improved. This demonstrated that action was taken to bring about improvements to the home.

People told us the home was well managed. One person said, "Thank god for the nurses they are great". Another person told us, "It is defiantly well run the staff know their job, they are very good". Staff told us they receive supervisions and attended staff meetings. One member of staff said, "It's our chance to have a say, and we are listened to". Another staff member told us, "The nurses are very supportive to us". The registered manager understood their responsibilities regarding their registration with us and notified us of important events that occurred at the service. This meant we could check the provider had taken appropriate action.

Staff we spoke with were happy to raise concerns and knew about the whistle blowing process. Whistle blowing is the process for raising concerns about poor practices. One member of staff said, "I would raise concerns if needed, I know I would be supported if something was putting people at risk". We saw there was a whistle blowing procedure in place and it was displayed around the home. This showed us that staff were happy to raise concerns and were confident they would be supported and the concern addressed.

Feedback was sought from people who used the service. For example we looked at records for a 'resident meeting'. We saw that the exercise class had been successful and enjoyed by several people. It was suggested that this activity took place on a more regular basis. The registered manager told us they had considered this request and the class had been increased from monthly to every two weeks. The provider had completed a catering satisfaction survey. This information was used to bring about improvements. For example, it has been requested that the evening meal was changed to a later time. The registered manager told us and records confirmed that a meeting was to be held to discuss if this would be a possibility. This demonstrated the provider used people's feedback to make changes to the service.