

CLS Care Services Limited

Westy Hall Residential Care Home

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

The inspection was unannounced and took place on 26 July 2016.

The last inspection took place in May 2014. At that time the service was not in breach of any of the Regulations.

Westy Hall is close to bus routes, local shops and other public amenities. It is registered to provide care for up to 39 older people. Ten of the places provide accommodation and care for people living with dementia, within a dedicated unit. The service is run by CLS Care Services Limited, a not for profit organisation that runs a number of homes in the North West of England.

On the day of our inspection there were 34 people living in the home.

The home had a registered manager who had been in post for six and a half years. 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 we spoke with were happy with the care they received. We observed caring relationships between staff members and the people living in the home.

Some people who used the service did not have the ability to make decisions about some parts of their care and support. Staff had an understanding of the systems in place to protect people who could not make decisions and followed the legal requirements outlined in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

People's needs were assessed and care plans identified people's needs, whilst fostering and maintaining independence where possible. People's care and support needs were met and their medicines were administered appropriately. Staff supported people to attend healthcare appointments and liaised with their GP and other healthcare professionals as necessary to maintain their health or support them at the end of life.

The organisation had thorough recruitment practices so that suitable staff were employed. They received induction and training to meet the needs of people living at the home and were well supported by the manager. This meant people were being cared for by suitably qualified, supported and trained staff.

We saw that the service had a safeguarding policy in place. This was designed to ensure that any safeguarding concerns that arose were dealt with openly and people were protected from possible harm. Staff were knowledgeable about the risks of abuse and the reporting processes.

There was a flexible menu in place which provided a good variety of food to the people using the service. There was also a programme of activities to provide people with options for meaningful activity and social stimulation.

The registered provider had a quality assurance system that included seeking the views of people who used the service, staff and visitors. This helped to develop and drive improvement.

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.

There were sufficient numbers of staff and there were checks in place to help ensure that staff employed were suitable to work with vulnerable people.

Medicines were managed safely.

Regular environment and equipment checks were in place to make sure the environment was safe.

Is the service effective?

Good ●

The service was effective.

Managers and staff acted in accordance with the Mental Capacity Act 2005 to ensure that people received the right level of support with their decision making. Risks were assessed and measures in place to support people in the least restrictive way.

People's nutritional and healthcare needs were met.

Staff received regular training and supervision to support them in their roles.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect by the staff team.

The staff knew the care and support needs of individuals well and took an interest in people and their families in order to provide person-centred care.

Is the service responsive?

Good ●

The service was responsive.

People were actively encouraged to engage with the local community and maintain relationships that were important to

them.

Complaints were taken seriously, monitored and action taken when required.

Is the service well-led?

Good ●

The service was well led.

There was a registered manager in place who provided strong leadership.

The registered provider had a quality assurance system that included seeking the views of people who used the service, staff and visitors. This helped to develop and drive improvement.

Westy Hall Residential Care Home

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 26 July 2016 between 10.30am and 6.30pm and was unannounced.

The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed all the information we already held on the service. We also contacted the local authority contracts quality assurance team to seek their views.

During the inspection, we used a number of different methods to help us understand the experiences of people living in the home.

We reviewed three care records and spoke with seven people living in the home and one relative. We looked at staff training, looked at staff recruitment files and interviewed three staff.

We saw a selection of records relating to the management of the service such as policies and procedures, audits and complaints and compliments.

Is the service safe?

Our findings

Although we did not receive any specific comments regarding whether people felt safe, the people we spoke with told us that they liked living in the home and we did observe relaxed and friendly relationships between the people living in Westy Hall and the staff members working there. People living there told us, "I like it here", "It's alright".

People told us there were enough staff on duty to meet their needs. One person said, "Nothing is too much trouble for them, or if it is they don't say".

During the visit the registered manager was on duty. There were two care team leaders and three care assistants on duty to care for the 34 people who were residing in the home. There was also an activity coordinator, a cook and a kitchen assistant, two domestic staff and an administrator. Staff told us that these were the normal staffing levels and additional staff were brought in if necessary, for example the lift had recently been out of action and an additional member of staff was rostered until it was fixed to ensure there were two members of staff upstairs at all times. The manager told us that where possible existing staff covered the extra shifts, but if they couldn't she tried to use agency staff who had worked in the home before and knew the people who used the service. The rotas showed that at night between 10pm and 8am there was a Care Team Leader and two care assistants on duty.

Our observations were that staff responded promptly to call bells and requests for support. We observed that the staff were patient and took their time with individual people and did not rush them.

The provider had a policy in place for the administration of medicines, which included controlled drugs, the disposal and storage of medicines and for PRN medicines (these are medicines which are administered as needed). Medicines were administered by members of staff on each shift who had received the appropriate training. We checked the medicines and medication administration records and found that people were receiving their medications at the correct time. We saw that controlled drugs were stored securely and in the records that we looked at these were being administered and accounted for correctly. We saw that fridge and room temperatures were being recorded to ensure that medicines were stored at the correct temperature. We could see that there was a clear audit trail from when medicines were received into the home to when they were administered or disposed of. We did find a tube of prescription only cream left out in one bedroom. The manager said this should have been in a locked drawer in the person's room and would make sure it was locked away.

The provider had a safeguarding policy in place, which was designed to ensure that any safeguarding concerns that arose were dealt with openly and people were protected from possible harm. Staff were aware of the relevant process to follow and the requirement to report any concerns to the local authority and to the Care Quality Commission (CQC). We checked our records and saw that any safeguarding or incidents requiring notification at the home since the previous inspection took place had been submitted to the CQC.

We saw that the provider also had a whistleblowing policy in place. Staff were familiar with the term whistleblowing and said they would report any concerns regarding poor practice they had to senior staff. The provider had carried out a staff survey across the organisation the previous year and included a question about whether staff felt confident to raise concerns. 97% said they were. This indicated that staff were aware of their roles and responsibilities regarding the protection of vulnerable adults and the need to accurately record and report potential incidents of concern.

Risk assessments were carried out and kept under review so that people who lived at the home were safeguarded from unnecessary hazards. We could see that staff were working closely with people and, where appropriate, their representatives to keep people safe. This ensured that people were able to live a fulfilling lifestyle without unnecessary restriction. Relevant risk assessments regarding, for example, falls and nutrition were kept in the care file folder. Staff members were kept up to date with any changes during the handovers that took place at every staff change.

We saw that the manager kept a record of all accidents and incidents and these were monitored each month to look for any trends. This was also reported to their head office each month. We were able to view the records for the last year and could see that there were no trends identified.

We looked at the files to check that effective recruitment checks had been completed. We found that appropriate checks had been made to ensure that staff were suitable to work with vulnerable adults. Disclosures had been obtained from the Disclosure and Barring Service (DBS), which provides a central service for undertaking police and identity checks. These checks aim to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. Each file held suitable proof of identity, the application form with full employment history and references as well as the job description.

We checked some of the equipment in the home including hoists and saw that they had been subject to recent safety checks.

A tour of the premises was undertaken, which included all communal areas including the lounges, dining rooms, bathrooms and most of the bedrooms. There was a small 10 bedded unit on the ground floor called The Hollies for the care of people living with dementia. As well as bedrooms there were two small lounges, a dining room, two assisted bathrooms and two other toilets. There was also a secure garden accessible for people living on this unit. The rest of the home was over two floors, there being a large dining room and a lounge with French doors leading onto a patio and the garden on the ground floor and a small quiet room and a lounge/dining room on the first floor. There were assisted bathrooms/showers on both floors.

The home was well-maintained apart from some of the windows. The seals had gone on the double glazing causing condensation to collect between the panes. This was unsightly and obscured people's view of the garden. However, the manager told us that she had obtained a quote for replacing the affected windows and submitted it to the provider organisation for approval.

We conducted a tour of the home and our observations were of a clean, fresh smelling environment which was safe without restricting people's ability to move around freely. We observed that bathrooms had sufficient equipment to maintain hand hygiene and staff were wearing appropriate personal protective equipment when carrying out personal care or serving food. The provider had received a five star rating in food hygiene from the environmental health department of the local authority. The home provided adaptations for use by people who needed additional assistance. These included bath and toilet aids, grab rails and other aids to help people maintain independence.

Is the service effective?

Our findings

One person living at the home that we spoke to struggled to tell us how they felt about the home, but the six other people commented that they liked it there. We spoke to a family member who felt that their relative's needs were well met by staff who were caring and knew what they were doing. This person said that the family had visited the home for a few hours before making a decision as to whether it would meet the person's needs and had been 'very impressed'. They went on to say that now their relative was staying in the home they thought it was 'smashing'.

The provider had policies and procedures to provide guidance to staff on how to promote the care and welfare of people using the service. This included guidance on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. 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 so that they can 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).

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 were being met. We found that five people in the home were subject to DoLS and we were able to view the paperwork in relation to these. We could see that mental capacity assessments and best interests decisions had been recorded on each file. We saw that the registered manager had a table for recording when applications had been made and the outcome as well as when this was due for renewal.

Visits from other health care professionals such as GPs, chiropodists and district nurses were recorded so staff members knew when these visits had taken place and why. A local GP held a surgery at the home every Monday and a nurse practitioner visited the home every Thursday. The manager said that since these regular visits had been taking place they had fewer admissions to hospital and staff had a greater understanding of medical conditions and when they needed to refer people to the doctor.

The provider had their own induction programme and introduction to the workplace. This was designed to ensure that the newest members of staff had the skills they needed to do their job effectively and competently. This included ensuring that the member of staff had access to all the core training identified by the service including safeguarding, health and safety, infection control and the Mental Capacity Act. Following this and prior to starting work, the staff member would shadow existing members of staff and would not be allowed to work unsupervised for a period. The staff we spoke to confirmed that they had completed an induction and shadowing.

We asked staff members about training and they all confirmed that they received regular training throughout the year. Staff training records showed that staff had undertaken a range of training relevant to

their role including manual handling, first aid, safeguarding and dementia training. 70% of the care staff had vocational qualifications in care and the rest of the staff were either undertaking training or were enrolled on courses. Staff participation in training was monitored by the registered provider and learning and development scored highly in the staff survey. Two thirds or more of staff said that they had been set clear goals, received constructive feedback and had identified new learning and development needs as a result of the process. The provider used computer 'e' learning for some of the training and staff were expected to undertake this when required. The staff members' competency was assessed through the supervision system and through the auditing of records such as medication. The staff members we spoke with confirmed that they received on-going support and supervision and an annual appraisal.

During our visit we saw that staff took time to ensure that they were fully engaged with each person and checked that they had understood before carrying out tasks with them. Staff explained what they needed or intended to do and asked if that was alright rather than assuming consent.

The information we looked at in the care plans was detailed and person-centred, which meant that staff members were able to respect people's wishes regarding their chosen lifestyle. We saw in the care plans we viewed that people had signed their consent to receive the care and this had been regularly reviewed.

We saw that staff used the Malnutrition Universal Screening Tool [MUST] to identify whether people were at nutritional risk. This was done to ensure that people were not losing or gaining weight inappropriately. On the care files that we looked at, this was being reviewed on a regular basis.

All the people who used the service were asked their food likes and dislikes. This information, together with any special dietary requirements, was shared with the service's catering and care teams. Menus were supplied so that people could select their preferences. The menus included a hot light meal or soup and sandwiches at lunchtime and two choices of main meal in the evening, as well as cake mid-afternoon. People also had the choice of a full cooked breakfast. Special diets such as soft diets were provided. People we spoke with confirmed that they could request an alternative option such as an omelette if they did not like the meal of the day. The manager told us that one person sometimes went out to the shops to purchase their own food and the cook prepared it for them.

People told us that they enjoyed the meals. Comments included: "It's very good, I can choose from the menu" and "I get plenty to eat".

We observed lunch being served and saw that staff had their meal with the people who used the service. People were offered choices and were supported to have sufficient amounts to eat and drink. We saw that most people were able to eat and drink with minimal support, however staff were available to prompt or support people when necessary.

Is the service caring?

Our findings

We asked the people living in Westy Hall about the home and the staff who worked there. One person told us, "I have no problem with the staff, they're all very good". Three people told us that they appreciated being able to spend their time how they wished, including lying in and having a late breakfast if they wanted, staying in their rooms or going out.

It was evident that family members were encouraged to visit the home when they wished. One person living in Westy Hall told us, "They can come anytime they want".

There was a volunteer group called 'Friends of Westy' that was mostly made up of relatives of people who used or had used the service. On the day of the visit they came to the home to tidy up the garden ready for a garden party on the Sunday of that week. One of them brought cakes she had made for people who used the service and staff. We observed warm relationships with lots of laughter between people who used the service, visitors and staff.

If they wished to share it, people's life history was recorded in their care records, together with their interests and preferences in relation to daily living. This enable staff to get to know people better and have more meaningful conversations with them. The staff members we spoke to had a good understanding of the people they were supporting. They told us that they enjoyed working at Westy Hall and had very positive relationships with the people living there. One person told us, "I enjoy working here, I enjoy working with the residents, the staff all get on and every day is different".

We saw that the relationships between people living in the home and the staff supporting them were warm, respectful and dignified. Everyone in the service looked relaxed and comfortable with the staff and vice versa. During our inspection, there was good communication and understanding between members of staff and the people who were receiving the care and support from them. Staff members were interacting well with people in order to ensure that they received the appropriate care and support from them. They took their time with people and ensured that they understood what the person needed or wanted without rushing them and always sought their permission before undertaking a task.

We saw that the people living in the home looked clean and well cared for.

We looked at the home's arrangements for end of life care planning. We saw that the staff did not shy away from having these conversations with the people who were living at Westy Hall, and if people were willing to discuss it they were asked where they would prefer to be cared for when nearing the end of life and what their wishes were after death, such as which funeral directors they wished to use. If people required additional healthcare support towards the end of their life and wished to stay at Westy Hall this was arranged with the local healthcare services. We found that appropriate 'Do Not Attempt Cardio Pulmonary Resuscitation' (DNACPR) forms were in place on two of the care files that we reviewed. We saw that either the person or their relative, staff and GP had been involved in the decision making. We found that records were dated and had been reviewed appropriately and were signed by a General Practitioner. (A DNACPR

form is used if cardiac or respiratory arrest is an expected part of the dying process and where CPR would not be successful.) Making and recording an advance decision not to attempt CPR will help to ensure that the person dies in a dignified and peaceful manner.

We viewed cards and compliments that had been sent into the service. Several of these spoke about how much they appreciated the loving care given to their relative at the end of their life and how much they had appreciated the additional support provided so their relative had not had to go into hospital or a nursing home for their final days. One relative had submitted a webform to CQC that said: "This Care Home delivered the most attentive care and friendship to my Mum during her time at Westy. She, despite her advanced years enjoyed activities and trips out and settled to her life there with ease. During her final weeks and days Mum and all of our family received the utmost care and attention. Staff went out of their way to make sure that Mum was comfortable and that there was someone there at all the times we couldn't be, I cannot praise all Westy Hall staff enough for this support. This home is a credit to the CLS group".

The quality of the décor, furnishing and fittings provided people with a homely environment to live in. The bedrooms seen during the visit were personalised, comfortable, well-furnished and contained individual items belonging to the person.

The provider had developed a range of information, including a service user guide for the people living in the home. This gave people detailed information on topics such as meals, activities, staffing, complaints and the fees.

Is the service responsive?

Our findings

People told us that the home met their individual needs. One person, who was staying in the home on a trial basis, said: "I like it here, it's great, I can do what I like and I'm going to ask if I can stay". Another person said: "Best move I ever made coming here, I couldn't have found a better place, the staff are very helpful when I ask for anything but don't bother me if I want to be on my own".

People also told us that the home provided activities they could participate in and they had opportunities to go out. One person said staff had recently taken them out for a meal and also to visit a garden centre. On the day of our inspection we noted that two people who used the service went out shopping on their own and one went out to the pub with a relative.

We saw a programme of activities for the month which included staff offering one to one support to people, reminiscence, arts and crafts, word games, bingo, exercise sessions, pamper days and baking. Musical entertainment and a film night were planned, together with a garden party that weekend. Staff told us that people were encouraged to take part in small domestic tasks such as washing up, dusting their room and making their bed if they wished to and were able.

The home had links with local churches and Holy Communion was provided on a monthly basis for those who wanted to participate.

There were photos of people enjoying activities and posters inviting family members to attend.

People could have a television in their room, a telephone was available for people to use and newspapers and magazines were ordered on request.

The care files we viewed contained a pre-admission assessment to ascertain whether the person's needs could be met. The assessment identified the person's support needs, their family details and their medical needs prior to their admission into the service. We looked at life plans to see what support people needed and how this was recorded. We saw that these were personalised, well written and captured the needs of the individual. These were being consistently reviewed and updated when someone's needs had changed.

People who used the service told us that if they were unwell staff called the GP immediately.

The service had a complaints policy and processes were in place to record any complaints received and to ensure that these would be addressed within the timescales given in the policy. People were made aware of the process to follow in the service user guide. People told us that if they had any concerns they would speak to the manager. We looked at the complaints file and saw there had been no formal complaints since the last inspection. Some minor concerns had been raised, such as an item of clothing going missing, and these had been addressed and resolved.

In last year's service user survey the home had only scored 57% for ease of access to a pleasant garden.

Since then the garden had been improved with access from the ground floor lounge, better paths, more trees for shade and pleasant seating areas.

Is the service well-led?

Our findings

A positive culture was evident in the service where people who used the service came first and staff knew and respected that it was their home.

There was a registered manager in place who had worked at the home for six and a half years. In conversation with the inspector she demonstrated good knowledge of all aspects of the home including the needs of people living there, the staff team and her responsibilities as manager.

The registered manager said she regularly walked around the service checking the environment, staff interactions and behaviours and people's care and welfare. Senior staff worked alongside staff to monitor and evaluate staff values and performance.

The service received regular visits from the assistant head of services for the provider organisation.

The registered manager told us that information about the safety and quality of the service provided was gathered on a continuous and ongoing basis from the people who used the service and the relatives who visited the service. We spoke to people who used the service and staff about the manager and they all said that she was approachable and listened to them.

The provider had a corporate quality assurance system and the manager was required to carry out regular audits. For example medication, care files, infection control, kitchen and health and safety audits were completed. This helped to ensure any issues in these areas were identified and addressed in a timely manner. The manager also undertook spot checks at night on a regular basis.

In addition to the above there were also a number of maintenance checks being carried out weekly and monthly, which included the fire alarm system and water temperatures.

The provider encouraged people to submit information to the care home survey 'Your Care Rating'. We viewed the results from the survey from 2015 and saw that this had been conducted by an independent source, Ipsos Mori. We saw people were asked about how they were treated, whether they felt staff understood them as an individual as well as questions about the food and laundry. The survey found that overall 100% of people were happy living in the home and were satisfied with the standard of care in the home.

Periodic monitoring of the standard of care provided to people funded via the local authority was also undertaken by Warrington Council's contract monitoring team. This was an external monitoring process to ensure the service met its contractual obligations to the council. We spoke to the contract monitoring team prior to our inspection and they informed us that Westy Hall provided an acceptable standard of care.

There was an on call system in place in case of emergencies outside of office hours and at weekends. This meant that any issues that arose could be dealt with appropriately.

Staff members we spoke with had a good understanding of their roles and responsibilities and throughout the inspection we observed them interacting with each other in a professional manner.

Staff members felt they could raise any issues and discuss them openly with the manager. They told us that regular staff meetings were held which enabled managers and staff to share information and raise concerns. The manager told us that during the last meeting they had discussed a recent prosecution of care workers highlighted in the media and how to safeguard people from abuse.

We had been notified of reportable incidents as required under the Health and Social Care Act 2008.