

Thornton Care Limited

# Westport House 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

Westport House is a care home for people who live with dementia. The home is situated in Thornton near Blackpool. All of the bedrooms within the home have en suite facilities. A lift is available to the first floor. The home has a large conservatory at the rear of the house. Car parking facilities are available at the side of the home.

At the last inspection the service was rated Good. At this inspection we found the service remained Good.

This was an unannounced inspection visit carried out on the 08 August 2017.

People who lived at the home and visitors told us the registered manager and all the staff were kind, patient and respectful. For example a person who lived at the home said, "They are so nice and kind and do feel cared for."

The registered manager had procedures in place to minimise the potential risk of abuse or unsafe care. Records looked at and staff spoken with confirmed they had received safeguarding vulnerable adults training. The registered manager had systems in place to record safeguarding concerns, accidents and incidents and take necessary action as required.

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. These had been kept under review and were relevant to the care provided. In addition staff had been recruited safely, appropriately trained and supported. They had skills, knowledge and experience required to support people with their care and social needs.

The registered manager had sufficient staffing levels in place to provide support people required. Staff informed us they had time to sit and talk with people in their care and organise activities to keep them entertained and occupied. Our observations during the day of the inspection visit confirmed this.

Medication procedures at Westport were safe. Staff responsible for the administration of medicines had received training to ensure they had the competency and skills required. Medicines were safely kept with appropriate arrangements for storing in place.

People who lived at the home were complimentary about the meals provided and choices available. One person who lived at the home said, "If I don't like something I can always have an alternative. The food is very good." Regular snacks and drinks were provided during the time of the inspection visit to make sure people received adequate nutrition and hydration throughout the day.

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

People had access to healthcare professionals and their healthcare needs were met. We saw the staff and registered manager had responded promptly when people had experienced health problems.

People who lived at the home had access to advocacy services. This ensured their interests were represented by professionals outside of the service to act on their behalf if needed

The registered manager had a complaints procedure which was made available to people on their admission to the home and their relatives. No complaints had been received.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included regular audits, staff and 'resident' meetings to seek their views about the service provided and their opinions to improve the home.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Westport House 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 was an unannounced inspection visit carried out on the 08 August 2017.

The inspection visit was carried out by an adult social care inspector.

Before the inspection, 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 used this information as part of the evidence for the inspection. We also reviewed historical information we held about the service. This included any statutory notifications and safeguarding alerts that had been sent to us.

We met the nine people who lived at Westport. However due to their complex needs people who lived at the home were not easily able to express their views. We did speak briefly with three people who lived at the home, two friends of people who lived at the home, the registered manager and owner. In addition we spoke with two members of staff and two health professionals who were visiting the home at the time of our inspection visit. Prior to our inspection visit we contacted the commissioning department at the local council. We did not receive any information of concern about the service.

During our inspection we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with the people in their care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Part of the inspection was spent looking at records and documentation which contributed to the running of the home. We looked at two care plans of people who lived at the home, maintenance records, training records and recruitment documentation. In addition we looked at staffing levels and records relating to the management of the home. We also spent time observing staff interactions with people who lived at the

home. We also checked the building to ensure it was clean, hygienic and a safe place for people to live.

# Is the service safe?

## Our findings

People who lived at the home and visitors told us they had confidence in staff who supported them and felt safe and secure at the home. One person who lived at the home said, "You ask if I feel safe well the answer is yes, because there is people around all the time and always someone to talk to."

The registered manager had procedures in place to minimise the potential risk of abuse or unsafe care. Records looked at and staff spoken with confirmed they had received safeguarding vulnerable adults training. Staff members understood what types of abuse and examples of poor care people might experience and understood their responsibility to report any concerns they may observe. One staff member said, "I know the safeguarding process we have had lots of training around abuse issues." There had been no safeguarding incidents raised with the local authority regarding poor care or abusive practices at the home when our inspection visit took place.

Risk assessments were in place in individual care plans they covered for example, mobility aids, falls, and medication. Care records included the nature and level of risk, actions to manage them and they were reviewed on a regular basis. For example a person was identified at risk of receiving pressure areas of the skin. Staff put in place a plan to reduce the risk that consisted of an air flow mattress and continued monitoring. This had recently been reviewed and confirmed the level of support provided was appropriate and should be continued

We found by talking with staff and looking at documentation they had been recruited safely, appropriately trained and supported by the registered manager and owner. Staff had skills, knowledge and experience required to support people with their care and social needs.

The provider and registered manager monitored and regularly assessed staffing levels to ensure sufficient staff were available to provide support people needed. This was confirmed by staff we spoke with. One staff member said, "If we are short staffed then the manager gets someone in there is no problem with that."

We looked at how medicines were prepared and administered. Medicines had been ordered appropriately, checked on receipt into the home, given as prescribed and stored and disposed of correctly. Records were up to date and correct remaining medicines were in place on the ones we checked. We observed a staff member administering medication during the lunch time round. We found the medication trolley was locked securely whilst attending each person with their medication. The staff member was patient and encouraged the person to take their medicine and explained what it was for. Only staff who had received training administered medication. This was confirmed by talking with staff members and looking at training records.

We had a walk around the building and found the premises were clean, tidy and maintained. We observed staff making appropriate use of personal protective equipment such as disposable gloves and aprons. Staff received infection control training to develop their skills and they had sufficient equipment to maintain good standards of cleanliness.





# Is the service effective?

## Our findings

We observed good interaction between staff and people who lived at the home during the inspection visit. We found staff had an understanding of the needs of people that led to effective care support for people. For instance a relative when asked in a survey in May 2017 what they thought the strength of the home was replied. 'The holistic person centred care provided for my [relative].'

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff working at Westport made sure people have choice and control of their lives and support them in the least restrictive way possible; the policies and systems in the service support this practice.

We looked at training schedules for staff and discussed opportunities to develop skills with staff members. Responses were positive, for example one staff member explained to us how they were keen to undertake a professional qualification. They told us the registered manager and owner had been very supportive. Staff also told us access to training was good. Records showed staff had ongoing individual training programmes which included, safeguarding, dementia awareness and moving and handling. This ensured people who lived at the home were supported by staff who had the right knowledge and skills to support people who lived at Westport.

During the day we observed people were continuously offered drinks and snacks. A visitor said, "We come often and are always warmly welcomed and asked if we would like a drink." People we spoke with told us they enjoyed the food prepared for them and they had choices. One person who lived at the home said, "If I don't like something I can always have an alternative. The food is very good."

A variety of alternative meals were available and people with special dietary needs had these met. These included people who had their diabetes controlled through their diet. One staff member said, "We have all completed training in 'food and hygiene' so we are aware of special diets and such like."

We found the kitchen area clean and tidy, with sufficient fresh fruit and vegetables available for people to have a healthy diet. We observed lunch in the dining room. We saw different portion sizes and choice of meals were provided for people. Food served looked nutritious and well presented. Drinks were provided and offers of additional drinks and meals were made where appropriate. The lunch experience was relaxed and staff were seen to support people who required help in a sensitive manner.

People's healthcare needs were carefully monitored and discussed with the person or family members as part of the care planning process. Care records seen confirmed visits to and from General Practitioners (GP's) and other healthcare professionals had been recorded. The records were informative and had documented the reason for the visit and what the outcome had been.

We looked around the building and grounds and found they were appropriate for the care and support

provided. The garden area was used by people who lived at the home and seating was available for people to sit out. One person who lived at the home said, "I like the summer months when we can sit out."

There were communal lounges with a conservatory area for the use of people who lived at the home. Lighting in communal rooms was domestic in character, sufficiently bright and positioned to facilitate reading and other activities.

## Is the service caring?

### Our findings

We arrived at Westport in the morning when people were having breakfast and getting ready for the day. Initial observations found people were sat in the lounge, dining room, and conservatory or in their own bedroom. It was a relaxed atmosphere and we noticed good interaction between staff and people who lived at the home. For example staff were supporting a person who required assistance with their breakfast. We asked one person if they enjoyed their breakfast and they said, "It was lovely as normal." We found it was an example of staff understanding an individual and being patient with them whilst they took their time with breakfast.

People who lived at the home, friends and health professionals we spoke with commended the staff and the way they cared for people. Comments included from a friend, "They are all very caring people and she is so well looked after." Also from a person who lived at the home. "They are so nice and kind and I do feel cared for."

Staff maintained people's privacy and dignity throughout our visit. During the day we saw staff knocked on people's bedroom doors before entering and always called out their name before entering their bedroom. One person who lived at the home said, "They do respect your privacy."

Staff had a good understanding of protecting and respecting people's human rights. We were told training was provided in this area. Staff and the registered manager were able to describe the importance of promoting each individual's uniqueness. We found there was a sensitive and caring approach practiced by all the staff we observed and spoke with at the home.

We spoke with the registered manager about access to advocacy services should people require their guidance and support. The registered manager had information available for people and their relatives. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

People's end of life wishes had been recorded if applicable so staff were aware of these. We were told people had been supported to remain in the home where possible as they headed towards end of life care. This allowed people to remain comfortable in their familiar, homely surroundings, supported by familiar staff. We noticed in training records an end of life training event was due in August and staff told us they were attending the event.

## Is the service responsive?

### Our findings

People who lived at the home and a visitor told us staff were responsive to their needs and assisted them, treating each person as an individual. A visitor said, "The staff seem to know each person individually and know when something is not quite right. I see it when I visit here. They always respond to any issues with my [friend]."

Care records of two people we looked at were developed from assessment information, talking with the person and relatives. Staff had signed and dated records to evidence who had completed them and when. People who lived at the home and relatives completed a document known as 'Basic Background Questionnaire' (BBQ). This was a document that contained information all about the person's history. For example previous employment, family histories and personal hobbies. This helped staff build up relationships and get to know the person well. Our observations demonstrated staff had a good knowledge of those who lived at the home and supported them in ways that reflected their care plans.

Westport had a complaints procedure which was made available to people on admission to the home. We saw information about how to raise a complaint on the notice board in the reception area. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and CQC had been provided should people wish to refer their concerns to those organisations. A visitor we spoke with told us they had no complaints but knew the process to follow should they have any concerns.

The manager followed good practice guidelines when managing people's health needs. For example, people had documents containing information about their health needs should they need to visit a hospital. This information was contained in a document provided from the continuing health team that visit the home to review people's care plans. This ensured people who had difficulty communicating their needs had information as to how to support them and included information about a person's mobility, dietary needs and medication.

## Is the service well-led?

### Our findings

There was a registered manager in place. 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.

We found the service had clear lines of responsibility and accountability. The registered manager was supported by the provider and senior staff who had worked at the home for a long time. The registered manager and her staff team were experienced, knowledgeable and familiar with the needs of the people they supported. One staff member said, "We have little turnover of staff and we have been here for years most of us." Discussion with the registered manager and staff on duty confirmed they were clear about their role and between them provided a well run and consistent service. This was confirmed by people we spoke with. For example a visitor to the home we spoke with said, "A very good care home and run very well."

The registered manager and provider had procedures in place to monitor the quality of the service provided in terms of regular audits. These audits were completed on a regular basis and included, the environment, care plans of people who lived at the home and medication. An audit of the environment completed in June 2017 identified damp issues in a person's bedroom. A new damp proof system had been installed and the issues rectified. This demonstrated the registered manager and provider looked to continue improvements to the service and provided effective auditing systems.

Staff meetings had been held to discuss the service provided. We looked at minutes of recent meetings and found topics relevant to the running of the service had been discussed. For example persons changing care needs had been discussed and the extra support required. This had been put in place when we checked care records and was reviewed in July 2017. A staff member said, "They are useful team meetings so we can discuss residents and anything else that we need to."

Relative/resident surveys were conducted annually The last one May 2017. Seven returned surveys were all positive in their comments about Westport House and the care provided. Survey comments included, 'Friendly and extremely professional staff' Also, 'Very happy with the care and feel well looked after.'

The service worked in partnership with other organisations to make sure they were following current practice, providing a quality service and the people in their care were safe. These included social services, healthcare professionals and General Practitioners. The service also worked closely with Independent Mental Capacity Advocates (IMCAs). IMCAs represent people subject to a DoLS authorisation where there is no one independent of the service, such as a family member or friend to represent them.

Westport House had on display in the reception area of the home their last CQC rating, where people visiting the home could see it. This has been a legal requirement since 01 April 2015.