

# The Leaders Of Worship And Preachers Homes Westerley Residential Care Home for the Elderly - Woodhall Spa

## Inspection report

Westerley  
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## Ratings

Overall rating for this service	Good ●
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Is the service safe?	<b>Requires Improvement</b> ●
Is the service effective?	<b>Good</b> ●
Is the service caring?	<b>Good</b> ●
Is the service responsive?	<b>Good</b> ●
Is the service well-led?	<b>Good</b> ●

# Summary of findings

## Overall summary

This inspection took place on 8 June 2016 and was unannounced. The home is organised to reflect people's christian beliefs, although people who do not have a religious conviction can live there. Westerly provides care for older people who have mental and physical health needs including people living with dementia. It provides accommodation for up to 26 people who require personal and nursing care. At the time of our inspection there were 20 people living at the home.

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.

On the day of our inspection staff interacted well with people and people were cared for safely. People and their relatives told us that they felt safe and well cared for. Staff knew how to keep people safe. The provider had systems and processes in place to keep people safe.

Medicines were administered safely but medication administration sheets (MARS) were not completed fully.

The provider acted in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. If the location is a care home the Care Quality Commission is required by law to monitor the operation of the DoLS, and to report on what we find.

We found that people's health care needs were assessed and care planned and delivered to meet those needs. People had access to healthcare professionals such as the district nurse and GP and also specialist professionals. People had their nutritional needs assessed and were supported with their meals to keep them healthy. People had access to drinks and snacks during the day and had choices at mealtimes. Where people had special dietary requirements we saw that these were provided for.

There were sufficient staff to meet people's needs and staff responded in a timely and appropriate manner to people. Staff were kind and sensitive to people when they were providing support and people had their privacy and dignity considered. Staff had a good understanding of people's needs and were provided with training on a variety of subjects to ensure that they had the skills to meet people's needs. The provider had a training plan in place and staff had received regular supervision. People were encouraged to enjoy a range of hobbies and social activities. They were supported to maintain relationships that were important to them. We saw that staff obtained people's consent before providing care to them.

Staff felt able to raise concerns and issues with management. Relatives were aware of the process for raising concerns and were confident that they would be listened to. Regular audits were carried out and action plans put in place to address any issues which were identified. Audits were in place for areas such as falls

and infection control. Accidents and incidents were recorded. The provider had informed us of notifications as required by law. Notifications are events which have happened in the service that the provider is required to tell us about.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not consistently safe.

There were sufficient staff to provide safe care.

Staff were aware of how to keep people safe. People felt safe living at the home.

Medicines were stored and administered safely. Medicine administration sheets (MARS) were not fully completed.

### Is the service effective?

**Good** ●

The service was effective.

Staff received regular supervision and training.

People had their nutritional needs met.

People had access to a range of healthcare services and professionals.

The provider acted in accordance with the Mental Capacity Act 2005.

### Is the service caring?

**Good** ●

The service was caring

Staff responded to people in a kind and sensitive manner.

People were involved in planning their care and able to make choices about how care was delivered.

People were treated with privacy and dignity.

### Is the service responsive?

**Good** ●

The service was responsive.

People had access to activities and leisure pursuits.

The complaints procedure was on display and people knew how to make a complaint.

Care plans were personalised and people were aware of their care plans.

**Is the service well-led?**

**Good** ●

The service was well led.

There were systems and processes in place to check the quality of care and improve the service.

Staff felt able to raise concerns.

The registered manager created an open culture and supported staff.

# Westerley Residential Care Home for the Elderly - Woodhall Spa

## **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 8 June 2016 and was unannounced. The inspection was completed by an 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.

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 what improvements they plan to make. We used this information to help plan our inspection.

We also looked at notifications which we held about the organisation. Notifications are events which have happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies.

During our inspection we observed care in the home and spoke with the registered manager, their deputy and three members of care staff. We spoke with five people who used the service, one relative and a visiting professional. We also looked at four people's care plans and records of staff training, audits and medicines.

# Is the service safe?

## Our findings

We observed the medicine round and saw that medicines were usually administered and handled safely, however records were not fully completed. We observed that people were not asked if they required their as required medicines such as painkillers. Although staff understood the importance of ensuring that prescribed medicines were given at correct times, we observed that a person whose medicines were required to be administered at a specific time had not been given these as prescribed. We spoke with the lead member of staff for medicines and the registered manager about this. They told us that this was due to the person often refusing their medicines initially which resulted in the medicine being given late. They said that they were in discussion with the GP about this and this was not yet resolved. A risk assessment had not been completed in order to protect the person.

We saw that the medication administration records (MARS) for six people had not been fully completed according to the provider's policy and guidance. In particular we saw that the records for as required medicines were incomplete. It was not clear whether or not people had been offered or given these medicines. PRN protocols were not in place to indicate whether or not people could request and consent to having their medicines. There was a risk that people's wellbeing could have been affected, for example they could have been in pain as a result of not receiving their as required medicines. We also found that there were gaps for regularly prescribed medicines in the MARS for three people on seven occasions. It was not clear from the records whether or not people had received their medicines.

In addition where people were prescribed an option for the amount of tablets to be given it was not clear from the record how many tablets had been given. It was difficult to monitor the number of medicines that had been administered and ensure an accurate record. In one record we saw that a person's medicine had been discontinued but this information had not been carried over to the new MARS which meant there was a risk that the person could receive the wrong medicine. Identification sheets in the medicine documentation included photographs of people and details of allergies which meant that staff could easily check whether or not that people were allergic to prescribed medicines. Medicines were stored in locked cupboards according to national guidance. Processes were in place to ensure that medicines were disposed of safely and records maintained regarding stock control.

Individual risk assessments were completed and where there were specific risks such as a risk of falls these were highlighted to make sure that staff were aware of these and how to support the person to keep them safe. Risk assessments were also in place where equipment was used such as bed rails. Accidents and incidents were recorded and investigated to help prevent them happening again. Individual plans were in place to support people in the event of an emergency such as fire or flood. However we saw where a person regularly refused medicines and another person administered their medicines themselves risk assessments did not detail this information.

People who used the service told us they felt safe living at the home and had confidence in the staff. Relatives told us that they felt their family member was safe. One person told me, "Staff will often pop their head around the door to check I am alright and of course if I need them I only have to buzz and they come. I

have never had to wait." People and staff told us that there was enough staff to provide safe care to people. We observed staff responded to people promptly. However at lunchtime we observed staff did not stay in the dining room and it was therefore difficult for people who required help to get assistance if they needed it. For example, people had to wait for condiments and sauces to be brought to them.

The registered provider had a recruitment process in place which included carrying out checks and obtaining references before staff commenced employment. They also carried out Disclosure and Barring Service (DBS) checks to ensure that prospective staff would be suitable to work with the people who lived in the home. When we spoke with staff they confirmed that they had had checks carried out before they started employment with the provider. These checks ensured that only suitable people were employed by the provider.

Staff were aware of what steps they would take if they suspected that people were at risk of harm. They were able to tell us how they would report concerns however one member of staff we spoke with was uncertain how to report issues externally, for example to the local authority. Staff told us that they had received training to support them in keeping people safe. The registered provider had safeguarding policies and procedures in place to guide practice and we had evidence from our records that issues had been appropriately reported. They told us about a recent referral which they had made following a recent admission.



## Is the service effective?

### Our findings

People received care from staff who had the knowledge and skills to carry out their roles and responsibilities effectively. One person said, "The staff know what they are doing. They reacted well recently when I was unwell. I didn't recognise it but the staff did a good job too as it got sorted out early". A visiting professional said, "Staff are very knowledgeable about people."

Staff told us they were happy with the training that they had received and that it ensured that they could provide appropriate care to people. Staff received mandatory training on areas such as fire and health and safety and also training on specific subjects which were relevant to the care people required such as the care of a person living with dementia. Staff had also recently received training on how to use specific evacuation equipment which had been purchased as part of the refurbishment work. The registered manager told us that there was a system for monitoring training attendance and completion. It was clear who required training to ensure that they had the appropriate skills to provide care to people and that staff had the required skills to meet people's needs. Staff also had access to nationally recognised qualifications. New staff received an induction and when we spoke with staff they told us that they had received an induction and found this useful. The induction was in line with national standards.

Staff were satisfied with the support they received from other staff and the registered manager of the service. They told us that they had received regular support and supervision and that supervision provided an opportunity to review their skills and experience. We saw that appraisals had also been carried out. Appraisals are important as they provide an opportunity to review staff's performance and ensure that they have the appropriate skills for their role.

We observed that people were asked for their consent before care was provided. Records included completed consent to treatment forms and consent to photography to ensure that care was provided with people's agreement. Where people were unable to consent this was detailed in the care records and records detailed what support people required and why.

The provider acted in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Best interest decisions had been completed however we saw in one care record that the assessment did not detail all the issues that the decision had been made for. This is important to ensure that the decisions are made in people's best interest.

If the location is a care home the Care Quality Commission is required by law to monitor the operation of the DoLS, and to report on what we find. At the time of our inspection there was no one who was subject to DoLS, although applications had been made and the provider was awaiting the outcomes of these. DoLS provides legal protection for those vulnerable people who are, or may become, deprived of their liberty. We saw that the appropriate paperwork had been completed and the CQC had been notified of this. When we

spoke with staff about the MCA and DoLS they were able to tell us about it and how it applied to people within the home.

People who used the service told us that they enjoyed the food at the home. The registered manager told us that people were encouraged to be involved in the planning of menus. One person said, "The food is alright. We have a menu but if you don't like something the chef will do something else. The chef comes round each day to ask us." Another person said, "The food is very good but I always ask for a smaller portion. I can't eat if I feel over faced."

We observed lunchtime and saw staff assisting people with their meal to ensure that they received sufficient nutrition. Staff sat alongside people and chatted as they supported them. The lunchtime meal was relaxed with staff serving the meals and engaging in conversation with people. People were offered a choice of two meals. Staff told us if people did not want the offered meals or the meal they had chosen they were able to provide alternatives.

People had been assessed with regard to their nutritional needs and where additional support was required appropriate plans of care had been put in place. For example, people received nutritional supplements to ensure that people received appropriate nutrition. We saw that care plans detailed what support people required for example, if they needed help with cutting up their meals or by using specialist cutlery. Where people had allergies or particular dislikes these were highlighted in the care plans. We observed people were offered drinks during the day according to their assessed needs and fruit and snacks were available. Staff were familiar with the nutritional requirements of people and records of food and fluid intake were maintained appropriately.

We found that people who used the service had access to local and specialist healthcare services and received on-going healthcare support from staff. On the day of our inspection we observed a person being supported to attend the local GP service. Where people had specific health needs such as diabetes information was available to staff to ensure that they provided the appropriate care. A visiting professional told us that staff had a good understanding of people's healthcare needs. They told us that if they were unsure they would contact them or the GP for advice. Staff received daily handovers where they discussed what had happened to people on the previous shift and their health and wellbeing. Where people had specific needs such as physical health issues advice was included in the record about how to recognise this and what treatment or support was required. This helped staff to respond to people's needs. For example a person had experienced an increased amount of falls and action had been taken to refer them to the GP and investigate the reason. We saw that the investigations resulted in clarification of the reason for this and as a result a change in care.

## Is the service caring?

### Our findings

People who used the service and their families told us they were happy with the care and support they received. Relatives confirmed they thought the staff were kind, courteous and treated the residents with respect. All the people we spoke with said that they felt well cared for. One person told us, "The staff are extremely courteous and always knock on the door before entering. I feel very lucky to have found this place. I am very spoilt." A visiting professional said, "They [staff] know the residents." They told us that they were 'fully confident' in the care that's given."

People were involved in deciding how their care was provided. We observed that staff were aware of respecting people's needs and wishes. For example, a record stated, 'Carers should enquire if [person] would like an apron, prior to eating their [person] meals'. We observed that people were offered the choice at lunchtime. We saw that staff interacted in a positive manner with people and that they were sensitive to people's needs. For example, on special occasions such as birthdays events were planned with people according to their wishes. One person who had been a member of the RAF had a birthday celebration which included visits from the local RAF squadron. Another person we spoke with said, "The staff are lovely I just had my 90th birthday and they made such a fuss. They invited my family for tea it was lovely they had even made a cake."

When staff supported people to mobilise they did so at their own pace and provided encouragement and support. For example, we observed a member of staff walking with a person who was using a mobility aid. The staff member chatted with the person but at the same time provided guidance and reassurance in respect to their mobility. One person who required the use of a hoist said "I feel perfectly safe even when I am in the hoist. I have my own sling, it is in the wardrobe, so I know it will fit every time." Another person said, "The staff encourage me to use my walker. They never rush me they let me do it myself but I know they are there if I need them."

People who used the service told us that staff treated them well and respected their privacy. A person said, "I like to be quiet sometimes and staff are very good they leave you to those moments." People told us and we observed that staff knocked on their bedroom doors. We saw that when staff offered people support with their personal care they did this discreetly. Staff understood the need for confidentiality and records were stored appropriately to ensure people's personal details were protected. We saw that staff addressed people by their preferred name and that this was recorded in the person's care record.

## Is the service responsive?

### Our findings

Activities were provided on a daily basis. People told us about their typical day which for most consisted of reading and relaxing. They said they were not bored and that they enjoyed the activities that were laid on at times within the home. One person said, "The staff look after me and they do their job with feeling. I know people are always looking out for me."

One person told us they had really enjoyed going on a trip to the seaside, they said, "We had a lovely day it reminded me of when I was a young girl. We are going out tomorrow for lunch, I am looking forward to that." Another person said, "I do lots of different things, I like to read and do my crosswords. I also love puzzles and usually have a jigsaw on the go in the sunroom. I recently started a water colour class. I'm not very good but it's good fun. [deputy manager] often runs a Scrabble competition I really enjoy that, I am quite competitive."

We saw that there had been trips to local amenities such as a café and garden centre. The registered manager told us that although they did not have their own transport they hired a mini bus or taxi to ensure that people were able to enjoy trips out. In addition the registered manager told us that they invited in a number of local groups to provide leisure activities in the home such as a local artist who provide watercolour sessions and a choir to provide singing sessions. We saw photographs of these activities on display around the home. They told us a person had been an active member of a U3A (University of the third age) group and they ran a local session at the home in order to facilitate their ongoing participation in the organisation.

Three of the care records we looked at detailed people's past life experiences in order to help inform staff about people's interests. For example a person had spent time living in India and enjoyed eating spicy foods and they were supported to go to the local indian restaurant for a meal. The registered manager told us that some people chose not to complete this element of the care record and where this happened they tried to chat with people informally to understand what they would like. Staff were aware of people's likes and dislikes. For example the registered manager told us that a person particularly liked music and violin playing, we observed during our inspection that they had music playing in their room.

Assessments had been completed on admission to ensure that the home could provide the appropriate care to people. One person and their relative told us they had discussed everything with staff when they first came in so felt involved. Another person told us they had signed lots of things but were not sure what a care plan was. We looked at care records for people who lived at the home. Care records included personal care support plans. Care plans had been reviewed and updated with people who used the service.

Relative's told us that they felt welcome at the home and that they were encouraged to visit so that relationships were maintained. We observed staff offering visitors a drink and chatting with them and their family member.

Although the home is owned by a christian organisation and follows christian ideals, the registered manager

explained that people do not have to be of christian faith to live at the home. They said, "As long as people are comfortable living within a christian focussed organisation they would be welcome. People do not have to practise any specific faith to live at the home, anyone would be welcome." They told us that there were a number of people who enjoyed the calm atmosphere of the home but did not actively participate in religious events at the home.

A complaints policy and procedure was in place and on display in the foyer area. One person was able to tell us there was a notice on one of the boards that explained the procedure. One person said, "I would speak to the manager and if I didn't get satisfaction I would take it higher." Another person said, "I would speak to the manager but I've not had to. I have no complaints." At the time of our inspection there were no ongoing complaints. The complaints procedure was only available in a written format. This could result in a lack of accessibility to people with poor reading skills, however at the time of our inspection most people were able to access this. We saw that where people were unable to use a written format verbal discussions took place to understand whether or not they had any concerns. Complaints were monitored for themes and learning.

## Is the service well-led?

### Our findings

Systems and processes were in place to ensure the delivery of a quality service within the home across a range of issues. There was an internal audit system in place to check the current service. Checks were carried out on areas such as health and safety, falls and infection control. We saw that action plans were in place and audits were monitored by the regional manager and provider. However although regular audits were carried out on medicines on a weekly basis these were not sufficient to identify the issues which we found on inspection. We spoke with the registered manager who told us that they would address this issue as a matter of urgency. People felt the home was well run and told me all of the management team were approachable. One person said, "You can always go and see [manager's name] her door is always open."

Everyone I spoke with told us they would and in some cases had recommended the home to others. During our inspection we observed a person and their relative looking around the home with a view to coming to stay. They said that the home had been recommended to them by someone who was already living at the home whom they knew.

We saw that the home was undergoing a refurbishment programme and that people had been involved in planning this and deciding on colour schemes. The registered manager told us that during the main part of the refurbishment they had met regularly with people and the workforce to ensure that people were kept informed of progress.

The registered manager had a good understanding of people's needs and personal circumstances. We observed that throughout the day they interacted with people and their relatives. They told us that their priority was to ensure that people had a good quality of life.

Members of staff and relatives told us that the registered manager and other senior staff were approachable and supportive. The registered manager told us that they attended meetings with other homes who were owned by the provider. They also attended external meetings with local organisations such as the local authority which helped to support them in their role. They said that these meetings were useful for learning and exchanging ideas to improve services. Staff understood their role within the organisation and were given time to carry out their role. For example assistant managers were provided with allocated time to review and update care records. On the day of our inspection one of the assistant managers was on duty as an addition to enable them to carry out their administrative duties. The registered manager had introduced lead roles for the assistant managers' to ensure that staff were aware of issues such as infection control.

Staff said that they felt able to raise issues and felt valued by the registered manager and provider. They told us that staff meetings were held and if there were specific issues which needed discussing additional meetings would be arranged. We looked at minutes of a staff meeting held on 12 May 2016 and saw that discussions had taken place about staffing during the summer holiday period to ensure there were always sufficient staff. A member of staff told us, "It's a great place to work." They said they felt supported in their role and that staff worked as a team in order to meet people's needs.

Resident and relatives' meetings had been held on a regular basis. People told us they were aware of the residents meetings but not everyone we spoke to said they attended them. One person said, "I go to the residents meetings and am not backwards at coming forwards for instance the salad we are having today was my idea." The registered manager told us that the meetings were not usually well attended by relatives unless a specific subject was being discussed such as the refurbishment plans. We saw from the minutes of a meeting held in May 2016 issues such as activities and decoration had been discussed.

Surveys had been carried out with people and their relatives in August 2015 and positive responses received. Surveys had been carried out to gain people's opinions on issues such as security and cleanliness. We saw that following the survey carried out in 2015 actions had been put in place to address any issues raised. The registered manager told us that they encouraged people and staff to come and speak with them at any time and that she had an 'open door' policy. They said that they tried to resolve any issues of concern at an early stage to prevent undue stress to people and staff. A visiting professional told us that they had a good relationship with the home and that they worked in partnership with the local community nursing team to provide good care to people.

The service had a whistleblowing policy and contact numbers to report issues of concern, were displayed in communal areas. Staff told us they were confident about raising concerns about any poor practices witnessed. They told us they felt able to raise concerns and issues with the registered manager. The provider had informed us about accidents and incidents as required by law.