Holistic Care Provision Limited

Westwood 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

Overall summary

We inspected Westwood Care Home on 7 January 2015 and the inspection was unannounced.

The last inspection of this service was on 13 January 2014 and at that time the home was meeting all the regulations we inspected.

Westwood Care Home provides personal care and accommodation for up to 16 older people, some of who may have dementia care needs. The service is close to the centre of Selby. Bedrooms, toilets and bathrooms are provided on the ground and first floor. There are three shared bedrooms; one is en-suite and ten single bedrooms, one of which is also en-suite. There is a communal dining and lounge area on the ground floor, which leads to a secure outside garden area, which is easily accessible. There is no passenger lift; however a stair lift is available to the first floor. The second floor is for staff access only and has a manager's office, staff room and toilet.

The home has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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 living at the home, their relatives and staff told us people were safe and well cared for. Staff had been trained on safeguarding and whistle blowing and knew how to recognise and respond to allegations or suspicions of abuse.

There were enough staff on duty to meet people's needs. We observed staff were attentive to people's individual needs and knew people very well. Staff were trained to care and support people safely and to a good standard. There were very few changes to the staff team, which helped to ensure people received continuity of care. When new staff were recruited the required checks were done to make sure they were suitable to work in a care home.

People were supported to have their medicines safely and on time.

The home was clean, free of unpleasant odours and generally well maintained.

People who lacked capacity were protected under the Mental Capacity Act 2005 and the service was meeting the requirements of the Deprivation of Liberty Safeguards.

Daily routines were flexible to take account of people's preferences. There was a varied programme of social activities which included age appropriate games and events. People's dietary needs and preferences were catered for.

People's health, care and support needs were assessed and there were care plans in place to show how people were supported to meet their needs. People had regular access to the full range of NHS services. The people we spoke with told us they were involved in discussions about their care and treatment and where necessary relatives and people who knew them well were involved in planning their care too.

People we spoke with said they had no reason to complain about the service. They all said they would not hesitate to speak to the manager if they had any concerns. There had been no formal complaints in the last 12 months. The complaints procedure was up to date and displayed in the entrance hall.

People living in the home, visitors and staff told us the manager was approachable and 'good at her job.' The manager told us they were involved in all aspects of the day to day running of the home and encouraged people to talk to them if they had any concerns.

During the inspection we observed the atmosphere in the home was calm, relaxed and welcoming. People who lived in the home looked comfortable and at ease with the staff.

The manager told us there was a lot of informal consultation with people who used the service. Relatives were asked to complete a quality assurance questionnaire once year to share their views about the service.

Audits were carried out to check the quality of the service and identify any shortfalls. This meant that the registered manager and provider monitored the quality of the service being provided and could address any issues promptly and improve the service where necessary.

Summary of findings

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. The people we spoke with told us they felt safe living in the home. Visitors at the time of the inspection told us they were confident that their relatives were safe and well cared for. Staff had received training in safeguarding and whistle blowing and were aware of how to recognise and respond to allegations or suspicions of abuse.

There were enough staff on duty to meet people's needs. We observed staff were attentive to people's individual needs. Staff were recruited safely.

Medicines were managed safely and people received their medication at the right times and as prescribed by their doctors.

The home was clean, free of unpleasant odours and generally well maintained.

Is the service effective?

Good

The service was effective. People who lacked capacity were protected under the Mental Capacity Act 2005 and the service was meeting the requirements of the Deprivation of Liberty Safeguards.

Staff had a programme of training and were trained to care and support people who used the service safely and to a good standard.

People's nutritional needs were met. The menus offered variety and choice and provided a well-balanced diet for people living in the home.

The records showed people had regular access to healthcare professionals, such as district nurses, community psychiatric nurses, dieticians and doctors.

Is the service caring?

Good

The service was caring. People told us staff were kind and caring, treated them with dignity and respected their choices. This was confirmed by our observations, which showed staff displayed warmth and compassion towards people and were friendly and attentive to their needs.

Staff were able to tell us in detail about the care and support people who lived in the home required.

People's relatives told us they were always made to feel welcome and could visit at any time and spend time with their loved ones without restrictions.

Is the service responsive?

Good

The service was responsive. People's health, care and support needs were assessed and there were care plans in place to show how people were supported to meet their needs. The people we spoke with told us they were involved in discussions about their care and treatment.

People were offered a varied programme of social activities which included board games, music, fitness and visiting entertainers.

People told us they would not hesitate to talk to the manager if they had any concerns. The complaints procedure was up to date and displayed in the entrance hall.

Summary of findings

Is the service well-led?

Good

The service was well-led. The manager told us they had an open door policy and encouraged people who lived in the home, relatives and staff to talk to them if they had any concerns. People living in the home, relatives and staff told us the manager was a visible member of staff, very involved in the running of the home and approachable.

Quality assurance questionnaires were sent to people once a year to give them the opportunity to share their views on the service.

Audits were carried out to check the quality of the service and identify any shortfalls. Audits included the premises, care records, accidents and incidents and medication.

Westwood 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 7 January 2015 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.

Before the inspection we reviewed the information we held about the home. This included information from the provider, notifications and speaking with Healthwatch, the local authority contracts and safeguarding teams. Before our inspections we usually ask the provider to send us 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 did not ask the provider to complete a PIR on this occasion because we planned the inspection at short notice.

On the day of the inspection we spoke with ten people who lived at the home and three relatives. We spoke with two care assistants, the cook, a housekeeper, two team leaders, the registered manager and a director of the company. We spent time observing how people were supported and cared for in the lounge area and observed the meal service in the dining room at lunch time. We looked around the building including a random selection of people's bedrooms, communal bathrooms and toilets and the lounge and dining room. We looked at records which included three people's care plans, two staff recruitment records, staff training records, records relating to the management of the home and policies and procedures.

Good

Is the service safe?

Our findings

The people we spoke with said they felt safe living in the home. One person told us, "Yes I feel safe here." People's relatives also told us they were confident that their loved ones were safe and well cared for. The staff we spoke with told us people who lived at Westwood Care Home were safe because they made sure they were well cared for and listened to them when they needed anything or were unhappy about something.

People we spoke with talked positively about the staff and it was clear they trusted them. One person told us, "It is very nice, the staff are nice and people seem happy." Another person who lived at the service said, "the staff are very good" and "I like the fact that they [the staff] don't fuss but they are there when I need them." One relative told us, "Staff were very good and they work very hard." People approached staff, or asked for support freely and without hesitation. Staff were seen to be kind and patient, and continually communicated with people either verbally or by gesturing. We saw staff responded to non – verbal communication promptly and appropriately. For example we saw one person was unable to communicate their needs verbally and appeared to be uncomfortable and restless in their chair. We saw staff talked with them in a comforting and compassionate way. They supported the person to move to another chair and the person soon settled and was offered a hot drink, which they accepted. It was clear that staff could recognise when someone needed assistance or support, including those unable to request help. Staff told us how they recognised signs of discomfort for individuals and that there were clear records to guide staff in each case. This showed how staff knew people on an individual basis and how best to support them.

The staff we spoke with told us they had received training in safeguarding adults and were clear about how to recognise and report any suspicions of abuse. Staff were also aware of the whistle blowing policy. They knew how to report serious concerns to the appropriate agencies, outside of the home, if they felt they were not being dealt with effectively. This showed us staff were aware of the systems in place to protect people and raise concerns.

We asked the manager how they decided the staffing levels for the service. They told us the staffing numbers were based on the needs of the people who used the service. They said they reviewed people's needs continually by being closely involved in the day to day running of the home, talking to the people who lived there and their relatives and by talking to staff. They explained they had the flexibility to change the staffing levels in response to changes in people's needs. None of the people we spoke with raised any concerns about the availability of staff. During lunch time we observed there were three staff serving those in the dining room and no one was left waiting between courses. We saw staff were attentive and encouraged people to eat their meal, offering an alternative if needed and providing support in a discrete way. This showed us there were enough staff on duty to meet people's needs.

The registered manager told us the service had a very low staff turnover which helped to make sure people received continuity of care. We looked at two staff recruitment files and they showed the required checks were carried out before new staff started work. The manager told us that new staff started their induction training following receipt of an initial DBS (Disclosure and Barring Service) clearance and worked under supervision until a full DBS clearance was received. This was confirmed by the staff we spoke with. This helped to make sure people who lived at the home were protected from individuals who had been identified as unsuitable to work in a care home.

There were interview notes in the recruitment files we looked at. It is good practice to keep interview notes so that the provider can demonstrate their recruitment processes are fair and equitable.

During our visit we looked at the systems in place for the ordering, storage, administration and disposal of medicines. We found medicines were stored securely and there were appropriate arrangements in place for the safe management of controlled drugs. There were suitable arrangements in place for ordering repeat prescriptions and for obtaining medicines which were prescribed for people outside of the normal monthly cycle. Any medicines carried over from one month to the next were accounted for to make sure there was an accurate record of the amount of each medicine in stock.

A team leader told us if people refused to take prescribed medicines they were referred back to their doctor for a medication review. They told us medicines were not

Good

Is the service safe?

hidden, disguised or crushed so that people did not know they were taking them. No one using the service was administering their own medicines at the time of the inspection.

Records for "as required" and variable dose medicines showed the times and number of tablets administered. There were clear instructions to guide staff on the use of "as required" medicines. This meant medicines prescribed in this way were given consistently. The team leader, who was administering medicines on the day of the inspection, was aware of the precautions that needed to be taken when people were prescribed medication on an "as required" basis and had a comprehensive understanding of the medication policy used in the service.

All the staff who were involved in the administration of medicines had been trained and had annual training updates. A team leader and registered manager told us the pharmacist who supplied medicines to the home was very supportive and always willing to answer any questions they had about people's medicines. The records showed people's medicines were reviewed by their doctor on a regular basis. A team leader checked the medicines records and stock balances at each handover to make sure they were correct and any incoming medication was checked by two members of staff who sign to acknowledge the checks made. We saw evidence of this in the records.

In people's care records we saw that risk assessments had been carried out in relation to areas of potential risk such as moving and handling, falls, nutrition and pressure sores. When people were identified as being at risk there were care plans in place to show what action was being taken to reduce or eliminate the risk of harm.

We looked around and saw the home was generally well maintained. A rolling programme of maintenance was in place and work was prioritised according to need. Some superficial work was needed to repair décor, following a roof leak. However, this was in hand and planned for 2015. We saw that checks were carried out on the premises, installations and equipment. These included checks on the fire safety systems, gas, electricity, water temperatures, stair lifts and hoists. There were guidelines in place to inform staff on the action they should take in the event of an emergency. This showed there were suitable arrangements in place to protect people from the risks of unsuitable or unsafe premises.

When we looked around we found the home was clean and free of unpleasant odours. This helped to make sure people lived in a clean and pleasant environment and were protected from the risks of infection. We spoke with the housekeeper who told us about the way they worked and how they kept the home clean. Their cleaning schedules were well organised and they told us they took a pride in their work.

People's bedrooms were located on the ground and first floor. Access to the first floor was provided by a stair lift. This meant people who occupied the rooms on the first floor had to use a stair lift. The registered manager told us they carried out a risk assessment before people were offered accommodation in this part of the home. They told us people who were at subsequent risk of falling or became less mobile; they would be offered a ground floor room when one came available to make it easier for them to access their bedroom. However, staff were on hand throughout the inspection visit to support people if they wanted to go to their bedroom and needed support to use the stair lift. People told us they could access their rooms, one person told us, "I have a nice room with a chair where I can sit if I want to be alone." Another person said, "I can sit in my own room if I chose, and I do."

Good

Is the service effective?

Our findings

Staff were given information about the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) during their induction and had attended specific training on these topics. The registered manager told us they were aware of the recent Supreme Court ruling which could mean people who were not previously subject to a DoLS may now be required to have one.

The registered manager told us there were a number of people living in the home who could not go out alone because of concerns about their safety. It was clear from our discussions with the registered manager and staff that they were acting in people's best interests and this had been recorded in people's care records. Information included details of their capacity to make decisions and/or give consent to their care and treatment. This meant the service had suitable arrangements in place for acting in accordance with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. The registered manager was keen to provide a good standard of support and care for the people living in the home and in particular those living with dementia. The registered manager told us she was researching how they could improve standards in the home and was in the process of exploring the Department of Health initiatives around the care of older people, for example, "The Dementia Challenge."

The staff we spoke with told us they received the training they needed to help them understand and meet people's needs. We looked at the training records and saw that staff had regular training updates on safe working practices such as fire safety, moving and handling, infection control and safeguarding. Staff had also received training on areas such as nutrition, pressure area care and dementia. Staff were supported to develop the skills and knowledge they needed to meet people's needs. Six staff were working towards their National Vocational Qualification (NVQ) at level 2 or level 3.

Staff told us they had regular meetings with the registered manager and, because the service was relatively small, they saw one another regularly, meaning they could discuss the service on a daily basis.

The home had a four weekly menu cycle. People were offered a choice of food at breakfast and tea time. There was one main course at lunch time; however, the cook told us alternatives were available for people who did not like or want the meal on the menu. We observed the meal service at lunch time and saw that some people were offered an alternative meal. The food was nicely presented, was hot and looked appetising. People were given time to enjoy their food and when necessary we saw staff supported and gently encouraged people to eat. The cook was aware of people's dietary needs and preferences, and was able to give us examples of people's preferences and what they liked to eat instead. People told us, "The food is good/very good." People were seated at tables of two or four for their meal. It was clear that thought had been given to ability and capability in the seating arrangements and staff were available to offer encouragement and support without compromising the natural flow of the meal or the conversations between people.

When we looked at people's care plans we found risk assessments had been carried out to check if people were at risk of malnutrition. The records showed people's weights were checked at either monthly or weekly intervals, depending on the degree of risk. We saw that people were referred to the district nurse of their doctor if there were any concerns about their nutrition. We saw two people had been referred to a dietician to help support their food intake and staff had taken advice about the best methods of providing food when people were reluctant to sit at a table or dine with others. This showed there were suitable arrangements in place to make sure people's dietary needs and preferences were catered for.

Staff told us they worked closely with the district nurses and doctors to make sure people's health care needs were identified and met. We saw people had access to the full range of NHS services. Visits from health and social care professionals, such as district nurses, tissue viability nurse specialists, dieticians and doctors were recorded in people's care plans. We spoke with a healthcare professional who was in the service treating three people. They told us they had a positive working relationship with the staff in the home and that if they gave advice staff would follow it and alert them to any problems.

We saw people had been provided with appropriate equipment such as pressure relief cushions and mattresses and mobility aids to support their health and well-being. There were clear procedures for staff to follow when people needed medical attention, outside of the normal surgery hours. Staff told us they contacted the out of hour's doctor,

Good

Is the service effective?

the palliative care team out of hour's service or 999 depending on the circumstances. This showed there were appropriate arrangements in place to make sure people were supported to meet their health care needs.

Relatives told us the staff would do everything they could to make sure their relative was happy and comfortable. One relative told us, "Nothing is too much trouble. I would live here!"

Good

Is the service caring?

Our findings

The staff we spoke with were able to tell us about people's individual needs and preferences and how they supported people to meet their needs. They explained how they supported people to maintain their privacy, dignity and independence. For example, by making sure people were able to get up and go to bed at their preferred times. One of the staff we spoke with told us it was important to speak to people in the correct way and to always remember, "You are in a person's home and we are privileged to be in someone's home looking after them." Another member of staff told us, "It's not just a job, it's a vocation. We treat people here as family." Most of the staff we spoke with had worked at the home for several years and had built good relationships with people who lived in the home and their relatives. Staff we spoke with were proud of the work they did, one member of staff told us, "I walk out of here and I know people are happy. We make a difference; they are like our family so we have to get it right."

During the visit we observed a lot of friendly and caring interactions between staff and people who lived in the home. One person who lived in the home told us, "I like living here, the staff are like family."

The relatives we spoke with told us they were happy with the quality of the care provided. One person's relatives said, "I am very pleased with the care. They have been brilliant with my [relative]." Another relative told us, "It's A1 here, that's why I chose it. If you can have ten stars, it is ten stars."

Relatives were able to visit at any time and from our observations we saw they had built relationships of their own with the staff. Some visitors liked to stay for meals with their relative, and this was offered to them. Some visitors like to stay with their relative, for example, if someone was very ill. Again this was welcomed by staff and accommodated. This showed the home supported people's relatives and friends and encouraged them to take an active part in the day to day life of the home.

We observed all the staff were very respectful when talking with people who lived in the home. We saw staff responded quickly when people needed assistance or advice. For example, one person needed an item of clothing changing and this was done without fuss.

People looked well cared for. We saw people's clothing was clean and well fitting, people's hair had been combed and men had been shaved. When we looked around we saw people had personal belongings in their rooms such as pictures, ornaments and items of furniture. People's bedrooms were clean and tidy. This showed that staff respected people's belongings.

Good

Is the service responsive?

Our findings

We looked at three people's care records. People's needs were assessed before they moved into the home, to make sure the service could provide the care they needed. After people moved in their needs were assessed using a "long term needs assessment" record. The assessments included information about all aspects of people's lives, such as personal care, physical health and their psychological and social needs. The assessments were updated monthly or more regularly to take account of any changes in people's needs.

People had care plans in place which included information about their personal needs, preferences and abilities. When we spoke with staff it was evident they knew people's individual life stories and were heard referring to their past lives during conversations or reflecting on a news item on the television. We also overheard staff talking to people about their families, friends and general interests. Visitors told us they had been included in planning their relative's care, if they needed to provide additional information. One relative recalled their first encounter with the home, they had been impressed by the way the registered manager had asked, "Tell me about [name of person]," when she had contacted the home to enquire about a short stay. In other words, if we are looking after your relative, tell me about them, what they need, what they like. This had been an important step in the person's life and the person felt the registered manager had cared enough to ask about 'the person.'

There were care plans in place to show how people were supported to meet their identified needs. The staff we spoke with were able to tell us about people's individual needs and preferences. They told us they read and updated the care plans regularly and had daily handovers between shifts to make sure they were kept up to date with any changes in people's needs.

It was evident from our discussions with people who lived in the home, their relatives, staff and management that people were involved in discussions about their care and treatment.

We saw that daily routines were flexible to take account of people's individual needs. People could choose to spend their time in the communal lounge or in their bedrooms.

The home offered a varied programme of social activities which included visiting entertainers and puzzles. During our visit we saw staff engaging with people, looking at photograph albums and discussing daily events on the news. Staff told us they always celebrated special events and occasions such as people's birthdays. People told us they enjoyed the activities and that they had had a 'wonderful' Christmas. One person told us about what they enjoyed doing and said, "I like the garden and go out when I can. I've got to know the gardeners and they let me help them." Another person told us about their relative visiting and bringing their pet too, which they thought 'was lovely.'

The home had a complaints procedure which was up to date and displayed in the entrance hall.

The registered manager told us the service had not received any formal complaints in the last 12 months.

Is the service well-led?

Our findings

The service had clear lines of responsibility and accountability. All the staff we spoke with demonstrated a good understanding of people's needs and how best to support them. They said they enjoyed and 'loved' working at the home. One of the staff said they all worked together to create a homely atmosphere for people and another said, "We make it as much like home as we can." During the inspection we observed the atmosphere in the home was calm and relaxed. People who lived in the home looked comfortable and at ease with the staff.

The home did not hold formal meetings for people who lived there or their representatives. The registered manager told us they had an open door policy and regularly spoke with people who lived in the home and their relatives. They said they encouraged people to talk to them if they had any concerns so that they could address them. The people we spoke with told us they would not hesitate to speak to the manager if they had any concerns and were confident their concerns would be dealt with.

The service sent questionnaires to people who lived there and/or their representatives once a year to give them the opportunity to share their views of the service. The last surveys were sent in January 2014 and were due to be sent again. The registered manager told us they reviewed all the questionnaires and followed up any areas of concern. We looked at a selection of thank you cards which the home had received in the last six months and saw the comments were positive. One person had written, "Thank you for the fantastic care." Another person's relative had said, that their relative had been treated with dignity, that the room was kept clean and that staff had gone the extra mile to provide the things their relative enjoyed.

The staff we spoke with told us they did not have regular staff meetings and the registered manager confirmed this.

The registered manager said they had tried staff meetings in the past but found they did not work very well. They said they preferred to communicate with staff in small groups, for example at the handover between shifts, and staff we spoke with agreed with this.

The registered manager told us there was a programme of audits and checks in place which included checks on the fabric, furnishing, maintenance and cleanliness of building and on the medication systems. When we looked at the management of medicines we saw that one of the team leaders checked the medicines records and stock balances at each handover to make sure they were correct.

The registered manager and one of the team leaders carried out monthly checks on the care plans. People's care plans we kept electronically and we noted that each entry was dated and timed; it also showed who had made the entry. Staff told us they liked the system and that it was easy to use. This meant people received care which was appropriate and safe because their care records were accurate and up to date.

Accidents and incidents were recorded and monitored by the registered manager. They told us action was taken to address individual risks. For example, they told us they used pressure mats to alert staff to people getting out of bed when people had been identified as being at risk of falling. In addition, if someone had a high risk of falls they referred them to the district nurse who carried out a more detailed falls assessment and advised on how to minimise the risk. This was supported by the information we saw in people's care records. The registered manager also told us they carried out an overall analysis to identify possible trends and patterns in falls and incidents. This meant they could easily identify, assess and manage potential risks to the safety and well-being of people who lived at the home.