

Roshan Panchoo

Westhill Care Home

Inspection report

39-41 Westway
Caterham
Surrey
CR3 5TQ

Tel: 01883341024

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Westhill Care Home is a residential care home providing accommodation for up to nine people requiring personal care. The service provides support to people with a learning disability and autism across two residential properties. At the time of our inspection, there were eight people using the service.

People's experience of using this service and what we found

We were somewhat assured the service were following safe infection prevention and control procedures to keep people safe. We identified that the provider did not have systems in place to ensure all relevant visiting professionals were checked for their COVID-19 vaccination status prior to entering the service. When we highlighted this, the provider took immediate action to address this and implemented appropriate systems.

People who used the service and their relatives told us they felt safe with staff and that they were kind and caring towards them. Staff were aware of risks associated with people's care and how to reduce these. We observed sufficient staff being deployed and people did not have to wait for support.

People's medicines were stored and administered safely. The provider regularly reviewed the use of 'as required' medicines to ensure these were used as a last option. We saw from records that healthcare professionals had been involved in people's care. People had risk assessments in place to reduce known risks and included instructions for staff to follow.

Staff had received supervisions and told us they felt valued and supported by the provider. Staff understood their role and responsibilities and knew who to approach for support if they needed to.

There was a positive culture in the service and relatives told us this gave them a peace of mind. People, their relatives and staff spoke highly of the management of the service and told us they felt confident approaching the provider if they had suggestions on how to improve the service.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

Based on our review of the key questions Safe and Well-led, the service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support: Model of care and setting maximises people's choice, control and Independence

People were supported by staff to make their own choices in relation to their care and people were encouraged to have control in their daily lives. Staff used a variety of methods to communicate with people

to ensure they were able to express their views.

Right care: Care is person-centred and promotes people's dignity, privacy and human rights

The service was situated in a residential area and there were no outward signs to differentiate it from other houses in the street. Local shops and amenities were within close proximity of the service. Staff knew people well and ensured they were supported appropriately with their care needs and relatives told us people lived dignified lives that respected their human rights.

Right culture: Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives

The culture of the service was inclusive and encouraged individuals to express their views. People who used the service, their relatives and staff spoke highly of the leadership and culture in the service. Relatives told us they felt people were supported to lead confident and empowered lives.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 9 December 2017).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively. This included checking the provider was meeting COVID-19 vaccination requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has not changed following this focused inspection and remains good. This is based on the findings at this inspection.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our Safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-led findings below.

Westhill Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of two inspectors.

Service and service type

Westhill Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Westhill Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection:

We spoke with four people who used the service and five relatives about their experience of the care provided. We spoke with five members of staff including the provider, deputy manager and care workers. We reviewed a range of records including four people's care records, four people's medication records and fire safety records. We reviewed three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed including audits, policies and procedures. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection

We sought feedback from healthcare professionals who work with the service. We sought clarification from the provider to validate evidence we found. We reviewed documentation in relation to quality assurance and policies.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People who used the service and their relatives told us they felt safe with staff. One relative told us, "100% safe there. I have every confidence in them there." Another relative told us, "[Person] is safe. No concerns."
- Staff understood what constituted abuse and what they would do if they suspected abuse. One member of staff told us, "[Abuse could be] physical, financial, emotional. If I saw something I would talk to manager; if they would not listen, I would go higher, never done that but I know online contacts for them (the local authority and safeguarding)."
- We reviewed training records which showed staff had received training for safeguarding and staff we spoke with confirmed this.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People's individual risks had been assessed and this included guidance on the steps staff should take to manage risks. For example, where people had been identified as at risk of choking, records showed that Speech and Language Therapists (SaLT) were involved in the care of the individual.
- Staff told us they knew what to do in order to reduce known risks. One member of staff told us they had completed training to support people with a learning disability and autism and this involved strategies to recognise and de-escalate if a person becomes distressed. Another member of staff explained that they would ensure the appropriate textured diet was offered to people to reduce the risk of choking.
- The provider had monitored accidents and incidents to identify ways to reduce the risk of recurrence. This involved discussing incidents with staff, looking at what could be done differently and undertaking individual reflective practice supervisions.
- We reviewed fire safety documentation which showed that the provider had undertaken regular checks of the premises and addressed highlighted actions appropriately. The provider had an emergency evacuation plan and people had individual personal emergency evacuation plans (PEEPs) in place.

Staffing and recruitment

- People and their relatives told us there were sufficient suitably skilled staff to meet their needs and they did not need to wait for staff. We observed there were staff effectively deployed at the service. One relative told us, "Yes [there are sufficient staff] and some of the staff from day one are still there. That makes a massive difference. The retention of staff is great which I think says something."
- The provider had followed safe and effective recruitment practices. We reviewed staff files which showed the provider had undertaken appropriate checks prior to commencing employment. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

- People's needs had been reviewed by the provider and staffing levels were adjusted accordingly to ensure their care and social needs could be met.

Using medicines safely

- People's medicines were managed in a safe way. People had medication administration records (MARs) in place. The MARs included people's allergies, a recent photograph, preferences on how people like to take their medicines and protocols for 'as required' (PRN) medicines.
- Where medicines were administered in the best interest of the individual, we saw healthcare professionals and other relevant professionals were actively involved to ensure this was in line with national guidance and legislation, such as the Mental Capacity Act.
- The provider had monitored the storage temperature of medicines to identify shortfalls which could be acted upon to ensure these were stored in line with manufacturers' directions.
- Staff had undertaken training and competency checks to ensure they had the skills required to administer medicines. The provider had undertaken weekly audits of medicines to identify and address shortfalls.
- Where people were prescribed topical medicines (medicines applied to the skin), there were body charts in place to inform staff where to apply these.

Preventing and controlling infection

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using personal protective equipment (PPE) effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- The provider's approach to families and friends visiting the service was in line with government guidance on care home visiting. Visitors were required to undertake a rapid test for COVID-19 and return a negative result before entering. Visitors were required to wear PPE and to follow good hand hygiene in order to reduce the risk of infection to people who used the service.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement.

The Government has announced its intention to change the legal requirement for vaccination in care homes.

- Whilst all staff deployed at the service had been vaccinated in accordance with the legal requirement, there were no systems in place to ensure that all relevant visiting professionals were checked for their COVID-19 vaccination status prior to entering the service. This increased the risk of people contracting COVID-19 from those entering the service. When we highlighted this to the provider, they immediately updated their visiting process and informed us that they would ensure this is checked prior to allowing entry into the home.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People who used the service and their relatives were complimentary about the management and culture of the service. One relative told us, "[Person is] much more independent definitely and has much more of a quality of life. I can trust them. [Person is] always happy." Another relative told us, "He's got his independence. That's the good thing about the home. It's a peace of mind." A third relative told us, "It's a lovely atmosphere."
- Staff were positive about the management of the service and told us they felt there was a positive culture at the service. One member of staff told us, "We [receive] support morally [and] if we need anything, any kind of equipment, it is there and delivered. Whatever we need to support them (people) as well, we get."
- We observed staff interacting with people in a kind and caring manner. Staff knew people's needs well and ensured people were empowered to live independent lives. One member of staff commented, "It is good, helping [persons] to have [a] decent lifestyle in the community."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Services providing health and social care to people are required to inform the Care Quality Commission (CQC) of important events that have happened in the service. The provider had informed the CQC of significant events including incidents and safeguarding concerns.
- Relatives told us they had been informed of changes to people's healthcare needs or when there had been an incident. One relative told us, "They always phone me up." Another relative commented, "Even if [person who used the service] is a bit off colour, they always let me know or if the doctor's changed the medication."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a clear structure of governance in place and staff told us they knew their responsibilities. Staff commented that they knew who to approach if they were unsure what to do and that they had received regular supervisions.
- Where we highlighted an area of concern during the inspection, the provider took immediate action to address these and continued to update us following the inspection. For example, where the provider did not have systems in place to check visiting professionals' COVID-19 vaccine status, they immediately took action to address shortfalls. Please see the Safe key question of this report for further details.

- Staff had undertaken regular handovers to ensure there was continuity of care for people. This included updating colleagues of changes in people's needs and reminding each other of changes in guidance or regulations.
- The provider had undertaken regular audits of the quality of care in the service and taken action where they identified areas of improvement. This included audits for infection prevention and control, medicines and health and safety.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People and their relatives had opportunities to attend meetings and provide feedback on the service. One relative told us, "There's usually a meeting. I think they're brilliant." Another relative told us, "They will call me or send me an email and we have a discussion and agree."
- The provider had sent regular surveys to people who used the service and visitors. These were very positive about the service and everybody asked responded that they found staff respectful and approachable; and that they knew the complaints procedure including who was in charge of operating the service.
- Relatives told us management were approachable and they felt confident that their suggestions would be listened to. One relative told us, "I can make suggestions. I'm sure they would listen. I could say '[provider] I'm not happy' and [provider] listens." Another relative told us, "They do listen to suggestions."
- Staff told us they felt valued and that they could share ideas on how to improve the service. One member of staff told us, "We talk, meetings, discuss how we can do things, improve things, if not working." Another member of staff told us, "If something new [is] needed or upgrade on something, they (the provider) go through that every day and they rectify it."
- The provider had an Equality and Diversity policy in place which informed staff of the different kinds of discrimination and what steps could be taken to empower people to live independent lives free from discrimination. For example, there were case studies on different scenarios staff may encounter when supporting people with their daily care needs.

Working in partnership with others

- People and their relatives told us they had access to healthcare professionals when they needed this and this was done in a person-centred manner to ensure the person is supported appropriately. One relative told us, "I usually go with [person to their appointments] as well [to reduce person's anxiety]. I'm very happy with the home." Another relative told us, "They call the doctor and [person] has six monthly [health review] appointments."
- We reviewed care records which showed that relevant healthcare professionals had been involved in people's care. One healthcare professional told us, "Westhill are good. They're so nice to the [people]. They treat [people] really well."