

Westminster House Residential Care Limited

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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

The inspection took place on the 26 and 27 January 2015 and was unannounced.

Westminster House provides accommodation for up to 12 persons who require personal care without nursing. This includes people who need assistance with personal care and may have care needs associated with living with dementia and mental health issues. At the time of our inspection 10 people were using the service.

The service has 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 about how the service is run.

Summary of findings

People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed.

People's needs were met due to staff having up to date information. Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

People were safeguarded from the potential of harm and their freedoms protected. Staff were provided with training in Safeguarding Adults from abuse, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The manager was up-to-date with recent changes to the law regarding DoLS and knew how to make a referral if required.

Staff were attentive to people's needs. Staff were able to demonstrate that they knew people well. Staff treated people with dignity and respect.

People were provided with the opportunity to participate in activities which interested them. We saw that these activities were diverse to meet people's social needs.

The service worked well with other professionals to ensure that people's health needs were met. People's care records showed that, where appropriate, support and guidance was sought from health care professionals, including a doctor, district nurse and occupational therapist.

People knew how to make a complaint; complaints had been resolved efficiently and quickly.

The service had a number of ways of gathering people's views from talking with people, staff, and relatives and from using surveys.

The manager carried out a number of quality monitoring audits to help ensure the service was running effectively and to make improvements.

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?

The service was safe.

People felt safe at the service. The service took measures to keep people safe.

Staff were recruited and employed after appropriate checks were completed. The service had the correct level of staff on duty to meet people's needs.

Medication was stored appropriately and dispensed in a timely manner when people required it.

Good



Is the service effective?

The service was effective.

Staff were supported when they came to work at the service as part of their induction. Staff attended various training courses to support them to deliver care and fulfil their role.

People's food choices were responded to, and there was adequate diet and nutrition available

People had access to healthcare professionals when they needed to see them.

Good



Is the service caring?

The service was caring.

Staff knew people well and what their preferred routines were. Staff showed compassion towards people.

Staff treated people with dignity and respect.

Good



Is the service responsive?

The service was responsive.

Care plans were individualised to meet people's needs.

There were varied activities to support people's social and well-being needs. People accessed activities in the local community.

Complaints and concerns were responded to in a timely manner.

Good



Is the service well-led?

The service was well led.

People, staff and relatives were all complimentary of the management and the support they provided.

The service had a number of quality monitoring processes in place to ensure the service maintained its standards.

Good



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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 26 and 27 January 2015 and was unannounced. The inspection was completed by an Inspector from Adult Social Care.

Before the inspection we reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service has to let the CQC know about. We also reviewed safeguarding alerts and information received from a local authority.

During the inspection 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.

We spoke with six people who used the service, two relatives, two senior care staff, the manager and a two visiting health care professionals. We reviewed four care records, training records, four staff recruitment files, audits and minutes of staff meetings.

Is the service safe?

Our findings

People told us they felt safe living at the service. One person told us, “I like living here, I feel safe.” Another person told us that, “I feel safe here, and I never want to leave.”

Staff knew how to keep people safe and protect them from potential harm. Staff were able to identify how people maybe vulnerable and what they could do to protect them. Staff told us, “If I had any concerns I would raise them with the manager.” Staff also told us that they would raise concerns with external agencies if they felt this was necessary.

Staff had the information they needed to support people. Staff undertook risk assessments to keep people safe. These assessments identified how people could be supported to maintain their independence. The assessment covered preventing falls, how to keep people safe, and how to support people’s mental health for example when they become anxious or agitated. Staff were trained in first aid, should there be a medical emergency and they knew to call a doctor or paramedic if required.

People were cared for in safe and well maintained environment. The manager completed regular checks on the environment and equipment used within the service and had contact numbers to call in the event of an emergency, such as a plumber or electrician. For day to day maintenance the service employed a handy person which meant issues could be addressed quickly with minimal impact on people.

There were sufficient staff available to meet people’s needs. Staff were not rushed during their interaction with people. Staff told us that the service did not run to set times so they did not feel rushed to complete care. They told us that they felt there was enough staff on duty to meet people’s needs. A relative told us, “The staffing level is good.”

People received care from a consistent staff team. The manager did not use any agency at the service and any shortfalls of staff were covered by them or other members of staff. The manager assessed the level of staff required to support people’s needs on a regular basis and told us when necessary the staffing number was increased to meet people’s changing needs.

The manager had an effective recruitment process in place, including dealing with applications and conducting employment interviews. Relevant checks were carried out before a new member of staff started working at the service. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS). The manager told us that she had frequently employed people who had previously worked at the service as a volunteer and then had decided they wanted a career in caring.

People received their medications as prescribed. One person told us, “I get my medication when needed.” People told us they would ask for extra medication such as painkillers if needed. Medication was stored safely. Senior staff who had received training in administration and management of medication dispensed the medication to people. Staff told us that they renewed this training regularly.

We observed part of a medication round. This was done efficiently and in a timely manner. Staff checked medication administration records before they dispensed the medication and they spoke with people about their medication. The manager told us that she observed staff practice regularly when administering medication and kept regular audits, to ensure safe practice was being completed.

Is the service effective?

Our findings

People received effective care from staff who were supported to obtain the knowledge and skills to provide good care. Staff told us that they had been supported to achieve nationally recognised qualifications in care. One staff member told us, “The training opportunities here are good.” Another staff member told us, “I have been trained so that I can deliver training directly to staff.”

Staff told us when they first came to work at the service they had a comprehensive induction. They said this induction included working with other members of staff and being supervised by the manager or more experience staff. The manager mentored new staff to develop their skills. One member of staff said, “I receive regular supervision from my manager and a yearly appraisal.” The manager told us they discussed training during supervision to identify which courses staff could benefit from attending. Staff also told us how skilled professionals came to the service to deliver training for example they said, “The community psychiatric nurse, gave us training on dementia care and challenging behaviour.” Staff found these sessions very helpful and it supported them in caring for people.

Staff knew how to support people in making decisions and how people’s ability to make informed decisions can change and fluctuate from time to time. The service took the required action to protect people’s rights and ensure people received the care and support they needed. Staff had received training in Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS), and had a good understanding of the Act. Appropriate applications had been made to the local authority for DoLS assessments. We saw assessments of people’s capacity in care records.

People said they had enough food and choice about what they liked to eat. We saw throughout the day people were provided with food and drinks. People told us they enjoyed the food, one person said, “The food is lovely.” Another person said, “I like it when [staff name] makes curry.” A relative told us, “The food is always well presented.” We were told that people had chosen the menus that were on offer, but still had choice if, on the day they did not wish to eat the choice, staff would make them an alternative.

During a mealtime we saw this was a very social occasion, with some staff sitting with people and eating lunch with them and joining in conversations. Some people needed support with eating and we saw staff sitting with them, talking to them and offering food and drink at their pace.

Staff told us that they believed meals should not be rushed, and we observed the environment was very relaxed throughout the meal time. People enjoyed their food and when we asked them if they had enjoyed their lunch everyone gave us a positive answer.

People had access to healthcare professionals when they required them. One person told us that they had previously had pneumonia, they said, “Staff called the doctor, and I spent a bit of time in hospital, it was ok as all the staff came to visit me.” Another person told us, “The GP comes to see me if I need him.” During our inspection there was a visiting GP who had been called out to check on a person’s health. There was also a district nurse visiting completing health checks on people. We spoke with the visiting health professionals and they told us that, “The service is very good at accessing healthcare for people and always made prompt referrals.”

Is the service caring?

Our findings

The service provided a very caring and supportive environment. People told us, “The staff are very good.” Another person told us how a staff member helped them with their personal care, they said, “[Staff member] helped wash my hair this morning, she is lovely.” A relative told us, “The staff are very friendly and approachable.” Another relative said, “The staff are all caring, mum loves them.”

Staff spent time talking and sitting with people. On many occasions staff were sitting holding people’s hands and talking to them or supporting them with food and drink. We noted staff frequently approached people to check they were warm enough and offered them blankets, or to see if they needed anything else. People were relaxed and friendly with staff, having everyday discussions with them, such as what their plans were or what was on the menu.

Staff knew how to support people’s individual needs. On one occasion when somebody became upset staff approached them waving their arms and singing. The person immediately responded with a smile and began waving their arms to. The staff member continued to do this and then sat with the person speaking with them. The person was no longer distressed and was engaged with the member of staff.

A relative told us how they turned up unannounced to look around the service before their relative went to live there.

They said, “When I walked in staff were sitting on the floor with people, playing games and some were cooking with flour everywhere.” She said, “It immediately felt like a home and where I wanted my relative to live.”

Staff knew people well, including their preferences and life histories. People came from different backgrounds and had different beliefs, including religious beliefs. People were supported in following their faith by the involvement of different religious groups. One person told us, “I am Jewish, I like listening to Jewish music and dancing, the staff do this with me.”

People and their relatives told us they were involved in making decisions about their care. The manager told us that she believed in involving everybody as a team. People also told us they had an advocate that they used if needed. An advocate is an independent person who can support people to ensure their wishes and rights are being respected.

Relatives told us they felt people had enough privacy, they said if they wished, they could visit people in their rooms, rather than in the main lounge. We observed staff treating people with dignity and respect. We heard one staff member asking a person if they wished them to leave the room briefly whilst they attended to their personal care.

People’s confidential information was stored securely in locked cupboards or in a locked office. We asked a relative if they felt people’s privacy and confidentiality was respected, they said they did.

Is the service responsive?

Our findings

The service was responsive to people's needs. People and their relatives told us that they were involved in planning and reviewing their care needs. We saw from care records that people were supported as individuals, including looking after their social interests and well-being.

Relatives told us they were involved in reviewing people's care needs with them and staff. One relative told us, "The staff involved me in discussing care needs." The manager said that they, "Believed in a team approach in planning care." They went on to say that everyone should be included in identifying the support requirements of people and how these can be met.

Staff we spoke with showed a good understanding of people's care needs and routines. They were able to describe how people liked to be supported and what their preferred routines were. The care plans were individual to people's needs and described how to best support them. The manager told us that the care was regularly reviewed at least monthly. One relative said, "I come in for the reviews." This told us that the care provided by staff was up to date and relevant to people's needs.

The service responded to people's individual needs. A relative told us how their relative preferred to remain in a chair at night rather than going to bed, following discussions with staff and concern for pressure area care, their relative agreed to spending short periods on a bed. The relative went on to say, "Sometimes she will refuse, and sometimes she will spend a few minutes on a bed, staff always keep me informed." This told us staff were respecting people's choices but were responsive to their

health needs. The manager told us that one person used to work nights and they preferred some nights not to go to bed but to sit with the night staff, chatting. Staff were supportive of this routine. Another person becomes distressed at night and sometimes also prefers to sit with the night staff or for the night staff to sit in their room with them. The manager told us that the staff supported this person when required to ease their distress.

People were supported to follow their own interests in the community and at the service. One person we spoke with was knitting she told us, "I like knitting and I make dog blankets for guide dogs." Some people liked going in to the community to local pubs, shops and cafés. The manager told us that staff or relatives supported people with these trips. One person told us, "I use to like trips to the seafront but I prefer to stay in now." Staff offered many activities for people to join in if they wished that were individual to them. People were engaged in their own chosen and favourite activities with staff support, for example, painting, listening to their choice of music and playing games.

The service tried to prevent social isolation. People were supported to stay in touch with friends and relatives, and to spend time with them at the service or in the community. One person told us, "My friend is coming to take me out for coffee." Another person told us, "My friends from church come and visit me."

People we spoke with said if they had any concerns or complaints they would raise these with the manager. Staff knew how to support people in making complaints. Relatives also told us if they had any concerns they would raise these with the manager or care staff.

Is the service well-led?

Our findings

Everyone we spoke with knew the manager and were very complimentary of them. People and their relatives told us that they regularly spoke with the manager. One relative told us, "I meet with the manager on a regular basis."

Staff told us that the service main vision was, "To support people as if they were in their own home." They also said, "To treat people as individuals with individual needs." A relative told us the service was, "Very welcoming with a happy atmosphere." Another relative told us, "The service felt like home." One person told us, "I have lived here for four years, I like it here." From these comments it was clear the service was meeting its own vision and aims to deliver good care to people.

The manager was very visible within the service. They knew everybody well and spent time individually with people at the service. People were very relaxed and talkative in their interactions with the manager.

The manager gathered people's views through questionnaires, and these included topics such as food, ambience, staff attitude, response to calls and improvements. The manager told us they sent these questionnaires to people, relatives and external healthcare

providers. The information gathered was shared with staff and used to improve the service delivery. For example, menus had been changed in response to people's comments.

Staff told us that they found the manager very supportive of them. Staff were able to describe to us their role within the service and what their responsibilities were. They told us that they had regular staff meetings with the manager to discuss the running of the service and any ideas they may have. Staff told us that they used these meetings to discuss the care people received and to share any learning from accidents or incidents.

To ensure a quality service that continually improves for people, the manager commissioned an external audit of the service. This is where an independent person comes in and observes how the service is run, highlights good practice and makes recommendations for any improvements required.

The manager also had a number of internal quality monitoring systems in place to continually review and improve the quality of the service provided to people. For example they carried out regular audits on people's care plans and medication management. They used this information as appropriate to improve the care people received.