

Thornton Care Limited

# Westport House Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

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>Requires Improvement</b> 

# Summary of findings

## Overall summary

### About the service

Westport House Care Home is a residential care home providing personal care to 10 people aged 65 and over at the time of the inspection. The service can support up to 11 people.

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

Medicines were administered safely; however good practice guidelines were not always followed. We have made a recommendation about the management of some medicines. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies in the service supported this practice. However, not all restrictions were documented on Dols applications. We have made a recommendation the service work within the principles of the MCA.

Care plans and risk management documents did not always hold comprehensive information. We have made recommendations about this. Language used and written did not always promote people's dignity, bed rails were referred to as cot sides. We have made a recommendation about this.

Safe systems of recruitment were in place and people told us they felt safe. People's needs were assessed before they moved into Westport House. Staff received induction, training and support they needed to carry out their roles effectively. People's nutritional and health needs were met.

People were relaxed and comfortable in the company of staff. Staff and managers knew people well. One relative said, "Staff know [family member] well. She is always smiling, and that is reassuring for me." People were treated with respect and dignity; staff supported people to maintain their independence.

People were provided with personalised care that took account of their needs, wishes and preferences. There was a caring rapport and familiarity. There was an appropriate system to manage complaints. People's wishes for end of life care and support were identified, respected and recorded.

Everyone was positive about the registered manager and the way the home was managed and organised. The home worked in partnership with a variety of agencies to ensure people received all the support they needed. Staff felt well supported by the registered manager and management team.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good published 06 September 2017.

### Why we inspected

This was a planned inspection based on the previous rating.

### Enforcement

We have identified breaches in relation to Good governance at this inspection. We found audits did not always identify the improvements that were required.

Please see the action we have told the provider to take at the end of this report.

### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Westport House 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 Care Act 2014.

#### Inspection team

One inspector carried out the inspection

#### Service and service type

Westport House Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection, including information from the provider about important events that had taken place at the service, which they are required to send us. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report.

#### During the inspection

We spoke with one person who lived at the home and two relatives about their experience of the care provided. We spoke with five members of staff including the provider, registered manager, two care staff and the activities co-ordinator. We observed people receiving support to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records and multiple medication records. A variety of records relating to the management of the service were also reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with two relatives who regularly visit the home.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- The registered manager managed assessed risks to keep people safe. Staff had up to date knowledge of areas of risk to keep people safe. Care plans did not always clearly identify current risks.
- Staff knew how to support people in an emergency. People had personal emergency evacuation plans which ensured in case of a fire there was guidance on how to support people out of the building. Not all plans had comprehensive information to support a safe evacuation from the building. We spoke with the registered manager who stated they would review all records. The personal emergency evacuation plans were updated during the inspection.

We recommend the provider review all documentation related to risk management and act to update their documentation accordingly.

Using medicines safely

- People received their medicines when they should. However, there was no record of how much 'as and when required' medicine was on site. People who had creams administered did not have guidelines on where to administer the cream. Staff who administered medicines had completed relevant training yearly, however, their competence had not been assessed through observations.

We recommend the provider consider current guidance on the administration and management of prescribed creams and medicines and act to update their practice accordingly.

Staffing and recruitment

- The registered manager followed safe staff recruitment procedures. All the necessary background checks, including criminal records checks being carried out with the Disclosure and Barring Service were carried out. This ensured only suitable people were employed to support people who may be vulnerable.

Preventing and controlling infection

- People were protected against the risk of infection. We completed a tour of the home found the environment to be clean and well maintained.
- Staff had access to personal protective equipment (PPE) such as gloves and aprons. We saw staff used PPE when appropriate. Staff confirmed there was enough PPE, such as disposable gloves, hand gels and aprons to maintain good standards of infection control.
- The home had been awarded a five-star rating following their last inspection by the 'Food Standards Agency'. This graded the service as 'very good' in relation to meeting food safety standards about good cleanliness, food preparation and associated recordkeeping.

### Learning lessons when things go wrong

- Accidents and incidents were appropriately recorded. The registered manager and provider reviewed all falls and incidents to look for patterns and themes to minimise the risk of further incidents.

### Systems and processes to safeguard people from the risk of abuse

- The service had effective safeguarding policies. Staff told us training was provided and regularly updated and they knew how to raise any concerns to the appropriate authority.
- The registered manager was aware of their responsibility to report concerns to the relevant external agencies. One relative told us, "I have a lot of confidence in the staff team. [Relative] is truly safe."



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager took the required action to protect people's rights and ensure people received the care and support they needed. Applications had been made to the local authority for DoLS assessments. However, the principles of the MCA were not always being followed. People's mental capacity had been considered however, the documentation in place to support the principles of the MCA was not always fully completed. We discussed the principles of the MCA with the registered manager who was able to demonstrate a good understanding of the process and assured us this would be followed.

We recommend the provider works within the principles of the MCA.

- Staff knew how to support people in making decisions and how to offer choice with day to day decisions and activities. Consent to care and treatment was routinely sought.

Supporting people to eat and drink enough to maintain a balanced diet

- We observed lunch service at the home. We overheard one person say, "Thank you that was lovely." However, we also observed one person required additional support with their meal. We discussed this with the registered manager and provider.
- Staff ensured people had a balanced diet and enough fluids to keep them hydrated. Care plans confirmed people's dietary needs had been assessed. We saw snacks and drinks were provided throughout the day.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had their needs assessed before they came to live at Westport House Care Home. Information gathered during assessment was then used to create people's care plans. One relative said, "Everything [relative] needs is catered for."
- We saw the registered manager was aware of current legislation, standards guidance to achieve effective outcomes. They attended local forums to ensure their knowledge was up to date. This ensured people received care which met their needs and protected their rights. Care and support for people was reviewed regularly or when people's needs changed.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and had completed regular training for their role. We received positive feedback on how staff cared for people. Our observations showed staff had the skills and experience to deliver effective care. One relative said, "The level of care is outstanding. It is tailored to advanced dementia."
- Staff told us they felt supported by the registered manager and received regular supervision and yearly appraisals. One staff member told us, "[Registered manager] is always there to listen, always there to help. We work as a team here."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff had a good understanding about the current medical and health conditions of people they supported. The registered manager worked effectively with healthcare professionals to ensure people's healthcare needs were met. One relative said, "Everything [relative] needs, emotionally and physically is catered for and discussed with me. They contacted the G.P immediately when they needed to."

Adapting service, design, decoration to meet people's needs

- Accommodation was accessible, safe, homely and suitable for people's needs. People were able to bring their own items into their rooms and to personalise their rooms. One relative said, "I have every confidence in the environment. The homely domestic setting is not as confusing as bigger homes. It has a familiarity of people's own home."
- There was signage around the building which helped support people who lived with dementia to understand their environment. Corridors were free from clutter which promoted people's independence. There was a lift to help people access rooms on the first floor.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People's care plans guided staff on people's interests and how independent they were. Staff interaction showed people were valued and respected. However, sometimes people's current skills and abilities were not clearly advertised. We also noted some language used by some staff and recorded in some documentation did not always promote people's dignity. We spoke with the registered manager and provider who told us they would review their paperwork.

We recommend the provider consider best practice on promoting people's dignity and act to review and update staff practice accordingly.

- People's privacy was promoted and protected. We observed staff knock on doors before entering and all support was provided behind closed doors.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by caring and respectful staff who knew people well. One relative told us, "Because of the registered managers attitude, it's a top down culture of caring." Feedback supported the positive care people received. We read, 'Thank you for everything you did for [relative]. You made her happy and you were kind and caring.' We also read, 'Carers are patient and clearly well trained reflected in their professional and kind manner.'

- We observed people were comfortable in the company of staff and actively sought them out. We saw one person smile and hug a staff member when they saw them for the first time that day.

Supporting people to express their views and be involved in making decisions about their care

- The culture at Westport House Care Home was inclusive, caring, kind and compassionate. This reflected the attitude of staff and the registered manager.
- People and relatives were consulted about the care and support offered. Staff encouraged people to make daily choices and involved them in doing so. One person told us, "The staff are very caring. They are busy but always have time for a chat."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans were personalised and written with people's and relative's input as much as possible. However, for one person with limited verbal communication, there was no information on how to communicate effectively. There were also no strategies to respond to a potential health condition. A second person had contradictory information in their care file which could impact on their health. However, staff knew people well and had up to date knowledge on people. We discussed this with the registered manager who stated they would review the information recorded about people's care.

We recommend the provider review people's care plans to ensure all relevant information is included.

- The management team completed an assessment of people's needs before they could move into Westport House Care Home. This ensured the service was right for the person and their care needs could be met.
- The activities co-ordinator was meeting with people and their relatives to gather information on their culture, life experiences and preferences to gain further insight on people.
- Staff were responsive to people's needs. Staff knew people's likes, dislikes and preferences and used this information to care for people in the way they wanted.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager worked with community-based health professionals to provide aids that promoted positive communication. Staff recognised the importance of giving people time to respond. Staff knew how best to communicate with people who may be anxious.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The registered manager supported people to maintain relationships with loved ones who were important to them. There were no restrictions on visiting times and relatives told us they were welcomed into the home by staff.
- People were supported to take part in activities that were meaningful to them. The provider employed two activities co-ordinator who organised individual and group activities. The activities co-ordinator we met

during the inspection told us they visited people in their rooms if they could not leave their rooms to participate in activities. One relative said, "Individual interests are encouraged. It's given them back their humanity being treated as an individual."

#### Improving care quality in response to complaints or concerns

- There were processes to ensure all complaints would be dealt with appropriately. One person told us they were happy with the care and had no reason to complain. Relatives we spoke with said they were very confident if they ever had any concerns these would be dealt with professionally.

#### End of life care and support

- People's end of life wishes including their resuscitation status had been recorded in their care plans.
- The staff worked with the local health professionals to ensure people had dignified and pain free end of life care. One staff member told us, "I love the caring side of end of life care. We are making sure everything is right for people before they leave."

# 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 the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Informal checks of equipment were completed; however, no records were kept. For example, in relation to bed rails. No records were available in relation to the stock of 'as and when medicines' and the application of topical cream.
- Audits failed to identify gaps in relation to some people's care and treatment. Strategies to manage medical concerns were not documented. When restrictions had been introduced in someone's best interest, discussions had not been documented and processes followed.

We found audits did not always identify the improvements that were required. We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed.

This placed people at risk of harm. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service had a clear staffing structure. People, relatives and staff spoke about how well the service operated.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager worked with other organisations to ensure people's physical, emotional and spiritual needs were met. These included healthcare professionals such as GPs, district nurses, local ministers, children's nurseries and community-based entertainers.
- Relatives told us they were consulted and updated on family members care and completed annual questionnaires. Feedback included, 'The residents can receive individual attention. There are good staff, dedicated staff.'
- Staff told us they could contribute to the way the service was run through team meetings and supervisions. One staff member said, "[Registered manager] asks us if we have anything we want to share at the managers meeting. She is always asking for our views."

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

- The management team promoted a positive environment for people, relatives and staff. People and staff told us there was a visible management presence within the home and they would feel comfortable approaching them to share their views. One staff member told us, "The registered manager is really fair. You can tell her anything, anything in confidence. We are a good team." One relative said. "The staff are valued, and they are given the resources to do their job."

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

- The management team knew how to share information with relevant parties, when appropriate. The registered manager understood their role in terms of regulatory requirements. The previous inspection rating was displayed in the home.
- Relatives confirmed they were kept up to date about anything significant that happened to their family member. They told us they were never concerned about what had happened and the registered manager and staff ensured they had all the information about their family member.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>How the regulation was not being met: Not all systems and processes enabled the provider, where quality and safety were being compromised, to respond appropriately.</p> <p>Regulation 17 (1) (2) (a).</p>