Westlands Retirement Home Ltd

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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

This inspection took place on 29 July 2015 and was unannounced.

Westlands is a care home, registered to provide accommodation for up to 21 people needing personal care. People living at the home are older people.

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 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 told us they felt safe at Westlands. Staff had received and understood training in safeguarding adults and there was clear information available on what to do in case of a concern. Staff understood about people's rights to make decisions, and there was a policy and

Summary of findings

procedure in place for dealing with any concerns or complaints. People we spoke with told us they felt able to raise any concerns with the registered manager or staff and be confident they would be dealt with fairly.

People said there were enough staff on duty to meet their needs. On the day of the inspection there were four experienced care staff, the registered manager, a graduate management trainee, a cook, handyman and cleaner to provide support for 21 people. Staff were able to carry out their duties without being hurried and had time to spend chatting with people about their day.

Care plans showed each person had been assessed before they moved into the home and any potential risks such as from trips or falls were identified and addressed where possible. People received the healthcare they needed, including support from community healthcare professionals and the monitoring of long term health conditions such as diabetes. Care plans were personalised and showed how people's interests and information about previous lifestyle choices had been used to support and develop activities for them at the home.

The home had an extensive programme of activities available for people to which friends, family and people living in the community were also encouraged to attend if they wished. Individual activities were also supported for people, and they were asked each month what they would like to do. This was then used to support an individual programme.

People told us they ate well and enjoyed the food available. Where people needed foods to be presented in a softened or mashed diet due to swallowing difficulties this was done carefully and presented well.

People were protected from the risks associated with medicines as there were safe systems in practice to ensure people received the correct medicine at the correct time. Where there was flexibility in medicine regimes people's choices and independence were respected.

People's rights were protected because staff had a clear understanding of the Mental Capacity Act 2005 (MCA). This is legislation that helps ensure that people who do not have the mental capacity to make decisions for themselves have their legal rights protected. People's capacity was assessed and people were asked for their consent before care was delivered.

The manager was praised by people living at the home and staff for their enthusiasm and approachability. There were clear staffing structures at the home and a staff group who had been largely consistent for several years which helped ensure consistency of care. Staff told us it was a happy place to work and that they were proud the home had high standards.

People were supported to share their experience of the service and any improvements that could be made. The registered manager completed audits of the service to ensure quality was maintained. People were asked to comment on the service through six monthly questionnaires and in daily contact with the registered manager.

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 home was safe.

Risks to people were assessed and reviewed and staff understood how to keep people safe. The home was clean, and risks from the environment were assessed and reduced where possible.

Staff were knowledgeable about their responsibilities with regard to safeguarding people.

People were supported by sufficient numbers of safely recruited staff.

Medicine practices were safe.

Good

Is the service effective?
The home was effective.

People received the food and fluids they enjoyed and needed to keep well.

Staff received the training and support they needed to carry out their role.

People's rights were protected and staff understood the Mental Capacity Act 2005, issues of capacity and consent to care.

People had access to community healthcare services to meet their needs.

Good

Is the service caring?
The home was caring.

Staff understood and were sensitive to people's needs. They told us they enjoyed working at the home and that it was a happy place to be.

Staff supported and promoted people's well-being, including celebrating events of importance to them.

People's privacy and dignity were respected.

Good

Is the service responsive?
The home was responsive.

People's needs were assessed prior to their admission and care plans identified how to support people with their care needs. Plans were reviewed regularly.

People's known interests or previous community links were encouraged and developed. Visitors were welcomed to the home.

Complaints and concerns were managed well, with clear systems and policies in place.

Good

Is the service well-led?
The home was well-led.

People spoke highly of the registered manager, who was positive and enthusiastic about the home.

Good

Summary of findings

People were consulted about the operation of the home and how improvements could be made. Quality assurance systems were in place and learning took place from incidents to improve safety and quality.

Records were well maintained and kept up to date.

Westlands Retirement Home Limited

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 registered provider was 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 29 July 2015 and was unannounced. It was carried out by one adult social care inspector.

On the inspection we spoke and met with seven of the 21 people who lived at the home, one visitor, a visiting district nurse and seven members of both day and night staff. We spoke with the staff about their role and the people they were supporting. We also spoke with two people who were visiting the home to take part in an activity session and cream tea. We observed staff supporting people with their moving and transferring and being given medicines.

We contacted the local commissioning and quality team prior to the inspection to gather their views about the service. We looked at the care plans, records and daily notes for six people with a range of needs, and looked at other policies and procedures in relation to the operation of the home. We looked at three staff files to check that the home was operating a full recruitment procedure.

Good

Is the service safe?

Our findings

The home was safe.

People told us they felt safe at the home. One told us "Why wouldn't I – there is someone here all the time and I think they know what they are doing." Another said "They are all very kind – I do feel safe with the staff. They are very good to me. No complaints there at all!"

People were being protected from risks at the home. Risk assessments had been undertaken for people's care needs, such as risks associated with choking, bathing and showering, pressure damage to skin and moving and handling. Where concerns were identified action plans were in place to reduce the risks. Risks to the environment had also been assessed, including for fire and water safety. However we did identify on the inspection that in the early morning one person's fire door had been propped open with a slipper, despite there being an approved hold open device in place. We were told that the person whose room this was had done this themselves and that the door had been closed overnight. We saw that staff removed this as soon as it was identified.

People were protected from potential abuse as staff had received and understood training on how to identify and report concerns. Staff we spoke with were aware of procedures to follow when identifying and reporting safeguarding incidents within the home and told us they would do so if they had any concerns. There were policies and procedures in place to help staff know what actions to take to report concerns. Policies included a whistleblowing policy to support staff in raising concerns through external agencies if they felt the home was not taking appropriate action. This policy did not reflect all the protections in law for staff raising concerns in all good faith about abuse and was amended.

Staff were aware of the 'duty of candour' requirement to be open and honest about any incidents at the home. Risks from incidents, accidents and 'near misses' such as falls were monitored and action taken to reduce risks where possible. For example the registered manager told us one person had several falls in their room. The falls were in the same area of their room at around the same time of day. The analysis of the falls had led to an Occupational Therapist being contacted to carry out an assessment of the person's mobility; new flooring had been installed in their room; their care plan and risk assessment had been reviewed and new equipment provided. This had resulted in a decrease in falls.

Plans for the management of emergencies were in place. For example people's personal evacuation plans were reviewed each week, there were well stocked first aid kits in the building and staff had received training in the use of the homes defibrillator, which was also available as a local community resource if needed. Emergency contact numbers were available for staff in the case of lift breakdown or power failure.

People were supported by sufficient numbers of staff on duty. People told us their needs were met, and that staff came promptly when they rang their bell. One person said "I don't like to ring it too often, but when I do they are always there and it is never any bother. I am never made to feel like I am being a trouble to them." Staff we spoke with on both day and night shifts told us that they had enough time to support people in the way they wanted. On the day of the inspection there were four experienced care staff, the registered manager, a graduate management trainee, a cook, handyman and cleaner to provide support for 20 people. Staff were able to carry out their duties without being hurried and had time to spend chatting with people about their day.

People were protected because the home followed a full recruitment procedure for new staff. Three staff files seen showed that a full process had been followed, including application and interview forms, references and disclosure and barring service checks. A member of staff talked with us about the recruitment process that had been followed when they were appointed. They told us that this had been very thorough. They said "They won't just employ anyone – their standards are high and rightly so".

People were protected against the risks associated with medicines, and systems were in place to ensure they were given the correct medicines at the correct time. People were given their medicines with sufficient time and explanations to help them understand what they were taking. We observed a member of staff administering medicines on the day of the inspection. They gave people information about the medicines they were taking and asked if people wanted any "as required" medicines, such

Good

Is the service safe?

as pain relieving tablets. One person was asked if they wanted pain relieving gel applied to their knees. Other people were supported to take inhalers if they needed them.

People's wishes and choices were respected with regard to their medicines. We identified that one person had been regularly given an "as required" medicine for a lung condition. We queried this with the staff member and were told that this was the person's wish, and that they had th capacity to know when they needed the medicine. The person's GP had been contacted to review the person's medicines with them and had been unable to persuade the person to change their practice with regard to this medicine.

Most people's medicines were kept in locked cupboards in their rooms, but lunchtime medicines were taken around in a lockable box to maintain security. There was a secure medicines refrigerator, which was monitored to ensure medicines were kept at the optimum temperature to ensure they were safe and effective. Where people had been assessed as safe to do so they could continue to manage their own medicines, but people we spoke with told us they liked the staff to do it for them. Medicines were given in accordance with prescribing instructions, but where there could be some flexibility people told us they had their medicines at a time to suit them. For example, the staff member giving out medicines at lunchtime told us that medicines were given out to people between 12 and 2pm, because some people liked their medicines before lunch and others after.

Staff understood how the systems for the safe administration, storage and recording of medicines worked and had received appropriate training and assessments of their competency. Where regular health monitoring was needed due to the use of specific medicines there were effective systems in place to ensure, for example that regular blood tests were carried out for thyroxine levels. Information for staff about how to use people's medicines was clear, for example there were body maps indicating where creams should be applied. The home told us they subscribed to a scheme where unwanted medicines were sent to Africa rather than returned to the NHS for destruction.

The home was clean and there were cleaning schedules in place. People told us how important this was to them. One said "It is really important to me that my room does not smell. The whole home does not smell like lots of places do – they must work really hard to keep on top of it. They seem to be cleaning all the time."

Good

Is the service effective?

Our findings

The home was effective.

People told us the staff knew what they needed and wanted done for them. One said “The care is excellent. Staff are really good, the food is excellent and I’m really happy here. My daughter looked at several places, but this was the right one and we don’t regret it one bit. They just know how I like things now, and I never have to tell them twice.”

People received care and support from staff that had the skills and knowledge to meet their needs. The home had a very low turnover of staff, which helped people receive consistency with their care. Most staff on duty on the day of the inspection were senior care staff, and the rota identified the person who was team leader on that day, which helped to ensure that things did not get missed. Staff worked well as a team and told us “It’s a lovely place to work" and “we get loads of training and updates”. Night staff confirmed that they were not left out of training; One told us they had received recent updates in moving and positioning people and fire prevention.

Staff files demonstrated the training staff received when starting at the home and on a regular basis throughout the year. The home’s training matrix demonstrated staff were up to date with learning which was consolidated through regular supervision and appraisal, including observations of practice. The registered manager was aware of the new Care Certificate for induction of staff, and staff appointed since this came into operation are undertaking this, including the cook and cleaner. Staff also undertook self-appraisals and reflective practice to ensure learning was put into practice. There were regular staff meetings.

Staff communicated well with people. People at the home were all able to communicate their wishes with regard to their care, and these were respected. People’s care plans included statements on respecting people’s diversity and equality, and ensuring that staff asked for people’s consent before carrying out care. We saw staff doing this in practice, with people being asked if it was “alright” for staff to help them move to the dining room, or help them go to the bathroom.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. One application had been made for a deprivation of liberty safeguards authorisation where a person was potentially deprived of their liberty. However the person had still been assessed as having capacity to make some decisions for themselves and we saw that these were still respected, for example the right to refuse medication.

People’s rights were protected because staff had a clear understanding of the Mental Capacity Act 2005 (MCA). This is legislation that helps ensure that people who do not have the mental capacity to make decisions for themselves have their legal rights protected. Staff had received training in the principles and application of the MCA, and further training was planned for this in September 2015.

People were protected from poor nutrition or hydration. At the time of our visit there was no one at the home who was at significant risk of poor nutrition, but people were regularly weighed and actions taken if needed. Two people we spoke with told us in fact they had put on quite a bit of weight since being at the home. One told us “When I was at home it was all too much trouble, but now when it is presented to you on a plate and tastes good it is hard to resist. I am trying to cut down”. Forms were available to record risk assessments in relation to poor nutrition or hydration if needed.

People were asked each day what they would like to eat, and individual choices were catered for wherever possible. On the day of the inspection the main meal was turkey and bacon cobbler, roast potatoes, cabbage and carrots, with apple pie and cream or ice cream for dessert. Some people needed their meals pureed or softened. The cook was new but had a good understanding of the textures needed to help people with swallowing difficulties. The cook had made homemade biscuits to serve with morning coffee and in the afternoon there was a cream tea served. The home had regular ‘open lunches’ for the community to help people see what life in care homes could be like and encourage friends of people who lived at the home to keep in contact. These were well supported.

People told us and we saw from their files that they had access to healthcare services in the community. This included dentists, podiatrists, speech and language therapists, psychiatric nurses and GPs. Regular health checks for example for asthma or diabetes checks were

Good

Is the service effective?

carried out. People's care files showed evidence of specialist hospital appointments, and district nurses visited the home to take blood and support the home with wound care.

A district nurse we spoke with on the inspection told us that they had a good working relationship with the home, and that staff followed any directions left with regard to supporting people's healthcare. They also told us that the home's staff sought advice at an early stage where any healthcare issues were identified. Staff told us "The district nurses are in and out every day. We just pick up the phone and call them if we are worried about anything".

Good

Is the service caring?

Our findings

The home was caring.

People told us the staff were very caring towards them. One said "Staff couldn't be better; food is good. What more could you want?" and another said "I am not able to mix with many of the people here but I do go out with (name of handyman) sometimes. We have more things in common and get on well".

Staff knew people well. A staff member told us about a person they had got up that morning. They showed us they understood how the person liked their care to be delivered. Staff were gentle in their approach to people and appropriately tactile, using touch to engage with people. We saw staff took time to help people at their own pace, and respected their dignity and privacy, for example by discussing sensitive care needs quietly and discreetly. People's privacy was respected and all personal care was provided in private. Staff knocked on people's doors before entering and supported people in communal areas in a discreet manner, respecting their dignity.

Staff celebrated successes and events with people, for example planning was underway for a person's birthday the day after the inspection. Staff spoke with people about people they knew in common and about things they had done the day before. A member of staff told us "It's a lovely place to work. I have never worked in a place with such high standards and such happy people before. Staff here really care."

People's clothes were laundered well and attention was paid to people's clothing and appearance, to ensure for example people's clothing matched and was accessorised well. On the day of the inspection the hairdresser was at the home, and one person who used to be a hairdresser told us "She's a very good hairdresser – and I should know!"

Private information about people was stored securely and kept confidential. Written records were respectful and used appropriate language. People had received clear information about the home's costs and fees before they moved in.

People's care plans contained clear information about any end of life care wishes they may have. These were detailed in many cases, including down to Hymns people might want sung at a service. Where people had made decisions about whether they wished to receive emergency treatment such as cardio-pulmonary resuscitation, or had made advanced directives, these were clearly recorded in their care files. This helped ensure staff understood and could respect people's wishes about their end of life care.

Good

Is the service responsive?

Our findings

The home was responsive and flexible to meet people's needs

Care files showed that each person had had their needs assessed before they moved into the home. This was to make sure the home could meet their needs and expectations. Assessments included information from previous placements, relatives and the person themselves, as well as information about people's life history.

Care plans were being reviewed and re-written to reflect people's changing needs. Plans were detailed and reflected people's choices and wishes as well as risks and healthcare needs. People said they had been involved in drawing up and reviewing their plans. One person told us "(name of staff member) comes in and goes through it with me and they follow what I have said".

Information was available about people's life history prior to people coming in to the home which gave staff invaluable information about people's lifestyle choices. Plans included instructions to staff about how people wanted their care to be delivered and information on retaining people's skills and independence. Forms were completed and kept in people's files to help people in a sudden transition between services, for example if a person needed to go to hospital in an emergency.

People's choices about their lives were respected. One person told us "It's very much up to you what you do or don't do – you can please yourself. I go out when I want – we go shopping or go out for a drive. I can sit in the garden, but I like to be in my room and quiet sometimes".

Westlands had an extensive programme of activities available for people both for groups and tailored to meet individual people's needs. We saw that information gathered about people's lives and interests was used to help enhance people's lifestyle in the home. For example one person who had moved into the home had links with a local volunteer group. People from the group were invited to Westlands and people from Westlands now went to the group for coffee regularly, having made new friendships. People attended a computer group and seven people came to Westlands on the afternoon of the inspection to participate in a musical afternoon and cream tea. The registered manager was trying to set up internet access for one person so that they could link with other people with similar interests. There were armchair exercise programmes, a regular book club run by a relative, bingo, trips out and visiting animals. A programme of activities was on display outside of the home to encourage people in the community and relatives to attend. People were asked each month what they would like to do, and this was then used to support an individual programme for them.

The complaints procedure was given to people and their relatives at the point of admission and was on display in the home. Complaints were acted upon promptly and a response sent to the person with an apology or an indication of actions to be taken to prevent a re-occurrence. People we spoke with told us they would feel free to raise any concerns with the management or would tell their families if they were unhappy about anything.

Good

Is the service well-led?

Our findings

The home was well-led.

People knew the registered manager well, and staff told us she was accessible and approachable. People who lived at the home said "The manager is on top of it all" and "She leads by example – you won't find any problems there". Staff told us "The manager is really good. We get good leadership from her and the owner" and "The owner is really good, the manager is really supportive – really in tune with how staff are feeling. We are happy staff".

The registered manager demonstrated a commitment to high standards of care and promoting people's rights. Staff told us they shared the manager's high standards and were proud to work at the home. In policies, procedures and practice we saw that people's needs and wishes were taken into account as a starting point. We saw that the registered manager involved staff in reflecting upon the care delivered and both people living at the home and staff had opportunities to influence how the service was provided. For example we saw that staff had requested changes to the staffing structure. Following a trial period staff were involved in making the decision to revert to the previous structure.

Staff understood their roles, with clear lines of authority and delegation, and staff had job descriptions. Staff teams were organised and staff handovers included a review of the day's work and planning to ensure all tasks were covered.

Westlands had been involved in having a Graduate management trainee working at the home, sponsored in part by the Department of Health, and monitored by Skills for Care. This person had been supported to drive improvements at the home and was much valued by people who lived there. For example they had led training sessions for staff in new legislation and inspection methodology and reviewed the homes policies and procedures. They were enthusiastic about involving young people in valuing care as a career, and were hoping to do additional development work in the community before their time at the home ended.

The manager attended good practice forums in the locality, including manager's forums and was involved in sharing good practice with other local home managers.

People benefitted from good standards of care because the service monitored the quality of the care delivered through quality assurance and quality management systems. A programme of audits and checks were in place to monitor safety, medicines, falls, risks and quality of care issues throughout the year. For example there were in 3 monthly in house medicines audits, infection control audits and reviews of incidents. Where concerns or potential improvements were identified actions were taken, and shared amongst the staff group, for example encouraging staff to consider the requirements of the changes to the 'Duty of Candour' requirements. The home had audited themselves against inspection standards and good practice guidance.

Questionnaires were sent to relatives, visiting professionals and people who lived at the home six monthly to gather their views about the home and any improvements people felt would be of benefit. Following the return of the questionnaires the results were analysed and an action plan drawn up. Questionnaires had last been sent out in June 2015, but the results from previous reviews showed a high level of satisfaction with the home. Where there were minor issues identified actions were put in place to address them and feedback given to the person concerned.

Records that we saw were well maintained and up to date. Care plans were available to staff in the home's office, and some information was available on computers to which staff had access. The registered manager was working on updating all policies and procedures to ensure they all reflected changes in legislation that came into force in April 2015.

The service was operating in accordance with the conditions of their registration.