

Your Health Limited

Westwood House

Inspection report

35 Tamworth Road
Ashby De La Zouch
Leicestershire
LE65 2PW

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Westwood House is located in Ashby De La Zouch, Leicestershire. The service provides care and accommodation for up to 16 older people with age related needs, including dementia and physical disability. On the day of our inspection there were nine people living at the service.

This inspection was unannounced and took place on the 4 October 2017. At our last inspection in December 2016, we identified two breaches of regulations. Regulation 12 safe care and treatment and regulation 18 staffing. We asked the provider to take action to make improvements with regard to medicine management, the management of risks at the service and staff training and supervision. At this inspection we checked to see if the provider had made the necessary improvements. We found that improvements had been made.

The service had 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 living at Westwood House. Relatives we spoke with agreed with what they told us. The staff team were aware of their responsibilities for keeping people safe from avoidable harm and knew to report any concerns to the registered manager or a member of the management team. The management team were aware of their responsibilities around the safeguarding of people and training on how to keep people safe from harm had been completed.

People's needs had been identified and the risks associated with people's care and support had been assessed and managed. Where risks had been identified these had, where ever possible, been minimised to better protect people's health and welfare.

Plans of care had been developed for each person using the service and the staff team knew the needs of the people they were supporting, including their preferences.

People felt there were currently enough members of staff on duty each day because their care and support needs were being met. Care and support was provided at a pace that suited people and the staff team had the time to talk with the people using the service.

People received their medicines safely. Systems were in place to regularly audit the medicines held at the service and appropriate records were being kept.

Checks had been carried out when new members of staff had started working at the service. This was to make sure they were suitable and safe to work there. An induction into the service had been provided and ongoing training was being delivered. This provided the staff team with the skills and knowledge they needed in order to meet people's needs.

People told us the meals served at Westwood House were good. Their dietary requirements had been assessed and a balanced diet was being provided. The registered manager was reminded of the importance of maintaining records to reflect that people were offered drinks throughout the 24 hour period. Particularly where people were at risk of dehydration.

People were supported to maintain good health. They had access to relevant healthcare services such as doctors and community nurses and they received on going healthcare support.

The staff team supported people to make decisions about their day to day care and support. Where people required additional support to make decisions, advocacy support was available to them. Where people lacked the capacity to make their own decisions, assessments of their capacity to consent to aspects of their care had not always been made. It was also not always clear what specific decisions people were unable to make.

The staff team felt supported by the registered manager. They explained they were given the opportunity to meet with them regularly and felt able to speak with them if they had any concerns or suggestions of any kind.

People told us the staff team were kind and caring and they were treated with respect. Throughout our visit we observed the staff team treating people in a friendly, caring and considerate manner.

Relatives and friends were encouraged to visit and they told us that they were made most welcome by the staff team. A complaints procedure was in place and the people using the service and their relatives and friends knew what to do if they had a concern of any kind. They were confident that any concern raised would be dealt with properly.

Staff meetings and meetings for the people using the service and their relatives were being held. These provided people with the opportunity to have a say and to be involved in how the service was run. Questionnaires were also being used to gather people's feedback.

There were systems in place to monitor the quality and safety of the service being provided. Regular audits on the documentation held had been completed and regular checks on the environment and on the equipment used to maintain people's safety had been carried out.

The registered manager understood their legal responsibility for notifying the CQC of deaths, incidents and injuries that occurred or affected people who used the service.

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.

People felt safe and the staff team were aware of their responsibility to keep people safe from avoidable harm.

The risks associated with people's care and support had been assessed and properly managed.

Appropriate recruitment procedures were followed and staff were suitably deployed to meet people's care and support needs.

People received their medicines safely.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

People were not being consistently supported in line with the Mental Capacity Act.

The staff team were suitably skilled and knowledgeable to meet the needs of those in their care.

A balanced and varied diet was provided.

People were supported to access the necessary healthcare professionals when needed.

Is the service caring?

Good ●

The service was caring.

People were treated in a kind and caring manner.

People's privacy and dignity were respected.

People were offered choices on a daily basis and the staff team involved them in making decisions about their care and support.

The staff team knew the needs of the people they were

supporting well.

Is the service responsive?

Good ●

The service was responsive.

People's needs had been assessed and they had been involved in deciding what care and support they needed.

People's plans of care reflected their personal care and support needs.

The staff team knew the needs of the people using the service.

People knew how to raise concerns and they were confident that any concern would be dealt with appropriately.

Is the service well-led?

Good ●

The service was well led.

The service was well managed and the management team were open and approachable.

The staff team felt supported by the registered manager and the management team.

Monitoring systems were in place to monitor the quality of the service being provided.

People using the service, their relatives and friends and the staff team had been given the opportunity to have a say on how the service was run.

Westwood House

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 4 October 2017. Our visit was unannounced. This meant that the staff and provider did not know that we would be visiting.

The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was older people.

Before the inspection we reviewed information that we held about the service such as notifications. Notifications are events which happened in the service that the provider is required to tell us about.

We contacted the commissioners of the service to obtain their views about the care provided. The commissioners had funding responsibility for some of the people using the service. We also contacted Healthwatch Leicestershire who are the local consumer champion for people using adult social care services for any feedback about the service. We used this information to inform our planning for the inspection.

At the time of our inspection there were nine people using the service. We were able to speak with four people living there and one relative. We also spoke with the registered manager, a senior care worker, the cook and two care workers.

We observed care and support being provided in the communal areas of the service. This was so that we could understand people's experiences. By observing the care received, we could determine whether or not they were comfortable with the support they were provided with.

We reviewed a range of records about people's care and how the service was managed. This included three

people's plans of care. We also looked at associated documents including risk assessments and medicine administration records. We looked at records of meetings, two staff recruitment files, staff training records and the quality assurance audits that the management team had completed.

Is the service safe?

Our findings

At our last inspection carried out on 7 December 2016, we found the provider to be in breach of Regulation 12, Safe care and treatment. We required the provider to make improvements with regard to medicine management and the management of risks at the service. They submitted an action plan setting out what they were going to do. At this inspection we found the provider had made the required improvements and were now meeting this regulation.

When people first moved into the service, the risks associated with their care and support had been identified and assessed. This was so any risks could, wherever possible, be minimised and properly managed by the staff team. Risks assessments had been reviewed on a monthly basis and covered areas such as moving and handling, eating and drinking and skin care. When people's needs had changed staff guidance had been updated to reflect this. This meant the staff team had the up to date information they needed to minimise the impact of the risk.

We did note where one person had been identified as displaying behaviour that could cause harm to themselves or others, the guidance on how to support them to minimise the risk of harm was not clear. Whilst the guidance was not clear, the staff team understood how to, and were observed supporting this person appropriately, taking suitable measures to keep the person safe. The registered manager reviewed the guidance and made it clearer for staff following our inspection.

People received their medicines safely. We observed a senior staff member administering people's medicines. They checked the medicine administration records (MAR) so they could be sure they were dispensing the correct medication to the right person. They provided people with a drink and waited until their medicines were taken. They only signed the MAR after the person had taken their medicine. One person refused their tablets. This was respected and they were offered them again later in the day. The staff member had checked that it was safe for them to have their tablets later. The staff team had received training in medicine administration and their competency was checked to ensure their practice remained safe. Staff knew what people's medicines were for and if they needed to take any particular precautions. For example they knew that one person's diet could affect the effectiveness of a medicine they took. Staff understood the importance of gaining people's consent before offering them their medicines.

People told us they felt safe living at Westwood House and they felt safe with the staff team who supported them. One person told us, "I feel safe as they [staff team] are always around and I have a portable call bell." A relative explained, "They [relative] weren't safe at home as no one was around when they fell. Since they have been here, they have had no falls and there is always someone around."

Staff were aware of how to report and escalate any safeguarding concerns they had within the organisation and if necessary, with external bodies. One staff member told us, "I'd report to [registered manager]. If I'm not happy I would go to CQC." They told us they were confident that the registered manager would take the necessary actions. They said, "I'm confident in [registered manager] if it concerns resident's safety."

The registered manager was aware of their duty to report and respond to safeguarding concerns. A policy was in place that provided the people using the service, relatives and staff with details of how to report concerns and to whom. This included the local safeguarding team and Care Quality Commission (CQC).

Staff felt people were safe. They told us people could summon support if they needed it. One staff member said, "People have hand held call bells or sensor mats (that alert staff). We make sure someone keeps an eye on everyone." They told us that there were enough staff to meet people's needs.

There was always a member of staff available. When people used the call bell to summon help, care workers answered quickly. The staff team went about their work in an unhurried manner. We observed them supporting people at a pace that suited them. They gave people the space and time they needed and had time to chat to people.

We looked at the maintenance records kept. Regular checks had been carried out on both the environment in which people's care and support had been provided and on the equipment used to maintain people's safety. An up to date fire risk assessment was in place. We did note that whilst fire drills had taken place these were not as regularly as stated in the fire risk assessment. This was addressed by the registered manager who arranged a fire drill for the week following our visit.

A business continuity plan was in place for emergencies and untoward events such as loss of amenities, flood or fire. This provided the registered manager with a plan to follow should these instances ever occur. Personal emergency evacuation plans were also in place. These showed how each person should be assisted in case they needed to be evacuated from the service.

Relevant checks had been carried out when new members of staff had been employed. This included a check with the Disclosure and Barring Scheme (DBS). A DBS check provides information as to whether someone is suitable to work at this type of service. Proof of identity and suitable references had also been obtained to support people's suitability to work there.

Is the service effective?

Our findings

At our last inspection carried out on 7 December 2016, we found the provider to be in breach of Regulation 18, Staffing. We required the provider to make improvements around staff training and supervision. They submitted an action plan setting out what they were going to do. At this inspection we found the provider had made the required improvements and were now meeting this regulation.

New members of staff had been provided with an induction into the service when they had first started working there and training courses had been completed to enable them to meet people's needs. Topics covered included moving and handling, dementia care and fire safety. One staff member told us, "I did a full weeks training before I started."

The staff team attended regular refresher training sessions to ensure their knowledge remained current. One staff member said, "We have had a couple of training sessions over the last few months. The last one I did was dignity."

Staff members felt supported by the registered manager and the management team and they confirmed they had regular supervision meetings. One staff member told us, "I feel supported, we have supervisions, I can always talk to someone."

People using the service told us the staff team knew them well and had the skills and knowledge they needed to look after them properly. One person told us, "They [staff team] know what help I need, they are all very good."

The Mental Capacity Act (MCA) 2005 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. The application procedures for this in care homes and hospitals are 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 were being met.

We found that people were not consistently being supported in line with the MCA. The registered manager had requested a DoLS authorisation for people who required them. However, there had been a delay of a month in requesting authorisation for one person who was being restricted in their access to the community. People's consent and ability to make decisions had usually been assessed and recorded in their records. However, we found that one person had been identified as possibly lacking the capacity to consent to their care. No formal assessment of their capacity to consent to aspects of their care had been made. It was not always clear what specific decisions people were unable to make and so we asked the registered manager to ensure decision specific assessments were carried out. They told us they would. Where people

were identified as lacking capacity to make specific decisions, their relatives or representatives and relevant healthcare professionals had been involved to make sure decisions were made in their best interests. Staff had received training in MCA and DoLS and understood their responsibilities under the act. Staff demonstrated the need to seek people's consent before providing them with care. One staff member said, "I make sure I get consent, explain what I'm about to do. For some you need to explain it really clearly." We observed the staff team seeking consent and when someone declined their support, this was respected. One staff member said, "If they say no, it's their choice."

We asked people what they thought of the meals served at Westwood House. One person told us, "There is a good choice of food". People were supported to have enough to eat and drink. People were given choices around their meals and where they needed support and encouragement with eating, this was provided. The cook explained to us that people were offered a choice of meals and they knew people's preferences. The menus were varied and based on what people enjoyed. The cook was in the process of updating the menus to reflect the feedback they had received from people. A staff member told us, "We always ask them if they have had enough and check do they want more between meals." People were able to take their meals where they wanted to. One staff member said, "At meal times some like to sit in the front lounge." Where people had specific dietary needs, these were catered for. For example, where people had been assessed by a health professional as being at risk of choking, soft or pureed meals were provided. We noted that records used to record what people had to drink did not always reflect that they were offered drinks throughout the 24 hour period. We asked the registered manager to ensure that records were maintained to reflect this. This was particularly important where people were at risk of dehydration. They told us they would.

People were supported to access health care professionals when they needed to. Records showed that people had regular appointments with a variety of health professionals including doctors and community nurses. It was evident that when staff had become concerned about people's health, the relevant referral had been made in a timely manner.

Is the service caring?

Our findings

People told us the staff team at Westwood House were kind and caring and they were looked after well. One person told us, "The staff are very good, both day and night. I cannot fault the care." Another explained, "They [staff team] are caring and friendly and they have time for friendly chats."

We observed support being provided throughout our visit. People were supported by staff who knew them well and understood what was important to them. We observed a staff member chatting with a person about their family. They were able to use their knowledge of the person's family to reassure them when they were feeling anxious.

People's preferences were respected and they were able to make choices about their lives. One staff member told us, "We offer them choices. If they want to stay in bed in the morning we check on them and leave them a bit longer." Another staff member told us, "It's all about choices."

People received care at a pace that suited them. A staff member told us, "You get more time to spend with residents. They enjoy it." Another explained, "You take your time, eye contact is very important." One of the people using the service told us, "The staff say, 'take your time, we are in no rush', that is very much appreciated."

The staff team engaged in positive conversations with people and it was evident that good relations had been built between them and the people using the service. Staff had a good understanding of people's needs and they were seen supporting people in a kindly and relaxed manner.

People's independence was promoted. A staff member explained how they had been supporting a person to walk following a fall. They had lost their confidence and needed extra reassurance. They gave the person the time they needed to walk on their own. They went on to give examples of how they supported people to maintain their skills for example pouring their own cup of tea. They told us, "It makes them feel important." They also told us, "We assist with the things they don't feel confident with." One of the people using the service told us, "I am very independent and they let me do what I want and I then just ask for help with the things I need help with."

People's plans of care included details about their personal preferences and their likes and dislikes. They provided the staff team with the information they needed to provide individualised care and support.

For people who were unable to make decisions about their care, either by themselves or with the support of a family member, advocacy services were available. This meant that people had access to someone who could support them and speak up on their behalf if they needed it.

Relatives and friends were encouraged to visit and they told us they could visit at any time. During our visit we observed relatives being greeted by the staff team in a friendly and welcoming manner.

Is the service responsive?

Our findings

People had been involved in the planning of their care with the support of their relatives. A relative told us, "The family were involved with the care plans of [person using the service]." They told us they were kept up to date with events that took place and informed if there was a concern about their relatives condition.

The registered manager explained that people's care and support needs were assessed prior to them moving into the service. This was so they could assure themselves that people's needs could be met by the staff team.

People's plans of care contained information about their preferences and usual routines. This included information about what was important to them, details of their life history and information about their hobbies and interests. A staff member told us, "The care plan tells you about what choices [person] prefers."

People's plans of care had been regularly reviewed to ensure they remained current and where people's care needs had changed, this was reflected within them. It was not always clear within people's plans of care as to whether people had been consulted about their on-going care, or whether checks had been made with them to show that they were satisfied with the care they received. The registered manager told us they would record people's involvement within their plans of care going forward.

The staff team were required to record the support they provided in people's daily notes. We saw that these records were detailed and reflected the support that people had received.

During our visit we observed the staff team supporting people. It was evident that they were completing the care and support tasks required and they also had time to interact and socialise with the people using the service.

People were supported to engage in activities or past times that they enjoyed and were meaningful to them. During our visit we observed the staff team sitting with people and chatting with them. Some people enjoyed having a manicure. Other people preferred to spend time in their bedrooms watching their favourite DVDs. One person told us, "I like to spend my time here, I have a nice room and I have everything I need." The staff team told us they felt people had enough to do to keep them occupied. One staff member said, "We sit and chat with them because it's such a small home you have got the time to spend with them." They went on to describe a variety of activities that people took part in. They said, "There is quite a range so they can all join in." A relative told us, "There is enough to do; there is always something on including games, bingo and skittles."

The provider's complaints process was displayed for people's information and people we spoke with were aware of who to talk with if they had any concerns or issues of any kind. One person told us, "I would happily raise any concern with them [staff team], but I have no concerns." The registered manager had received one complaint since our last visit. This regarded the quality of care provided and issues around documentation.

We saw that the registered manager had carried out a thorough investigation into the complaint and appropriate actions had been taken to address the issues raised to the satisfaction of the complainant.

Is the service well-led?

Our findings

People felt the service was properly managed and the registered manager and the staff team were friendly and approachable. One person told us, "I couldn't wish for anything better. I only came in for a couple of weeks but I told them [family] I wasn't going anywhere." A relative explained, "The communication is good. They [staff team] speak to my mother and if they need to tell us about her health or if we need to bring anything in, they let us know." The staff team felt the service was well led. They told us they enjoyed their work. One staff member explained, "I enjoy it, it's very homely. All the staff are friendly and there is good team work."

Staff members felt supported by the registered manager and the management team. One staff member told us, "I know [registered manager] is always approachable." Another explained, "I can always go to [registered manager] for help."

The provider asked for feedback from people. They had signed up to a national feedback service where people using the service and visitors could feedback anonymously about their experiences. The feedback was then published on line for the general public to view. Surveys were also completed. One of the people using the service told us they had been supported by a member of the staff team to complete a survey. This provided them with the opportunity to express their opinions of the service they received.

Meetings for the people using the service and their relatives and friends were held and people were encouraged to share their thoughts of the service. Minutes of meetings held showed there was clear positive feedback from people and following suggestions, changes had been made to the service. For example, a better food choice was requested and this was clearly evident from both the menus seen and feedback received. A staff photo board had been installed at a relatives request and a pet dog now visited the home. People were happy with the changes made. One person told us, "[Registered manager] made clear that if there were any problems or improvements that could be made to the home, then I just have to suggest it."

Staff confirmed they had regular meetings. These provided the staff team with the opportunity to be involved in how the service was run. One staff member told us, "If you have any concerns you can raise them."

There were monitoring systems in place to check the quality and safety of the service being provided. Checks had been carried out on the paperwork held, including people's plans of care, medicine records and incidents and accident records. Regular audits to monitor the environment and on the equipment used to maintain people's safety were also carried out. The provider's quality manager carried out a comprehensive audit of the service on a regular basis. Where areas for improvements had been identified, action had been taken.

The deputy manager also undertook random spot checks. These visits were to check that people were being supported in line with their plan of care, records were being appropriately maintained and the staff team were completing their duties as required.

The monitoring processes in place enabled the registered manager to assure themselves that the staff team were working in line with the provider's policies and procedures.

The registered manager understood their legal responsibility for notifying the Care Quality Commission of deaths, incidents and injuries that occurred or affected people who used the service. This was important because it meant we were kept informed and we could check whether the appropriate action had been taken in response to these events.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. The current rating was being displayed in the reception area of the service for people's information.