Care Quality Commission

Hill House Nursing Home Limited

Westside Care Home

Inspection report

Westside Care Home
106 Foxley Lane
Purley
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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

We inspected Westside Care Home on 5 February 2015. The inspection was unannounced.

Westside is a home which is registered to provide personal and nursing care for up to 30 elderly people. At the time of our inspection there were 24 people living in the home.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run.

We previously inspected Westside Care in February 2014. We found that it was not meeting all the legal requirements and regulations that we inspected. People were not adequately protected from abuse, the premises were not appropriately maintained to ensure they were

Summary of findings

safe and we were concerned that staff did not receive regular supervision and appraisal. We asked the provider to take action to make improvements. This action has now been completed.

During our inspection we found the service was meeting all the required standards. People told us they felt safe. Relatives also told us people living in the home were safe. Staff were knowledgeable about how to recognise the signs of abuse and how to report any concerns.

People had risk assessments which gave staff detailed information on how to manage the risks identified. Staff knew how to keep people safe in the event of a medical or other emergency. There was a sufficient number of suitable staff to keep people safe and meet their needs.

There were appropriate arrangements in place for the storage, administering, recording and disposal of medicines. Staff administered medicines safely. All areas of the home were clean and well maintained. Staff controlled the risk and spread of infection by following the service's infection control policy.

People were satisfied with the quality of care they received. Care plans provided detailed information to staff about how to meet people's individual needs. People were supported by staff who had the knowledge, skills and experience to deliver their care effectively.

People received a nutritious and balanced diet and had enough to eat and drink throughout the day. Staff worked with a variety of health care professionals to support people to maintain good health.

People living in the home and staff related well with each other. People told us the staff were kind and caring. People were treated with respect and were at the centre of decisions about their care. The provider listened to and learned from people's experiences, concerns and complaints to improve the service.

Staff had clearly defined roles and understood their responsibilities. People felt able to discuss their care with staff and management. There were systems in place to assess and monitor the quality of care people received.

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.

Staff knew how to recognise abuse and how to report any concerns. There was a sufficient number of staff during the day and night with the right skills and experience to care for people safely. People had personalised risk assessments which gave staff detailed information on how to manage the risks identified.

Medicines were safely stored, administered and recorded. The home was well maintained and equipment was regularly checked. The service had an infection control policy which staff understood and applied in the course of carrying out their duties.

Good

Is the service effective?
The service was effective.

People were cared for by staff who knew and understood their needs. Staff had the knowledge and skills required to carry out their roles.

The manager and staff understood the main principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DOLS).

People were supported to have sufficient amounts to eat and drink and to maintain a balanced diet. People's health was regularly monitored and they had access to a variety of external healthcare professionals and services.

Good

Is the service caring?
The service was caring.

People said the staff were kind and caring. People were supported by staff to express their views.

We observed that people were treated with dignity and respect and this was confirmed by people we spoke with. The process for planning end of life care was thorough. Some staff had been trained in end of life care and people's wishes were well implemented by staff.

Good

Is the service responsive?
The service was responsive.

People were satisfied with the care they received. People and their relatives were involved in their care planning and felt in control of the care and support they received. The care people received met their needs.

People knew how to make suggestions and complaints about the care they received and felt their comments would be acted on. People received co-ordinated care when they used or moved between different health care services.

Good

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

Good

Summary of findings

There was a clear management structure in place at the home which people living in the home and staff understood. Staff knew their roles and accountabilities within the structure.

There were systems in place to monitor and assess the quality of care people received. There was evidence of learning from concerns raised at our previous inspection and internal audits. We saw that changes had been implemented as a consequence of these.

Westside Care Home

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.

We carried out an unannounced inspection of Westside Care Home on 5 February 2015. The inspection was carried out by two inspectors.

Before the inspection we looked at all the information we held about the provider. This included their statement of purpose, routine notifications, the previous inspection report and the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we looked at six people's care files and six staff files. We spoke with four people living in the home, four of their friends and relatives and six members of staff including two senior nurses. We spoke with a member of the commissioning team from a local authority that commissions the service.

We looked at the service's policies and procedures, and records relating to the maintenance of the home. We spoke with the Clinical and Operations Director about how the service was managed and the systems in place to monitor the quality of care people received.

Good

Is the service safe?

Our findings

At our previous inspection we found that people were not adequately protected from the risk of abuse because some staff did not know how to recognise the signs of abuse or how to report it. We also found the home was not appropriately maintained.

During this inspection people told us they were safe. This was also the view of their relatives and friends. People commented, "I do feel safe. This is the safest place I've been. It is so secure" and "I'm safe here." Comments from friends and relatives included, "They have looked after [the person] very well…I've never been so relaxed in my whole life. [The person] is very safe", "She is safe" and "It is fantastic, there are no problems. She is definitely safe."

There were systems in place to minimise the risk of people being abused. The service had policies and procedures in place to guide staff on how to protect people from abuse. Staff had been trained in safeguarding adults. The staff members we spoke with demonstrated good knowledge on how to recognise abuse and how to report any concerns. Staff told us and records confirmed that staff were reminded of their obligation to protect people from abuse during supervision meetings. Staff were familiar with the whistle-blowing procedure and told us they would follow it if appropriate.

Arrangements were in place to protect people from avoidable harm. Records showed that risks to people had been assessed when they first moved in to the home and reviewed regularly thereafter. The risk assessments were detailed and personalised. Care plans gave staff detailed information on how to manage identified risks and keep people safe. This covered issues such as how to minimise people's risk of falls, and choking. People told us and records confirmed staff delivered care in accordance with people's care plans.

There were appropriate procedures in place to recruit staff aimed at minimising the risk of people being cared for by staff who were unsuitable for the role. However, these were not always applied by management. The home's policy and procedure for recruitment was that staff should only be allowed to work with people alone after an interview, receipt of satisfactory references and criminal record and other checks had been carried out. Records showed this procedure had been followed in recruiting five of the six staff members whose files we reviewed. However, we saw that one staff member had been allowed to start work before a criminal record check had been carried out. We raised this with the quality assurance manager who assured us that the staff member would be taken off the rota until criminal record checks had been conducted. We have since seen confirmation that a criminal record check has been carried out for that staff member.

There was a sufficient number of staff to care for people safely. Several staff members told us there was a shortage of senior staff for night shifts, but the manager and deputy manager ensured there was a sufficient number of senior staff by covering extra shifts themselves when necessary. The provider was recruiting at the time of our visit. People living in the home told us, "There seem to be enough staff." People's relatives told us, "There seem to be enough staff. If the bell goes they come quickly" and "More staff would be nice, but it is not really an issue."

People received their medicines safely because staff followed the service's policies and procedures for ordering, storing, administering and recording medicines. The medicines cupboards could only be accessed with key codes and the trolleys and drawers inside were locked. People's medicines were clearly labelled and all were in date. The medicine refrigerator temperature was checked and recorded daily.

Each person had their own medicine administration record (MAR) chart which detailed the medicines they were taking and had information about the dosage and how and when they should be taken. Staff told people about the medicines they were taking and people received their medicines as prescribed. Staff fully completed people's MAR charts.

The building and surrounding gardens were adequately maintained to keep people safe. The utilities were regularly inspected and tested. Staff regularly checked the water temperature and water safety. The home had procedures in place which aimed to keep people safe and provide a continuity of care in the event of an unexpected emergency such as, a fire or boiler breakdown.

We saw confirmation there were arrangements in place to test and service essential equipment such as lifts, call bells and hoists. Staff had been trained in how to use the equipment people needed. We saw that the right number of staff were involved in using equipment such as hoists

Good

Is the service safe?

and that they were used correctly. There was sufficient equipment in the home to assist people and staff, although two staff members told us people would benefit from a new hoist.

People were protected against the risk and spread of infection because staff had been trained in infection control and followed the service's infection control policy. Cleaning staff were employed specifically to keep the home clean. All areas of the home were clean, tidy and free of unpleasant odours. People commented, "It is clean and tidy – they seem to clean very frequently, several times a day", "The cleaning is good. There is never a smell in this place" and "It is nice and clean".

Staff had been trained in infection control and spoke knowledgably about how to minimise the risk and spread of infection. We saw that staff practised good hand hygiene and wore personal protective equipment, such as gloves when appropriate.

Good

Is the service effective?

Our findings

At our previous inspection we found the provider was not adequately supporting staff through relevant training and regular supervision and appraisal.

During this inspection we found that people were cared for by staff who had the training knowledge and experience to do their jobs. One person told us, "I'm in good hands, they know what they are doing." A relative told us, "They all seem very capable and seem to know what they need to do."

Staff had received training in the areas relevant to their work such as safeguarding adults, moving and handling people and infection control. Senior staff observed care assistants delivering care to check they were putting their training into practice. Staff were given guidance on good practice during staff handovers and at clinical supervision meetings. Staff received supervision and annual appraisals, where their performance was reviewed and their training needs discussed. This meant people received care from staff who had the necessary skills, knowledge and experience to carry out their roles effectively.

The Mental Capacity Act 2005 sets out what must be done to ensure the human rights of people who lack capacity to make decisions are protected. Records confirmed that people's capacity to make decisions was assessed before they moved into the home and thereafter in relation to specific decisions such as, their future wishes and the decision not to be resuscitated. The manager and nurses had been trained in the general requirements of the Mental Capacity Act (MCA) 2005 and the specific requirements of Deprivation of Liberty Safeguards (DoLS) and had passed on their knowledge to the remainder of staff. Staff spoke knowledgably about how the MCA and DoLS applied to people in their care.

The service was following the MCA code of practice and made sure that people who lacked capacity to make specific decisions were protected. Where people were unable to make a decision about a particular aspect of their care and treatment, best interest meetings were held.

DoLS requires providers to submit applications to a "Supervisory Body" if they consider a person should be deprived of their liberty in order to get the care and treatment they need. Although no applications had needed to be made, there were procedures in place to make such an application, which staff understood.

People were supported to have sufficient amounts to eat and drink and maintain a balanced diet. People had a choice of nutritious food and were offered enough to drink. Staff responsible for preparing meals knew what constituted a balanced diet and this was reflected in the menus we looked at. People living in the home and their relatives were satisfied with the quality of food and the amount they were offered. People commented, "I enjoy the food. Most mornings I like to have porridge, two bowls of it, and they get it for me" and "The meals are very good."

People who were at risk of poor nutrition and dehydration were identified when they first moved into the home and this was recorded in their care plans. People who were assessed as requiring a special diet or food prepared in a particular way received their meals accordingly. People also had access to dieticians where their needs required it. People who required assistance to eat and drink were supported to do so. A relative commented, "The food is ok. [The person] is choosy, but the staff sit with [the person] otherwise [the person] forgets to eat." We observed that staff enabled people to eat and drink as independently as possible. A relative told us, "Staff come in to check she is eating, she does take a long time, but wants to do it herself, and staff respect this."

People were supported to maintain good health because a variety of checks were regularly carried out and recorded. We saw that people were regularly weighed and where appropriate their skin checked for the existence of pressure sores. Everybody living at the home was registered with a local GP surgery which had a good working relationship with the home. A relative told us, "There is good contact with the GP." People were appropriately referred to specialists and had access to a range of external healthcare professionals. Relatives commented, "They can deal with most things here but when [the person] needs to see a specialist they arrange it" and "The GP visits regularly. They take her to the hospital if necessary."

The home was fully accessible and of a suitable design and layout to meet the needs of people living there.

Good

Is the service caring?

Our findings

People told us they were treated with kindness and respect. This was also the view of their relatives. People commented, “Everyone is very kind and helpful”, “The nurses are very kind. Staff are very friendly. “They are very nice ladies”, “They [staff] are very helpful” and “Everyone you meet, the people are nice and polite.” Relatives commented, “The staff are caring and the care is good. [The person] is very happy and comfortable here”, “They [the staff] seem to be very caring. Although they are very busy, they are always patient” and “[The person] can be difficult, they are more kind to [the person] than we are”.

Staff enjoyed working at the home and caring for the people living there. Staff told us, “I love working here. It’s the most rewarding job I’ve ever had”, “We don’t just go through the motions. People who work here do genuinely care” and “There is good staff communication and we share caring strategies”.

The interaction we observed between staff and people using the service was meaningful and compassionate. Staff knew the people they were caring for well and were able to speak knowledgably about their needs and preferences. Conversations between people and staff were not only about their care, but also about their interests and the people most important to them. We observed that people living in the home were supported at a pace that suited them.

People and their families were involved in their care planning. A relative told us, “There is good communication between us and we are kept involved.” The care plans we reviewed considered all aspects of a person’s individual circumstances and reflected their specific needs and preferences. People’s care files included details of their life history, family relationships and individual wishes. People and their relatives felt in control of the care they received and the way it was delivered.

People told us their privacy and dignity was respected at all times. We observed, and people confirmed that staff knocked on the door and asked for permission before entering people’s rooms. Bedroom doors remained closed while people received personal care. A relative told us, “We are asked to wait outside if she is receiving personal care and staff shut the door.” Another relative told us, “[The person] likes her door open, but we are asked to leave and door is shut if she is going to use the commode.” Staff were able to describe how they ensured people were not unnecessarily exposed while they were receiving personal care.

The home had an effective approach to end of life care. This meant that people were consulted and their wishes for their end of life care was clearly recorded, reviewed and acted on. People and their relatives felt they were in control of the decisions relating to their end of life care and that the issue was dealt with sensitively. The care files we reviewed had clear, detailed information on people’s preferences for their end of life care and demonstrated that a range of people including healthcare professionals were involved in the planning process. There was an ongoing process of training staff in end of life care.

Good

Is the service responsive?

Our findings

People were involved in their care planning and received personalised care that was responsive to their needs. People commented, "I like it on my own, I like my room; they bring the food to my room. It is much nicer here than at the hospital" and "I have everything I need here." A relative commented, "[The person] has a call bell and staff come when [the person] presses it. Sometimes I wonder how they are so quick" and "Her quality of life is as good as could be expected."

People's risk assessments and care plans were up to date. People's care plans considered all aspects of their individual circumstances and reflected their specific needs and preferences. People's care files included details of their life history, family relationships and individual wishes. We saw that staff used this information and their knowledge of people living in the home as a starting point for conversations and to aid communication. People told us their care was delivered according to their care plan and generally felt in control of the care they received and the way it was delivered.

The provider recognised and responded to people's need to socialise and be stimulated. People were involved in a variety of activities organised by an activities coordinator. Everybody we spoke with was satisfied with the opportunities available to socialise and with how they spent their time day-to-day. Staff supported people to maintain contact with friends and relatives. One person commented, "My family come here whenever they like." People's relatives told us they were always made to feel welcome at the home.

People and their relatives understood the complaints process and knew how to raise concerns or make a complaint. People felt able to express their views because they said the staff were approachable and listened to them. A relative told us, "We can mention anything to the manager and it gets sorted straightaway". Residents' meetings were held where people had the opportunity to give feedback on any aspect of their care. People told us and records confirmed the issues raised at residents' meetings were actioned by staff. For example, a relative raised that certain repairs were necessary in a person's bedroom. These were recorded by the manager and our checks confirmed the repairs had been carried out.

Staff responded to people's needs in a timely manner. A relative commented, "[The person] has a call bell and staff come when [the person] presses it. Sometimes I wonder how they are so quick". Records demonstrated that when there was an unexpected medical emergency, staff took appropriate action and people were referred to the relevant specialists without delay. Detailed records were kept of medical emergencies so that all staff were aware of such incidents. When people were admitted to hospital for emergency treatment, relevant documents such as records of routine observations (blood pressure and temperature readings), medicine administration records and a copy of their future wishes form were transferred with them.

A variety of external health care professionals were involved in people's care. The communication between the home and external agencies was good. There were systems in place to ensure people attended their hospital and other health care appointments and to ensure that staff were aware of the appointments. Where there was a change in a person's prescribed medicines, staff were made aware. This minimised the risk of people receiving inappropriate care.

Good

Is the service well-led?

Our findings

People, their relatives and staff told us the service was well organised and well-led. One person commented, “I think it’s well run.” Relatives commented, “It has a homely, non-institutional feel and nice smaller size. The management is very hands on and they have high standards in terms of staff”, “They really are a good team” and “I think everything works well.”

There was a clear management structure in place which people living in the home, their relatives and staff understood. Staff knew their roles and responsibilities within the structure and this was discussed during staff and supervision meetings. A relative was able to tell us the names and roles of the manager and some staff and knew who was the most appropriate person to approach about a particular issue.

Staff told us the home was a pleasant working environment and that they enjoyed working there. Staff felt supported by the management and were able to express their views. One staff member told us, “We have a daily meeting to discuss residents and any concerns and we have supervision meetings.” Records demonstrated that staff had the opportunity to discuss issues of importance to them and receive guidance on good practice during supervision and staff meetings.

The provider told us in their PIR about their development plans for the home. They were constantly looking for ways to develop staff and enhance the facilities of the home. We saw that plans were actioned and at the time of our visit the home was undergoing a process of refurbishment. Plans to increase the frequency and type of audits were being implemented by the newly appointed Clinical and Operations Director.

There were appropriate arrangements in place for checking the quality of the care people received. The records we reviewed confirmed the manager and nursing staff regularly checked medicine records, the number of hospital admissions, infection control, maintenance required and staff training and supervision. We saw confirmation that where an audit identified areas which could be improved this was raised with staff. We saw that since our last inspection where we reported some concerns, the provider and manager had taken steps to address all of our concerns and the standard of care had improved as a result.

The manager sought to improve the quality of care people received by obtaining and acting on feedback from people and their relatives during residents’ meetings. People were also asked for feedback how their day was organised and on the choice and quality of food they received. People’s comments were fed back to the cook who actioned people’s comments and suggestions. There were plans in place to widen the scope of feedback surveys to include every aspect of people’s care. There was a system in place to record, monitor and review accidents, incidents and complaints. There was an incident where a person’s bed rails had not been put up. Records demonstrated that this event was discussed with staff and they were given guidance on how to minimise the risk of a similar event occurring.