Sanctuary Care Limited

Westmead Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Good**

Summary of findings

Overall summary

This inspection took place on 21, 22 and 23 June 2016. This is the first inspection we have carried out since the service registered with the Care Quality Commission (CQC) under a new provider in August 2015. The first day of the inspection was unannounced.

Westmead Residential Care Home is registered to provide accommodation and personal care for up to 42 older people, some of whom may have dementia. The home is divided over two floors with lift access. Rooms and shared bathroom facilities are wheelchair accessible. At the time of our inspection 36 people were using the service.

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. The registered manager divided his time between this service and another local service run by the same provider.

The provider had infection control policies and procedures in place but staff were not always following these procedures in relation to the prevention and control of infection to ensure that people were protected from avoidable harm.

Some people living in the home told us they wanted to go out more often. The service employed a full time activities coordinator. However , we were told they had been absent for the past three weeks and that staff had been providing some activities in their absence. Due to this and to lifts that were out of order, people's activity levels were sometimes restricted.

There were systems in place to protect people from abuse and keep people free from harm. The service had policies and procedures in place for safeguarding adults which were available and accessible to members of staff. Staff were able to demonstrate a good understanding of these policies and procedures and how they related to their roles and responsibilities.

Staff had received training on the Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act 2005 (MCA). These safeguards are there to make sure that people receiving support are looked after in a way that does not inappropriately restrict their freedom. Services should only deprive someone of their liberty when it is in the best interests of the person and there is no other way to look after them, and it should be done in a safe and correct way. Staff understood what to do if people could not make decisions about their care needs in line with the MCA.

Where possible, people were involved in decisions about their care and how their needs would be met. Family members and health and social care professionals were invited to contribute to the care planning process where appropriate.

Risks to people were identified and staff took action to reduce those risks. Risk assessments were in place and reviewed in line with the provider's policies and procedures. Risk assessments covered areas such as falls and mobility, moving and positioning and nutritional needs.

There were suitable arrangements in place for the safe storage and disposal of medicines and all medicines were administered by staff who had received the appropriate training to be assessed as competent.

Monthly audits were carried out across various aspects of the service; these included the administration of medicines, fire, health and safety checks.

People were provided with a choice of fresh food and drinks, and were supported to eat when this was required.

Staff were appropriately trained and skilled to care for people. Staff received supervision and guidance where required. Sufficient staff were available and they had the necessary training to meet people's needs.

Staff supported people to attend healthcare appointments as required and liaised with people's family members, GPs and other healthcare professionals to ensure people's needs were met appropriately.

There was a complaints policy which the registered manager followed when complaints were made to ensure they were investigated and responded to appropriately. People told us they were happy with the care provided and felt able to express any concerns they may have.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Aspects of the service were not safe.

Staff were not always following policy and procedure in relation to the prevention and control of infection.

Assessments had been undertaken to identify any possible risks to people's health and safety. Assessments were detailed and covered areas such as falls, moving and handling, pressure area care, diet and nutrition.

Procedures were in place to protect people from abuse.

Is the service effective?

Good

The service was effective.

Staff had a good understanding of the principles of the Mental Capacity Act 2005 (MCA).

Staff had the knowledge and skills necessary to support people using the service.

People's healthcare needs were monitored by a GP and other healthcare professionals as required.

Is the service caring?

Good

The service was caring.

People were cared for by staff who had developed positive and caring relationships with them. Staff understood people's needs with regard to their disabilities, race, sexual orientation and gender and supported them in a caring way.

People were complimentary about care staff and the level of care they received.

People's health and well-being was monitored through a key worker system and daily handover meetings.

Is the service responsive?

Requires Improvement

Aspects of the service were not always responsive.

People were not always able to access or participate in meaningful activities and/or hairdressing appointments.

Care plans were up to date, well organised and completed in full.

People and their relatives felt able to raise concerns with the provider as there was an effective complaints procedure in place.

Is the service well-led?

Good

The service was well-led.

The service had a registered manager who was supported by a team of experienced care managers.

Systems were in place to ensure the quality of the service people received was assessed and monitored.

Staff meetings were held on a regular basis which gave opportunities for staff to raise any concerns about people using the service.

Westmead Residential 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.

This inspection took place on 21, 22 and 23 June 2016. The first day of the inspection was unannounced. This inspection was carried out by one inspector.

Prior to our visit we reviewed the information we held about the service and notifications we had received. Services are required to tell us about important events relating to the care they provide using a notification. During our visit we used a number of different methods to help us understand the experiences of people supported by the service. We spoke with 12 people who used the service, three family members, five care staff, two chefs, the registered manager, three care managers, a regional manager and a hospitality manager.

Some people could not let us know what they thought about the home because they could not always communicate with us verbally. Therefore we spent time observing interactions between people and the staff who were supporting them.

We looked at a sample of six care records of people who used the service, medicine administration records, nine staff records and records relating to the management of the service.

We spoke with three health and social care professionals during the course of our inspection.

Requires Improvement

Is the service safe?

Our findings

People were not protected from avoidable harm as the provider was not always following policies and procedures in line with current relevant national guidance relating to infection control. The home was cleaned on a daily basis however, we noted that bathroom equipment was not always clean or in good condition and that some areas of the home were malodorous. On one occasion we saw that used incontinence pads had been left in one of the communal bathrooms before being disposed of appropriately. The home had been awarded a '2' star food hygiene rating in 2015 and at the time of our visit was being treated by pest control for an infestation of mice. (A top rating of '5' means that a service/business was found to have 'very good' hygiene standards). We checked food storage areas to see if the provider was following recommendations made by the food standards agency and found that flour bins had been left open and that bread and flan cases were still being stored on open shelving rather than in sealable containers. These shortfalls relate to a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Records showed that staff received training in safeguarding policies and procedures. Staff understood what to do and who to report to if they suspected or witnessed any form of abuse or poor practice taking place. Staff were aware of the provider's whistleblowing policy and told us they would report any concerns about a person's safety and/or welfare to their managers. Safeguarding training was refreshed on a regular basis.

People told us that they felt safe at the home and trusted the staff who cared for them. One person told us, "I definitely feel safe. Another person told us, "I'm fine here; at home I wasn't very safe." Relatives we spoke with did not voice any concerns about the safety of their family members. People told us that enough staff were available to meet their immediate care needs and we saw that call bells were responded to in a timely manner.

Risk assessments were completed in relation to the environment, people's mobility and personal care support needs. Staff told us they were aware of different risks to people's health and safety and knew how to manage these. For example; staff told us about people who had diabetes and how their meals and snacks were monitored and how they encouraged people to use their walking aids safely to reduce the risk of falling. Where falls had occurred, appropriate steps had been taken to prevent repeat incidents such as referrals to physiotherapists who visited the service on a regular basis. We spoke to a member of the falls prevention team during our visit who told us they provided training to staff and carried out audits and checks on people's footwear and mobility aids as part of their strategy to reduce falls within the home.

Medicines were managed safely. The relevant staff had completed training in medicines administration. Medicines administration records (MAR) were completed accurately following the administration of people's medicines. Most of the medicines records we looked at contained a photograph of the person they related to, to ensure medicine was given to the right person. Staff offered people water or juice with their medicines and where appropriate explained what the medicine was for. Medicines were administered from a trolley in which they were stored securely. When not in use the trolley was stored securely in a locked room. Storage room temperatures were monitored and recorded on a daily basis and we saw that these were within the

appropriate range.

Appropriate checks were undertaken before staff began work. We saw criminal records checks had been undertaken with the Disclosure and Barring Service (DBS). This demonstrated that steps had been undertaken to help ensure staff were safe to work with people who use care and support services. There were also copies of other relevant documentation, including proof of identity, employment history, character references and job descriptions.

The provider had arrangements in place to deal with foreseeable emergencies. Fire checks were carried out on a regular basis and fire equipment we checked had been serviced and was in date. People's care records contained copies of personal emergency fire evacuation plans. We noted that not all fire exits were clear of obstacles and pointed this out to the management team who rectified the situation immediately.

Good

Is the service effective?

Our findings

People's comments regarding the quantity and quality of the food served were mostly positive. We observed the serving of lunchtime meals over three days. People sat in small groups at individual tables and were free to take lunch when and with whom they chose. Menus were displayed on some of the tables and the food looked appetising and portion sizes were good. A range of drinks were on offer including fruit juices and water. People who required assistance with eating were supported in this task. We observed some staff members stood rather than sat when supporting people to eat and drink which may have compromised people's ability to enjoy their meals in a comfortable and dignified manner.

Most people we spoke with complimented the quality of the food provided and told us that they always had a choice of what to eat at every meal. For example, one person living in the home required a pureed diet and staff were aware of this and took steps to ensure this person was served appropriate meals. Staff were informed about people's food requirements in relation to diabetes.

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. 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. Staff had undertaken training in this area and demonstrated a good understanding of the MCA, including the nature and types of consent, people's right to take risks and the necessity to act in people's best interests when required. One member of staff we spoke with told us, "If you force someone to do something, it's abuse. Safeguarding is about taking care of people and protecting them." The provider had submitted applications for DoLS in relation to access in and out of the building.

People told us that they felt involved in their care and that staff always asked for their consent as a matter of routine. We read in care records that where a person lacked capacity to make a specific decision, appropriate steps had been taken to ensure best interests' principles had been followed. Where appropriate, people had signed copies of their care plans.

People were supported to maintain good health and had access to external healthcare support as necessary. The home has its own designated GP who visited the service twice weekly and more often if required. Care plans showed that other health care professionals, for example, physiotherapists and chiropodists also visited the home. Copies of discharge letters from the hospital were kept in people's care records. One person using the service told us about a problem they had with their mobility saying, "The manager asked me if I wanted to go to hospital." We saw that an appropriate referral had been made for this person in relation to this matter. Relatives told us that staff responded to any health issues or concerns and

kept them informed and updated.

We were unable to find information in people's care records demonstrating that people's end of life wishes had been discussed and recorded (where people felt ready to talk about this). This may have meant that people's preferences were not known to staff in advance. We discussed this with the management team who acknowledged that this was an area of care practice they would be addressing in more detail in the near future.

The provider had a comprehensive programme of staff training which included mandatory courses including; moving and handling, first aid, fire safety and safeguarding. In addition staff also had opportunities to access specialist training in areas such as dementia care and dementia awareness. Staff confirmed that they had completed an induction programme at the beginning of their employment that had included the opportunity to shadow more experienced staff until they felt confident.

Staff had a programme of training and supervision, so people were supported by staff who were trained to deliver care safely and to an appropriate standard. We saw copies of up to date supervision records in the staff files we looked at. Staff told us that the manager and senior staff were always on hand to speak to or advise.

Good

Is the service caring?

Our findings

People and their relatives were positive about the staff. People using the service described staff as, "fabulous", "lovely", "kind" and "polite and efficient." Relatives told us, "I think [staff] are lovely people" and "staff are 99% fantastic." We saw respectful interactions between staff and the people they were caring for but noted communication was limited outside of task based duties.

Care records set out a brief outline of people's past and present histories. However, we did not find any information relating to people's personal care preferences such as whether they preferred showers or baths, a male or female care worker. We asked a member of staff if people were offered these choices and were told, "Sometimes [people] have a choice."

One member of staff told us they were trying to make the service more homely. People had their own rooms and had decorated them with personal belongings. During our visit, a decorator was wall papering people's rooms and we were told that there were plans to brighten up the environment. One relative told us, "The rooms could be a lot more modern, it doesn't look fantastic." One person living in the home told us "It's a bit institutional, what one expects but they treat us quite well." However, we heard from other people that the service was "a very, very nice place" and "quite all right."

There was a key worker system in place in the service. A key worker is a staff member who monitors the care needs and progress of a person they have been assigned to support. We saw records that confirmed key working was taking place and that people had an opportunity to express their views and be actively involved in making decisions about their care as far as possible.

Staff knew how to support people and were able to tell us about people's lives and the people important to them. People told us, "I get on with staff" and "[Staff] look after me." Care plans showed that people and their relatives had been consulted about how they wished to be supported. Relatives had been involved in decisions and received feedback about changes to people's care where appropriate.

Staff understood people's needs with regard to their disabilities, race, sexual orientation and gender and supported them in a caring way. People had been asked about their cultural and religious needs. Care records showed that staff supported people to practice their religion. For example one person was supported during the Ramadan period to eat and fast according to their religious and cultural preferences. Another person told us how they were supported to attend Church on Sundays.

Relatives, friends and representatives were free to visit people whenever they wanted to. We observed relatives being warmly welcomed by staff and included in activities and meal times. A representative from The Advocacy Project visited people using the service once a week. The Advocacy Project provides free, independent and confidential advice and information and takes action to help people say what they want, secure their rights, represent their interests and obtain services they need. The representative told us that most people living in the home seemed happy with the service and the staff supporting them.

Requires Improvement

Is the service responsive?

Our findings

People told us they liked living at the service. One person said, "It's nice and open and I have plenty of freedom." Another person told us, "I'm happy living here." However, some people told us they were bored, lonely and wanted to go out more often. One person said, "I get bored, we don't do anything here" and other people told us, "There are no outings and no one to talk to" and "It's one of the weaknesses, not going out, it feels lonely." We heard from a relative who told us, "I don't know if [my family member] does anything or goes anywhere. [They] don't move from their room."

We discussed people's activity levels with the management team who told us that the activities co-ordinator had been absent for the past three weeks, that care staff had been organising daily activities and that a volunteer took people out at weekends. We checked the activities noticeboard and saw that activities advertised were not consistent with those provided during the course of our inspection. We observed an exercise group taking place and a music session organised by a group of musicians from Wigmore Hall. However, some of the people involved in the music project were unable to attend the session due to issues with a faulty lift. We were told by a visitor that the lift was often out of order. We were also aware that people were unable to have their hair done by a visiting hairdresser for the same reason. This lack of meaningful activity and the issues with the lift meant that people's access to and participation in activities taking place in and beyond the home was limited and may have affected people's health and well-being.

People's care plans contained details of their care needs and the level of support they required. Front page summary sheets gave details about people's GPs and other health and social care professionals involved in people's care. Initial assessments had been completed and were used to design a package of care for people ensuring their needs could be met by staff at the service. Care delivery was reviewed in line with the provider's policies and procedures. Care plans were well organised, up to date and had been reviewed in line with the provider's policies and procedures.

Staff were able to respond to how people were feeling and to their changing health or care needs because they were kept updated about people's needs. Staff attended a handover at the beginning and end of each shift. Staff from across all departments also attended a daily 'ten at ten' meeting where issues relating to maintenance, meals, staffing levels and visits from health and social care professionals were discussed. Daily records described the support and care people had received from staff during each shift. Staff told us they reviewed the information in these records when they started their next shift at the service.

How to make a complaint information was available to people and their relatives in the main reception area. The complaints procedure set out who a complaint could be made to and how complaints would be managed. People using the service told us they knew how to complain if they were unhappy about something. Complaints were managed and responded to appropriately.

Good

Is the service well-led?

Our findings

There was a registered manager at the service who divided his time between this service and another nearby registered service run by the same provider. We spoke to the manager when we visited the home along with members of the management team, all of whom were polite, professional and enthusiastic about the service and the people they cared for. Staff told us, "Management is friendly, we have a laugh" and "Everybody gets along and [the registered manager] is always there for you."

People and their relatives told us they were happy with the way the service was managed. Relatives told us that staff were "fabulous", easy to talk to and that they felt listened to. Relatives said staff kept in touch with them to tell them how their family members were getting on at the service. Relatives were invited to and attended relatives and resident's meetings and special occasions such as birthdays or barbecues held at the home.

The service promoted people's independence and staff told us that they supported people to be as independent as possible by doing things for themselves. One staff member told us, "We take our time and don't push [people]. Sometimes you need to take more time for [people] to do what they can." We saw examples of this when we observed how staff supported people to make decisions about what, how and when to eat and when being supported with their medicines.

There were processes in place for reporting accidents and incidents. Incidents were discussed during staff meetings and within staff supervision sessions. Staff meetings were held on a monthly basis. Staff told us they were able to discuss issues, raise any concerns they may have and make suggestions as to the running of the service. One member of staff told us, "We get to talk about any issues we may have, it's an opportunity to discuss anything we want to while we're all together."

There were systems in place for checking and recording whether various aspects of the service were safe. Medicines were audited and accounted for regularly. This helped to ensure that any discrepancies were identified and rectified quickly. Monthly audits looked at other areas within the home including care records, fire safety and health and safety issues. The provider carried out monthly compliance visits which addressed areas such as wound care, accident reporting and complaints.

Staff demonstrated a caring attitude and told us teamwork was key to job satisfaction. One member of staff told us, "The best thing about my job is talking to people, sometimes [people] sing for us and we dance with them. They are good fun. I come here to help people." Another member of staff told us, "Management is good, they don't stress us and they respect your confidentiality."

Feedback we received from visiting health and social care professionals was positive.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were not being protected from avoidable harm as the provider was not always following policies and procedures in line with current relevant national guidance relating to infection control.