

Westminster House Residential Care Limited

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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 ●

# Summary of findings

## Overall summary

The Inspection took place on the 24 January 2017.

Westminster House provides accommodation and personal care for up to 12 people some of whom may be living with dementia. At the time of our inspection 12 people were living at the service.

At our last inspection the service was rated as Good. At this inspection we found the service remained Good.

The service was safe. Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed. People's needs were met by sufficient numbers of staff. Medication was dispensed by staff who had received training to do so.

The service was effective. People were cared for and supported by staff who had received training to support people to meet their needs. The registered manager had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People were supported to eat and drink enough as to ensure they maintained a balanced diet and referrals to other health professionals were made when required.

The service was caring. Staff cared for people in an empathetic and kind manner. Staff had a good understanding of people's preferences of care. Staff always worked hard to promote people's independence through encouraging and supporting people to make informed decisions.

The service was responsive. People and their relatives were involved in the planning and review of their care. Care plans were reviewed on a regular basis and also when there was a change in care needs. People were supported to follow their interests and participate in social activities. The registered manager responded to complaints received in a timely manner.

The service was well-led. Staff, people and their relatives spoke very highly of the registered manager. The service had systems in place to monitor and provide good care and these were reviewed on a regular basis.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Westminster House Residential Care 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 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 the 24 January 2017 and was unannounced. The inspection was carried out by one inspector.

Before the inspection, we reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service has to let the CQC know about by law. We reviewed 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. We also reviewed safeguarding alerts and information received from a local authority.

During the inspection we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During our inspection we spoke with six people, a relative, the registered manager, two senior care workers, a member of care staff, and a visiting health professional. We reviewed four care files, three staff recruitment files and their support records, audits and policies held at the service.

# Is the service safe?

## Our findings

At this inspection we found the same level of protection from abuse, harm and risks as at the previous inspection and the rating continues to be good.

People told us that they felt safe living at the service. One person said, "They look after me here." A relative told us, "We looked at lots of homes and this one had the nicest atmosphere."

Staff knew how to keep people safe and protect them from safeguarding concerns. Staff were trained and able to identify how people may be at risk of harm or abuse and what they could do to protect them. In addition staff were aware that the service had a safeguarding policy to follow and a 'whistle-blowing' policy. One member of staff said, "If I was worried about safeguarding I would talk to the manager or I would go outside to the council."

The registered manager made sure they recruited staff of good character and ensured all staff completed enhanced disclosure and barring checks (DBS). The registered manager ensured staff did not have gaps in their employment history and obtained references of their previous work and character. As part of the registered managers recruitment processes, new staff were asked to spend some time volunteering at the service whilst supervised so the manager could see how they got on with people, and people could see if they got on with the new staff.

Staff had the information they needed to support people. Staff undertook risk assessments to keep people safe. These assessments identified how people could be supported to maintain their independence. The assessment covered preventing falls, how to keep people safe, and how to support people's mental health for example when they become anxious or agitated. Staff were trained in first aid, should there be a medical emergency and they knew to call a doctor or paramedic if required.

The registered manager kept under review the numbers of staff required to support people and adjusted these numbers where necessary. Staff and people told us that there were enough staff available and we saw that people's needs were attended to promptly. People received care from a consistent staff team. The registered manager did not use any agency at the service and any shortfalls of staff were covered by them or other members of staff.

People were cared for in a safe environment. The registered manager ensured there were regular risk assessments completed of the premises and equipment used and there was an emergency contingency plan in place should there be an event that effected the running of the service. For day to day repairs and refurbishment the registered manager employed a maintenance person.

People received their medications as prescribed. We observed part of a medication round. This was done efficiently and in a timely manner. Staff checked medication administration records before they dispensed the medication and they spoke with people about their medication. The registered manager told us that she observed staff practice regularly when administering medication and kept regular audits, to ensure safe

practice was being completed.

# Is the service effective?

## Our findings

At this inspection, we found staff had the same level of skill, experience and support to enable them to meet people's needs effectively, as we found at our previous inspection. People continued to have freedom of choice and were supported with their dietary and health needs. The rating continues to be good.

The registered manager was very keen for staff to develop and attend training courses. During the inspection one member of staff was receiving an assessment of their working skills by an external assessor. Staff told us that they were supported to achieve nationally recognised qualification, and new staff had been enrolled into completing the Care Certificate, which is an industry recognised best practice award. In addition staff said that they had regular opportunities to reflect on their practice and to discuss the running of the service during staff meetings and supervision sessions.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff knew how to support people in making decisions and how people's ability to make informed decisions can change and fluctuate from time to time. The service took the required action to protect people's rights and ensure people received the care and support they needed. Staff had received training in Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS), and had a good understanding of the Act. Appropriate applications had been made to the local authority for DoLS assessments. We saw assessments of people's capacity in care records.

People were complimentary of the food at the service. One person said, "I like the fish and chips." Another person said, "The food is very good." A relative told us, "Christmas lunch was lovely." We saw that people were supported to have food and drink throughout the day. The registered manager told us that they supported people to have a healthy diet and made additional high nutritious shakes from fruit and vegetables which were very popular with people.

Some people needed support with eating and we saw staff sitting with them, talking to them and offering food and drink at their pace. Staff told us that they believed meals should not be rushed, and we observed the environment was very relaxed throughout the meal time. Staff carried out nutritional assessments on people to ensure they were receiving adequate diet and hydration. Staff also monitored people's weight for signs of loss or gains and made referrals where appropriate to dietitians and speech and language therapists.

People had access to healthcare professionals when they required them. The service had good links with other healthcare professionals, such as, chiropodist, opticians, community nurses and GPs. People told us that staff supported them to visit their GP and attend hospital appointments. We saw from records that staff were very observant of people's changing health conditions and sought prompt medical advice for them.

## Is the service caring?

### Our findings

At this inspection people remained happy living at the service, they continued to be very complimentary of the staff and felt cared for. The rating continues to be good.

Staff had positive relationships with people. They showed kindness and compassion when speaking with them. Staff took their time to talk with people and showed them that they were important. We saw that people were relaxed in the company of staff and shared many conversations throughout the day. We noted staff knew people well and talked to them about subjects that interested them, for example how they were going to spend their time or about their family. People told us that staff supported them, one person said, "The staff are good they help me wash my face and clean my teeth." A relative told us, "The care is very good here." We noted staff were very caring towards people throughout our inspection checking people were warm enough or if they wanted a cup of tea or needed anything else.

Staff knew people well including their preferences for care and their personal histories. Staff told us that they try to support people to maintain their independence as much as possible and assessed the level of support people needed all the time. For example one person liked to go out independently to access their money and to go shopping; staff ensured they had access to public transport to do this. We noted in another person's care plan how they liked to look glamorous and wear makeup every day. We saw staff assisting them to style their hair and apply makeup, which seemed to really lift the person's spirits as they demonstrated by doing a twirl for us. People and relatives told us that they were involved in planning care. One relative told us, "Everything is discussed; I am due to come in for a review in a couple of weeks' time." We saw care plans were very detailed and contained biographies of people's life so far and were person centred.

People told us that staff respected their privacy and promoted their dignity. One person said, "I prefer to spend my time in my room and the staff know this." The registered manager told us that people had access to religious support should they chose to have this. In addition some people had advocates who helped to look after their welfare and ensure that their needs were being met. People were encouraged to maintain contact with friends and relatives and they could visit people at any time.



## Is the service responsive?

### Our findings

At this inspection we found staff were as responsive to people's needs and concerns as they were during the previous inspection. The rating remains good.

The service was remained responsive to people's needs. Since our last inspection the registered manager told us that they had purchased some new beds known as profiling beds which were height adjustable. These were able to add people to get into and out of bed and also could be positioned to help people sit up in bed. In addition the registered manager worked with other health professionals such as occupation therapist and physiotherapist to make sure people's changing care needs were being met. In addition the registered manager told us that they had been working closely with the mental health team who were also providing some training on mental health needs and dementia for staff.

Staff encouraged people to maintain their interests and links with the community. People were supported to go out with staff and relatives, one person told us how they liked to go out for walks and for a coffee. Another person use to do ballroom dancing and staff encouraged them to continue with this and had risk assessed and care planned to make sure there was space at the service for them to dance safely. We noted another person was assisted to use a computer program daily to help them exercise in a fun and supportive way. We noted people's rooms were also personalised with activities that interested them. One person liked to work with their hands and build things, we saw they were in the process of building a robot with the support of staff.

The registered manager had a robust complaints process in place that was accessible and all complaints were dealt with effectively. People and relatives said if they had any concerns or complaints they would raise these with the manager. However people told us they generally did not have any complaints.

## Is the service well-led?

### Our findings

At this inspection we found staff were as well led as at the previous inspection. The rating remains good.

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.

Everyone we spoke with knew the manager and were very complimentary of them and the staff. People and their relatives told us that they regularly spoke with the manager. One relative told us, "The manager is always here for a chat."

Staff shared the registered manager's vision for the service. One member of staff said, "We want people to have a good quality of life. I treat people the way I would want to be treated. I get job satisfaction from seeing happy smiling faces" Another member of staff said, "We want to be as homely as possible, welcoming for relatives and to make people feel wanted and happy."

Staff told us that they found the manager very supportive of them. Staff were able to describe to us their role within the service and what their responsibilities were. They told us that they had regular staff meetings with the manager to discuss the running of the service and any ideas they may have. Staff told us that they used these meetings to discuss the care people received and to share any learning from accidents or incidents. In addition the registered manager told us that they often communicate through group text messages with staff and would sometimes use this for learning by doing short quizzes.

The manager gathered people's views through questionnaires, and these included topics such as food, ambience, staff attitude, response to calls and improvements. The manager told us they sent these questionnaires to people, relatives and external healthcare providers. The information gathered was shared with staff and used to improve the service delivery.

The manager also had a number of internal quality monitoring systems in place to continually review and improve the quality of the service provided to people. For example they carried out regular audits on people's care plans and medication management. They used this information as appropriate to improve the care people received.