

Oakdale Care Homes No. 2 Limited

Westhill Park Care Home

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

About the service

Westhill Park care Home is a residential care home providing personal care to 45 people aged 65 and over and people living with dementia at the time of the inspection. The service can support up to 66 people.

Westhill Park Care Home is a purpose-built care home which accommodates people across three floors. Each floor has a communal lounge, dining area and kitchen. All bedrooms have private en-suite facilities. There are two lifts operating between floors which also give access to a library, cinema café and bar. There are communal gardens and parking.

People's experience of using this service

Information around people's end of life preferences and religion was not consistently in place. Work on this had started and the provider was arranging training for staff where required. People were well supported with bereavement.

People were safe. Systems and processes protected people from the risk of abuse. The home was clean and well maintained with infection control measures in place. Regular risk assessment took place and measures put in place to mitigate risk. Accidents and incidents were monitored and analysed for trends and patterns.

Medicines were managed safely, and people received their medicines when they needed them.

Staff were recruited safely and received regular training and support.

Staff worked in partnership with other healthcare professionals and ensured people had timely access to healthcare when they needed it.

People had choices and enough food and drink and were well supported when needed. Specialist dietary requirements were well communicated and supported.

There was a positive culture and care was person centred with people's choices and preferences assessed and planned in to care with people and their family's involvement.

Staff were kind, caring and respected privacy and dignity. People were encouraged to be as independent as possible and were active members of the community. Peoples were supported to maintain their relationships.

There were a range of activities available in the home and in the community. People were involved in the planning of activity.

People knew how to make a complaint and complaints were managed in line with the providers policy and procedure.

Regular audits ensured that the registered manager maintained effective oversight of the safety and quality of the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Rating at last inspection

This service was registered with us on 8 February 2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on when the service registered with us.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Westhill Park Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector, one assistant inspector 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.

Service and service type

Westhill Park Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we held or had received about the service. We sought feedback from the local authority and contacted Healthwatch Northamptonshire, Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and three relatives about their experience of the care provided. We spoke with 16 members of staff including, the registered manager, the activities coordinator, the maintenance person, a host, two housekeepers, six care assistants, one deputy manager, the head chef, the quality and compliance manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included three peoples care and support records. We looked at records in relation to training and staff supervision. A variety of records relating to the environment, maintenance and the management of the service and medication were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We were given further information on recruitment records and auditing.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes protected from the risk of abuse. Staff had access to whistleblowing and safeguarding policies and were trained and knowledgeable around different types of abuse, how to recognise the signs and how to report concerns.
- Staff confidently explained types of abuse that would be reportable for example physical, emotional, verbal and financial. Staff were confident they would be listened to by the management team but also knew they could whistle blow to other organisations if needed such as the local authority or CQC.
- People told us they felt safe and they would be comfortable telling a senior member of staff if they had any concerns about their safety. One person said, "Safe, yes I am. There are people around to help if I need it. I would speak to the [senior staff member] if needed."

Assessing risk, safety monitoring and management

- Personalised risk assessments were in place, they considered risks to people in the environment as well as risk to the individual such as weight loss, falls and skin condition. Regular reviews took place and care plans were amended accordingly.
- Personalised emergency evacuation plans were in place to ensure people were well supported in the unlikely event of an evacuation of the building.
- The home was safe and well maintained. A maintenance person was employed by the service who ensured regular checks of the building took place, including, fire safety checks, gas safety checks and water quality and temperature checks.

Staffing and recruitment

- Safe recruitment processes were in place that ensured only suitable staff were recruited by the service. Disclosure and Barring Service (DBS) checks were completed prior to working with people. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.
- There were enough staff available to meet people needs. People told us that if they rang their call bell staff responded promptly. One relative said, "When [relative] presses their button, they [staff] come quite quickly". A person told us, "I have a bell in my room if I use it, they [staff] are there in minutes."

Using medicines safely

- Medicines were managed, stored and disposed of safely. Medicines were administered by trained senior members of staff and their competency was checked regularly.
- People's electronic medicine records were clear, easy for staff to follow and mitigated risk of error. We

observed medicines being administered and found staff were following best practice guidance.

Preventing and controlling infection

- People were protected from the risk of infection. The home was clean and free from odour. A team of housekeepers were deployed throughout the home and cleaning schedules were in place to ensure regular cleaning of all areas.
- Systems and processes for managing risks within the laundry and kitchen areas ensured people were protected. For example. A coloured bag system was used for separating soiled laundry from other items and guidance on wash temperatures were clear for staff to follow. The kitchen completed regular cleaning schedules and fridge temperatures were monitored. Food temperatures were taken and recorded before food was served. The service had achieved a five-star food hygiene rating with the food standards agency.

Learning lessons when things go wrong

- Staff understood the accident and incident procedure. The registered manager maintained good oversight of accidents and incidents and analysed records for trends and patterns. Learning was shared with staff during staff meetings.
- The head of compliance monitored incidents of falls. Risks of falls had been mitigated by using, with people's consent, infrared motion sensor monitoring alarms. The alarms alerted staff as to when people at risk of falls may need staff support to mobilize. The service was working in partnership with the falls team to ensure their support was implemented where needed.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Initial assessments prior to people moving into the home ensured people's needs could be met. The assessments took place with people and their families to include medical history and care needs, information around, culture, life history and relationships. The provider had identified that information collated around religion was inconsistent and was in the process of addressing this at the time of the inspection.
- One staff member had a specific role of helping people to settle into the home, people told us this worked well. One person's relative told us, "[Relative] was well supported in settling in."

Staff support: induction, training, skills and experience

- Staff had received an induction and regular training that ensured they had the skills they needed to do their job.
- Staff told us they felt well supported, regular supervisions and staff meetings took place. Senior members of staff were deployed across all shifts for staff support. One staff member said, "If I need to know anything they [senior staff and management] are there to give me advice."
- The provider was an equal opportunities employer and employed a workforce that reflected the people it cared for including people from different cultural backgrounds.

Supporting people to eat and drink enough to maintain a balanced diet

- People were well supported with food and drink. People were offered choices of meals, snacks and drinks throughout the day and were supported by staff with eating and drinking where needed. One person told us, "They [staff] come around in the morning and show you the menu, two choices usually."
- People were involved in choosing the menu during regular meetings with the chef. The chef received clear information from staff on dietary requirements and allergies and this was easily accessible to all members of the kitchen team.
- People were assessed for the risk of malnutrition and weighed regularly, records were kept monitoring food and fluid intake where needed.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to access healthcare services and worked in partnership with other professionals such as GP's, district nurses and dentistry where required. An optician service visited regularly. One person told us, "A carer went with me to an [appointment]. Another carer took me to an [appointment] at the hospital."

- People were supported with a smooth transition between services. Hospital packs were in place that contained information such as allergies, health conditions and communication needs. These records supported people and emergency healthcare staff in the case of a sudden hospital admission.

Adapting service, design, decoration to meet people's needs

- People had personalised their rooms with their own belongings such as furnishings and pictures. The maintenance person was friendly, approachable and happy to put up shelves and decoration for people.
- The building was purpose built and had a community feel. There was a café, bar, cinema and library. Pictorial signage was in place in communal areas to help people with orientation.
- Bathrooms and en-suites were easily accessible with walk in showers and bath lifts available.

Ensuring consent to care and treatment in line with law and guidance

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.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- People were being supported in the least restrictive way possible. People and their families had been involved in the assessment and planning process and had consented to care. We observed care staff sought people's consent before they supported them. For example, one staff member asked a person, "Do you want to sit up, can I help you?" One person told us, "I get up when I want there's no restrictions."
- There was evidence of individualised assessments to support what decisions people could and could not make for themselves. Where decisions needed to be made in a person's best interests, meetings had been held with the person, relevant professionals and family members.
- Some people were being supported under a DoLS, the registered manager managed this appropriately and where conditions were in place these were being met.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Peoples culture and characteristics were considered and planned into care. For example, one person did not have English as their first language. The registered manager had ensured that a staff member that spoke the persons language was available to them as much as possible.
- People had developed good relationships with the staff team and staff knew people well. We observed shared smiles and laughter, staff demonstrated kindness and were patient with people. One person told us, "They [staff] talk to you as friends they always acknowledge me and use my name."

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives were involved in planning care and were encouraged to make decisions around how they would like their care to be delivered. People and their family members could log in electronically to view their care and support records if they wished via an electronic application to monitor their care.
- People told us they were leading their own care. One person told us, "I prefer a bath I have one when I want." A relative said, "[Relative] makes their own decisions about getting up and going to bed."

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity by closing doors and curtains while supporting them and speaking discreetly when offering personal care support. One person told us, "They always close my curtains when I have a shower. They couldn't be more respectful to me if they tried."
- People were encouraged to be as independent as possible. We observed one person was supported in a manner that fully respected their personal space and promoted independence while supporting them with a meal. One staff member told us, "I love being able to help the residents in their home, help them be independent and give them the support they need."
- Staff had a good understanding of the General Data Protection Regulations (GDPR). One staff member requested to see our ID badges before allowing us to review records. Staff members administering medication ensured screens were locked before leaving electronic equipment in communal areas. Access to people's care records was password protected.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care was person centred. Choice and preferences, culture, eating, drinking, life history, relationships communication and health were all considered and planned into care.
- Care plans included details that were important to the person such as the genre of books they enjoyed, television they liked to watch, how many sugars they liked in their tea or what activities and interests they had.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Peoples communication needs were planned into their care. For example, people using hearing aids, had them checked regularly. One person told us, "I mentioned to staff the forms on display needed to be colour coded and they did that."
- The quality and compliance manager told us that care plans and records could be made available to people in other formats such as easy read or large print where required. One person had a picture book of common phrases/words in their own language to aid communication with personal care, activities and meal times.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported in maintaining important relationships. Visitors were welcomed, relatives told us they could visit whenever they wanted and were welcome to have meals with their family member if they wished. Relationships within the home were well supported and there were couples living in the home together.
- There were a good range of activities within the home and in the community, these included guest performers, quizzes, cinema, trips out to shopping, garden centres and the theatre. One person told us, "There's lots of activities. A Saxophonist, two different singers, exercise classes, armchair yoga." timetables were placed in people's rooms and they were encouraged to join in.
- The activities team were friendly and enthusiastic and aimed to include people as much as possible. People were being supported to make memory boxes to include family photographs and photographs from their past. The activities coordinator understood these would be particularly beneficial for one to one time

with people, particularly those experiencing memory difficulties.

- There were regular religious services within the home and the service could arrange for people's choice of faith leader to visit when requested. A faith leader was visiting a person during the inspection.

Improving care quality in response to complaints or concerns

- People told us they would know who to complain to if needed with most people saying they could speak to either the registered manager or a senior member of the team. The people we spoke with had not needed to make a complaint and were happy with their care. Details on how to make a complaint or suggestion were displayed in the home
- There was a system and process in place for managing complaints. We reviewed complaints records and saw that they had been managed and responded to in line with the providers policy and procedure.
- Complaints were analysed regularly for trends and patterns and added to the staff meeting agenda to discuss and share learning.

End of life care and support

- Detailed end of life care planning was inconsistent, where this had been completed for people there were thorough details on preferred support at the end of life. Where required records were in place and signed by a doctor to support staff and other professionals regarding people's resuscitation status.
- Staff had a good understanding of supporting and monitoring people following bereavement and ensured that steps were in place to include time and space for grieving along with supported activity and support to attend funerals. A relative told us they had been consulted on the support being offered for their relative with a bereavement.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager, management team and staff were friendly approachable and focused on providing good quality person centred care with positive outcomes for people.
- People and their relatives were happy with the care provided and were encouraged to get involved in the home as well as their own care and support by attending meetings and groups to share ideas. For example, during the inspection there was a group meeting with people to plan some changes to the garden. People were also invited to take part in staff interviews and help make recruitment decisions.
- Staff described morale as good and told us they enjoyed their work and felt well supported.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had a good understanding of their responsibility to be open and honest with people when things went wrong and had reported appropriately to the local authority and the Care Quality Commission (CQC) when required.
- Staff understood the whistleblowing procedure and how to raise safeguarding concerns with the local authority and CQC.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Information in people's care plans for religion and end of life was inconsistent. This had been identified by the provider prior to the inspection and they were working in partnership with families and a local GP to improve planning in these areas. This would need to be continued and embedded in practice.
- Regular audits took place to maintain oversight of the quality and safety of the service. The nominated individual told us there were plans to introduce more in-depth audits at provider level to ensure the provider maintained oversight of all of its services.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were an active part of the local community with regular visits from a local school and children's nursery. The home had hosted local events for people to enjoy such as the mayor's tea party and charity fundraising events.
- The provider and management team worked in partnership with other organisations such as, Age UK and

a local carer trust. They welcomed members of the public into the home to enjoy activities such as, coffee mornings and 'silver screen' cinema shows.

Continuous learning and improving care

- A member of the management team delivered regular dementia friends sessions that were open to people, their carers and the general public to offer education and support around dementia
- The nominated individual had identified that not everyone had completed end of life care training. At the time of the inspection they were in the process of arranging this training for all staff.