

Regal Care Trading Ltd

Westlands 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

This unannounced inspection took place on the 23 May 2017. Westlands Care Home provides accommodation for up to 28 people who require residential care for a range of personal care needs. There were 16 people in residence at the time of this inspection.

There was a registered manager in post. 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 2008 and associated regulations about how the service is run.

People were safeguarded from harm as the provider had systems in place to prevent, recognise and report concerns to the relevant authorities. All staff knew their responsibilities as defined by the Mental Capacity Act 2005 (MCA 2005) and Deprivation of Liberty Safeguards (DoLS) and had applied that knowledge appropriately.

There were sufficient numbers of experienced staff that were supported to carry out their roles to meet the assessed needs of people living at the home. Staff received training in areas that enabled them to understand and meet the care needs of each person. Recruitment procedures protected people from receiving unsafe care from staff unsuited to the role.

People's care and support needs were continually monitored and reviewed to ensure that care was provided in the way that they needed. People had been involved in planning and reviewing their care.

People were supported to have sufficient amounts to eat and drink to maintain a balanced diet. Staff monitored people's health and well-being and ensured people had access to healthcare professionals when required.

Staff understood the importance of obtaining people's consent when supporting them with their daily living needs. People experienced caring relationships with staff, who provided good interaction by taking the time to listen and understand what people needed.

People's needs were met in line with their individual care plans and assessed needs. Staff took time to get to know people and ensured that people's care was tailored to their individual needs.

People had the information they needed to make a complaint and the service had processes in place to respond to any complaints.

People were supported by a team of staff that had the managerial guidance and support they needed to carry out their roles. The quality of the service was monitored by the audits regularly carried out by the manager and by the provider.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People felt safe and staff were clear on their roles and responsibilities to safeguard them.

People received their care and support from sufficient numbers of staff that had been appropriately recruited and had the skills and experience to provide safe care.

People's medicines were appropriately managed and safely stored.

Risks were regularly reviewed and, where appropriate, acted upon with the involvement of other professionals so that people were kept safe.

Is the service effective?

Good ●

The service was effective.

People received care from staff that had the supervision and support to carry out their roles.

People received care from care staff that had the training and acquired skills they needed to meet people's needs.

Care staff knew and acted upon their responsibilities as defined by the Mental Capacity Act 2005 (MCA 2005) and in relation to Deprivation of Liberty Safeguards (DoLS).

People were supported to have sufficient amounts to eat and drink to maintain a balanced diet.

People's healthcare needs were met.

Is the service caring?

Good ●

The service was caring.

People's care and support took into account their individuality and their diverse needs.

People's privacy and dignity were respected.

People were supported to make choices about their care and staff respected people's preferences.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed prior to admission and subsequently reviewed regularly so that they received the timely care they needed.

People's needs were met in line with their individual care plans and assessed needs.

People had access to a complaints process and complaints were appropriately managed.

Is the service well-led?

Good ●

The service was well-led.

People's quality of care was regularly monitored by the systems in place.

People were supported by staff that received the managerial guidance they needed to carry out their roles.

Westlands 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 unannounced inspection was carried out by an inspector on 23 May 2017.

We reviewed information we held about the provider including, for example, statutory notifications that they had sent us. A statutory notification is information about important events which the provider is required to send us by law. We contacted the health and social care commissioners who help place and monitor the care of people living in the home that have information about the quality of the service.

We undertook general observations in the communal areas of the home, including interactions between staff and people.

During this inspection we spoke with six people who used the service, three relatives and a volunteer. We looked at the care records of five people. We spoke with the registered manager, eight staff including the team leader, the cook, housekeeping staff, administrator and care staff. We also spoke with a representative of the provider. We looked at three records in relation to staff recruitment and training, as well as records related to quality monitoring of the service by the provider and registered manager.

Is the service safe?

Our findings

Everyone we spoke with told us that staff at Westlands Care Home provided safe care. One person told us, "Staff know what they are doing, they are quick to notice if I am not well." A relative told us, "[name] is safe and well here; absolutely no concerns." Staff understood their responsibilities to safeguard people and knew how to raise any concerns with the right person if they suspected or witnessed ill treatment or poor practice. One member of staff told us "I would report anything of concern to my manager, and if they did not respond I would contact the local authority safeguarding team." Staff had received training on protecting people from abuse and records we saw confirmed this.

People were assessed for their potential risks such as falls. People's needs were regularly reviewed so that risks were identified and acted upon as their needs changed. For example where people's mobility had deteriorated their risk assessment reflected their changing needs. People's care plans provided instruction to staff on how to mitigate people's risks to ensure people's continued safety. For example, where people were identified as being at risk of pressure ulcers, the risk assessments and care plans were updated to reflect that staff carried out more frequent position changes to relieve people's pressure areas.

People were assured that regular maintenance safety checks were made on all areas of the home including safety equipment, water supplies and the fire alarm. People had personal emergency evacuation plans in place in case of an emergency; this enabled staff to respond appropriately in an emergency situation to the level of support people required. Fire safety systems were in place and appropriate checks were conducted; these included weekly fire alarm tests and regular fire drills.

People could be assured that prior to commencing employment in the home, all staff applied and were interviewed through a recruitment process; records confirmed that this included checks for criminal convictions and relevant references.

People's assessed needs were safely met by sufficient numbers of experienced staff. People told us there was always enough staff on duty to meet their needs and we saw that staff were on-hand to support people when needed. One person said, "The staff are like little angels, always on hand when you need them." Staff told us there were sufficient staffing levels to meet people's needs, and that the Registered Manager ensured that people got the extra time they needed when their needs increased. Staffing levels were set according to people's dependency and care needs.

There were appropriate arrangements in place for the management of medicines. People received their medicines in a way they preferred. Staff had received training in the safe administration, storage and disposal of medicines. Staff had arranged for people to receive liquid medicines where they found swallowing tablets difficult. Staff followed guidelines for medicines that were only given at times when they were needed for example Paracetamol for when people were in pain. There were regular medicines audits, where actions had been taken to improve practice.

Is the service effective?

Our findings

All new staff undertook an induction training course that equipped them with the skills and knowledge they required to enable them to fulfil their roles and responsibilities. The staff induction training included subjects such as manual handling and fire safety. New staff who were waiting for their pre-employment checks were given access to on-line training which they could complete before commencing employment if they wished to do so. New staff worked alongside senior staff during their induction training and before being allowed to work unsupervised. One member of staff told us "I had a really good induction, I wasn't rushed at all and I had time to get to know people before I worked on my own."

All staff continued to receive updates of their training in subjects such as safeguarding, falls prevention, pressure area care and dementia awareness. Care staff were positive about the training they received and said it had helped them with supporting people. One member of staff said "The dementia awareness training was really good, I learnt about approaching people and how you need to get to know the person well to know what approach works best for them." Staff were provided with the opportunity to obtain a recognised care qualification through the Qualifications and Credit Framework (QCF). Some staff were also undertaking additional training offered through a distant learning course to enhance their skills further. For example; end of life care and catering and hospitality.

People's needs were met by staff that received supervision either on a 1:1 format or group meetings and an annual appraisal. We saw that supervision meetings were available to all staff employed at the home. The meetings were used to assess staff performance and identify ongoing support and training needs. One care staff said "I have supervision and I feel listened to, although I know I don't have to wait until supervision if there are any concerns I want to talk about."

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 that the staff were supporting people in line with the MCA and we saw that they were. The management and staff were knowledgeable and experienced in the requirements of the MCA and DoLS. Detailed assessments had been conducted to determine people's ability to make specific decisions and where appropriate DoLS authorisations had been obtained from the local authority. Senior staff had training in the MCA and DoLS and had a good understanding of service users' rights regarding choice; they carefully considered whether people had the capacity to make specific decisions in their daily lives and where they were unable, decisions were made in their best interests.

Staff assessed people's risk of not eating and drinking enough by using a Malnutrition Universal Screening

Tool (MUST). Staff referred people to their GP and dietician for further guidance when they had been assessed as being at risk. Staff followed guidance from health professionals to ensure that people were able to have adequate food and drink safely, for example where people had difficulty in swallowing, staff followed the health professionals advice to provide food that had been pureed or thickened their drinks to help prevent choking. Catering staff ensured people were provided with meals that met their nutritional and cultural needs. We saw that they prepared meals to suit each person's individual needs, such as pureed food. The chef told us "I know what special foods people need; the dietician also advises on the different consistencies of food as well."

Staff were provided with information about people's dietary needs including their likes and dislikes. One person told us "The cook knows what I like to eat." Records showed that people were encouraged to maintain an adequate food and fluid intake and where it was necessary, staff monitored the amount that people drank to ensure that they stayed hydrated. One member of staff said "We are kept informed if people's needs change, like needing a softer diet or more drinks."

Staff were knowledgeable about who needed assistance or prompting to eat. We saw that staff sat with people and assisted them with their meals in a non-hurried way and they gently reminded people to eat their meals where they had been distracted. All staff were involved with assisting at mealtimes which meant that everyone could eat their hot meal at the same time if they wished. People chose to eat their meals in a larger dining room or a smaller dining room. We observed throughout the day that drinks and snacks were always available for people. One person told us "I love having my ice-lolly in the afternoons in this warm weather; I can have one every day if I want."

People's healthcare needs were carefully monitored and detailed care planning ensured staff had information on how care could be delivered effectively. Care records showed that people had access to community nurses and GP's and were referred to specialist services when required. Care files contained detailed information on visits to health professionals and outcomes of these visits including any follow up appointments.

Is the service caring?

Our findings

All the people who used the service and their relatives told us that they were treated very well and they had no complaints about the care they received. One person told us "the staff are angels, they are so lovely." One relative told us "The staff and manager are very good to [my relative] but also to us as a family" Everyone described the service as 'homely'; one member of staff told us "It's like a family here."

People told us they had good relationships with staff. One person said "Staff are wonderful; I choose what I want to do when I want to do it." Another person told us "I have my favourites of course; but all the staff are lovely." One relative told us "The staff are all approachable, from the management to the wonderful carers." We observed that all the interactions between staff and people using the service were positive and encouraging. One member of staff told us "I am proud of the relationships we have with people." Staff spoke with people in a friendly way, referring to people by their names, involving them in conversations and acknowledged every one when they were in the same room or passing.

Staff knew people very well, they told us what was important to people and how they adapted care to meet each person's needs. One person who liked to spend a large amount of time outdoors spent most of the day in the garden on the day of the inspection; we saw that this person was regularly taken drinks and snacks and care staff spent time chatting with the person.

When we observed people indicating they were anxious staff were prompt in responding to their needs. For example one person was walking with assistance and was getting frustrated with process; the care staff supporting gave the person a bit more space and offered encouragement.

People's preferences for care were incorporated into their daily care, for example one disliked duvets and had requested blankets instead and we saw this was in place for them. People were helped to maintain family relationships. One family said "We visit two or three times a week and we are always made to feel welcome, I would recommend this home to everyone."

People's privacy and dignity were respected. One person told us "Staff respect when I want time alone." We saw that people were asked discreetly if they would like to use the bathroom and as people were assisted in moving from their chair, the staff explained how they would be moved and encouraged them to assist themselves. One person said "They [care staff] have to use the hoist with me because I can't stand anymore, but they are so gentle with me and explain everything." Everyone who required hearing aids or glasses were wearing them, we saw that people's glasses were clean and their hearing aids were well maintained.

Is the service responsive?

Our findings

People admitted to the service were assessed for their care needs prior to living at Westlands Care Home. People and their relatives or advocates were encouraged and supported to visit the home during the decision making process. We saw that the manager ensured they gathered as much information and knowledge about people during the pre-admission procedure from people themselves if they were able to communicate, and from relatives, advocates and professionals already involved in supporting each person. This ensured as smooth a transition as possible once the person decided they would like to move into the home.

People's needs were met in line with their care plans and assessed needs. Staff carried out regular reviews of peoples' assessments and care plans and there was clear communication between staff to update them on any changes in care. The provider was using an electronic records based system and updated care plans and any changes to assessed needs were available to staff straight away on the hand held devices. People received care that corresponded to their detailed care plans. For example people's pressure relieving mattresses were set to the correct pressure for each person's weight and people were helped to change their position to relieve their pressure areas regularly as detailed in their care plans.

People's care and treatment was planned and delivered in line with their individual preferences and choices. People had been involved in planning and reviewing their care when they wanted to. One relative told us "I know what is going on, I am kept informed about everything relating to [name]'s care." People's care and support needs were accurately recorded and their views of how they wished to be cared for were known, for example the time they wished to get up in the morning.

People's changing needs were assessed and care plans were updated. There was a daily meeting every morning where people's changing needs were discussed and important information was relayed to all of the staff. One staff member said "It is only a short meeting but it is focussed on anything that has changed in the last 24 hours; it is so important everyone is aware of people's health and mobility."

There was a regular timetable of activities in the home that people could participate in; this was displayed in the communal areas of the home. People enjoyed reminiscence sessions, board games and armchair exercises. The provider had recently recruited to an additional activity support worker to enable a more varied activities program to be in place.

The home had a visiting therapy dog who visited on the day of our inspection. It was clear to see that these visits were enjoyed by all of the people living in the home. The volunteer supporting the therapy dog told us "This is a lovely home; I really look forward to coming. The residents are all treated well and there is a lovely homely atmosphere all of the time."

People had information about how to make a complaint or make comments about their care. There had not been any formal complaints recorded, however, people had written letters to compliment staff. One relative told us "When I have raised any concerns, these have been addressed straight away, so it's not really a

complaint. The manager is absolutely on the ball."

Is the service well-led?

Our findings

People were supported by a team of staff that had the managerial guidance and support they needed to do their job. The registered manager was supported by senior care staff and an area manager. We saw that people and the staff were comfortable and relaxed with the senior team. All staff we spoke with demonstrated an excellent knowledge of all aspects of the service and the people using the service.

We received many positive comments from staff about the service and how it was managed and led. Staff told us that the manager was very supportive and staff told us they were proud of the standards of care they provided. One member of care staff said "I'd love my [relative] to come here because they would be looked after", another member of staff told us "Staff have been there a long time, and they tend to stay."

People benefited from receiving care from a cohesive team that was enabled to provide consistent care they could rely upon. There were systems and processes in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of people using the service. People were assured of receiving care in a home that was competently managed on a daily as well as long-term basis.

Records relating to the day-to-day management and maintenance of the home were kept up-to-date and individual care records had been reviewed on a regular basis and accurately reflected the care each person received. Records relating to staff recruitment and training were fit for purpose. Records were securely stored to ensure confidentiality of information.

Communication between people who used the service, their families or representatives and staff was encouraged in an open way. Relative's feedback told us that the staff worked well with people and there was good open communication with staff and management. People using the service and their relatives were encouraged and enabled to provide feedback about their experience of care and about how the service could be improved; questionnaires were sent out yearly to seek their views. The feedback about the care people received was all positive.

The provider had good links with the local community and this was used to enhance the activities that were already in place at the home. A local school supported people on a regular basis with 1:1 activities in the home. There was also excellent links with the scouting movement who have worked on volunteer projects in the past and were just about to commence a renovation of the rear garden. Adults with learning difficulties were also volunteering as part of their community opportunities to tidy a reminiscence area of the garden.

Policies and procedures to guide staff were in place and had been updated when required. We spoke with staff that were able to demonstrate a good understanding of policies which underpinned their job role such as safeguarding people, health and safety and confidentiality.

People's entitlement to a quality service was monitored by the audits regularly carried out by staff and the registered manager. Medication audits were completed after every round of medication administration and the recording tool was reviewed when the weekly medication audit took place. The manager used all of the

audits to improve the service and feedback to staff where improvements were required.

There was a program of redecoration and refurbishment in place and the areas of the home that had already been refurbished were done so to a high standard and people who used the service and their relatives commented on the positive impact this was having on people. One relative told us "The home feels lighter and much more homely; I note [my relative] always wants to sit in the newly decorated lounge now." One member of staff said "I think it helps lift morale; the areas that have been decorated are modern and have lovely colour schemes; it has a positive vibe to it."