Springcare (Weston) Limited

Weston House Residential Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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 inspection took place on 22 July 2015 and was unannounced. At our previous inspection on 4 October 2013 we found that they were meeting the Regulations we assessed them against.

Weston House provides accommodation and personal care for up to 38 people some of who may be living with dementia. There was a new manager in post that had applied to be registered with CQC. 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.

People felt safe in the home and relatives were confident that their relatives were cared for by staff who knew how to keep them safe. Staff identified any risks to people and took action to minimise harm.

Staffing levels and the skill mix of staff were sufficient to meet most of the needs of people who lived in the home and to keep them safe. The manager and staff considered the levels of staff on the dementia unit were reduced too early in the evening to ensure that everyone could receive personal attention. Staff recruitment was thorough with required checks completed prior to staff commencing work.

Medication was stored securely. People were prescribed medication that had to be administered 'as and when required'. However, not all 'as required' medication gave full details of the circumstances in which it should be given. This could result in some medication being administered inconsistently.

Staff obtained consent from people before they provided care and support. The manager and staff had an understanding of providing care to people who lacked the capacity to make their own decisions so that people had their rights protected.

People were assisted to eat and drink enough to keep them healthy. People were supported to access a variety of healthcare professionals to ensure their healthcare needs were met and were assisted to see their GP as and when required.

People living at the home considered that staff were caring and kind and knew them well. People were supported to maintain their independence where possible.

The care plans detailed people's healthcare needs and gave staff direction to provide care. Most people were confident that their care was provided in the way they wanted. People knew that staff kept formal records of changes to their care.

Staff were aware of the activities people enjoyed and what was of interest to them. People were supported to take part in activities both in the home and in the community. Activities were planned on a monthly basis

and people were encouraged to tell staff what they would like to do and efforts were made to accommodate these requests.

People who had concerns about the care of their relative had known how to complain and felt able to do so. One person had not been confident that their concerns had been resolved yet. People were aware that there was a new manager in post and had found them welcoming and approachable. Staff enjoyed their work and felt supported and listened to. They spoke positively about the provider and the manager.

Regular meetings took place with people living at the home. Relatives were also consulted for their views about the service provided. Their views were listened to and taken on board. The provider had a number of quality audits in place in order to monitor the quality of care provided. When incidents occurred the outcome was reviewed so that staff could learn from mistakes.

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

The service was not consistently safe.

People felt safe and supported by staff who knew how to keep people safe from abuse and harm.
There was a system to review staffing numbers in line with dependency levels of people who lived at the home. The manager agreed that dependency levels needed to be reviewed to ensure that staffing levels accurately reflect the needs of the individual residents being cared for.
Medication was stored securely but information was not consistent regarding the administration of 'as required' medication.

Is the service effective?

Good

The service was effective.

Staff were trained and supported to ensure they had the skills and knowledge to support people appropriately and safely.
People were supported to have enough food and drink and staff understood people's nutritional needs.
People's human rights were supported because staff understood the principles of the Mental Capacity Act 2005 (MCA).

Is the service caring?

Good

The service was caring.

People considered staff were caring, kind and knew them well.
People were treated with dignity and respect and supported to maintain their independence where possible.

Is the service responsive?

Good

The service was responsive.

People were cared for by staff who knew their needs, likes and dislikes.
People were supported to take part in activities that they were interested in either in groups or individually.
There was a system in place to receive and handle complaints or

concerns raised.

Is the service well-led?

Good

The service was well led.

People thought the service was well managed and spoke positively about the new manager.
Staff enjoyed their work and felt supported and listened to.
The provider had audits in place to monitor the health, safety and welfare of staff and people who lived at the home.

Weston House Residential 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 visit was carried out by one inspector on 9 November 2015 and was unannounced.

Before the inspection, the provider completed a 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 reviewed information held about the service including statutory notifications and enquiries relating to the service. Statutory notifications include information about important events which the provider is required to send us. We contacted commissioners of care and healthcare professionals for their views.

We spoke with 10 people who lived at the home, five visitors, four members of staff and the manager. We were shown records for recruitment, audits and care plans. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Requires Improvement

Is the service safe?

Our findings

People living at the home said there were mostly enough staff available to meet their needs, but they sometimes had to wait, especially in the evening. One person told us, "I've no complaints; it's nice living here and there are enough staff usually". Another person said, "There are enough staff here to look after me and they are very nice". A relative told us, "The staff work hard, they could do with another member of staff, especially in the evening. When people are being helped to bed it sometimes leaves the ones in the lounge unattended". Another said, "The weekends have agency staff sometimes and they don't always know what my relative needs".

A member of staff commented, "I think it generally works well. We always let each other know where we are. But it is tough during the evening shift when the second person leaves at 8 pm". Staff told us that the manager covered absences with agency staff. We observed that staff were constantly visible to people throughout the day, checking on them, asking if they were alright and passing the time of day with them. We also observed the manager spend some time in the home and spoke to the people living there. We discussed staffing levels with the manager, she described to us how dependency levels were assessed for each individual living at the home and we saw that this was reviewed on a regular basis. The manager agreed to review the dependency of people living with dementia in order to ensure a supply of sufficient staff.

All people we spoke with told us that they felt happy and safe living at the home. One person told us, "I do feel safe here" and a second added, "It's nice living here. The staff keep me safe and secure". A relative we spoke with told us, "I feel [person] is well looked after and totally safe here".

We saw that staff and people living at the home were comfortable in each other's company and staff spoke kindly to people and offered support and reassurance.

All staff we spoke with understood the different types of abuse people could be exposed to and what to do if they had concerns. Staff told us that they had completed training in this area. One member of staff told us, "Any concerns and I would report it to the manager and I am confident it would be dealt with".

People lived in an environment where risks were identified. Individual written plans were in place to guide staff to help keep people safe while maintaining their independence. Records detailed how staff had assessed individual care needs, considered options and referred to professionals for their advice. For example, one person had been referred to a nutrition nurse, dietician and speech and language therapist due to nutritional risk. The manager explained how working together had reduced the risk to this individual and improved their care.

We saw where accidents or incidents had taken place, these were recorded and lessons learnt and actions taken. For example, where one person was a risk of falling, changes had been made to their care in order to reduce the risk of injury. The manager had identified an issue with staff recording incidents clearly. 'Effective record training' had been organised for senior staff to improve this issue.

Staff confirmed to us that the appropriate checks had been put in place prior to them commencing in post. We looked at the files of a new member of staff and noted that the provider had a robust recruitment process. This meant that checks had been completed to help reduce the risk of unsuitable staff being employed by the provider.

People were satisfied with the way staff managed their medicines. One person told us, "They look after my medication and give extra painkillers when I need them." Where medicines were prescribed on an 'as required' basis, clear written instructions about why and when people may need these were not always in place for staff to follow. This could result in some medication being administered inconsistently. However, staff gave a verbal account of when people would be likely to need 'as required' medicines. We saw that staff checked each person's medicines before administering them so as to make sure people got the right medicines. Medicines were securely kept and at the right temperatures so that they did not spoil. The provider had employed a qualified nurse to observe the competency of staff who administered medicines to ensure the service continued to be safe.

Good

Is the service effective?

Our findings

One person said, "It is very good here. Any problems get sorted. Staff are very open, very nice" and a relative commented "They [the staff] seem to know what they are doing and know [person] well". Another relative told us, "The staff are very experienced, they understand people here". Other visitors we spoke with told us that they considered the staff to be well trained to do their job. They were confident that staff were able to care for their relatives well and meet their general needs.

Staff told us they felt supported by the management of the home and well trained to do their job. One member of staff told us, "Yes, I have had enough training and I try to make a difference" another said, "They [management] are very supportive with training. They don't let you struggle if you're stuck someone will come and see you and help you".

We saw that all staff had their own personal training record and this would identify when refresher training was needed. The manager explained that any additional training needs were also identified during supervision and staff confirmed this. Staff told us they had regular supervision. One member of staff told us, "I feel listened to; I can voice my opinion and if we have a problem management will always try to sort it out".

We observed that staff obtained people's consent before assisting them. One person told us, "There is always someone there who will be helping me along the way and they always ask me first if I want help". A member of staff told us, "I ask people if they would like a wash or a shower and if they would like assistance". Staff spoken with had an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) and what it meant for people living in the home. Staff spoke positively about training they had received regarding this. Staff understood that some people may lack capacity to make decisions for themselves. They described working with other professionals in the person's best interests. The manager was able to tell us which people living at the home were deprived of their liberty, the reasons for this and how this affected the way they supported them.

We saw that people were regularly offered drinks and snacks and at lunchtime were offered a choice of meals. One person told us, "I can choose my meals; it's a nice range". Staff spoken with were able to tell us about people's individual dietary needs and we saw evidence of people being referred to a nutrition nurse, a dietician and a speech and language therapist following concerns regarding their diet. Staff explained how they presented a person's puree diet so that it stimulated their appetite. We saw information in the kitchen about people's diets and specific needs.

People told us that if they needed to see the doctor then they could. One person told us, "I can see the dentist or the doctor if I need to – never a problem". We saw records that showed people were supported to access their GP, chiropodist, dentist, optician and district nurses visited on a regular basis.

A member of staff told us, "Communication is good here, everyone gets on well". We saw systems in place to share information and updates with each shift. Another member of staff told us, "If there are any changes we

inform the seniors or the manager". A relative told us, that when they had passed on information to a member of staff they ensured that the other staff knew aswell.

Good

Is the service caring?

Our findings

We saw people were comfortable in the company of the staff who supported them. Staff spoke with kindness and listened to what people had to say. We saw staff had knowledge of what was important to people and were able to hold conversations with them on these subjects. We saw staff stop and ask people how they were and what they were planning to do that day.

People described the staff to us as "Nice" and "Very kind". One person told us, "[staff] keeps on at me but it's for my own good. They don't give up on me". One person described their relationship with staff and other people living in the home and told us, "We know each other well enough to be comfortable with each other. I am very pleased with the group of people I have around me. I am quite happy".

A relative told us, "The staff are very lovely, very helpful. They make you feel welcome". They told us that we could visit at any time and that the staff and the manager were approachable and supportive. A person raised some concerns regarding the care of their relative. We saw the manager sat with them for some time and explained what was happening and how they could resolve the issue. A second relative told us, "The staff are very understanding and very caring".

We saw people were actively involved in making decisions regarding their care, what they wanted to eat and how they wanted to spend their day. We saw people were offered a choice at mealtimes and staff were aware of their particular preferences.

People told us they were treated with dignity and respect. A relative commented, "[Person] is treated with dignity and respect and always looks clean and smart". A member of staff described to us how they supported people when providing personal care which maintained their dignity and privacy. We saw people were spoken to with respect and by their preferred name as stated in their care plan. The manager told us how they ensured people were treated with dignity, she told us "I supervise staff and observe practice. I also work shifts to work alongside staff".

Good

Is the service responsive?

Our findings

People told us they spoke about their care with staff. People had their needs assessed by the manager before they moved to the home. Information had been sought from the person, their relatives and other professionals involved in their care. Information from the assessment had informed the plan of care. People had a care plan covering most areas of daily living. This included personal care, eating and drinking, sleep, hobbies and interests and any risks associated with their care or medical conditions. The care documentation included how the individual wanted to be supported, for example, when they wanted to get up, their likes and dislikes and important people in their life.

Staff were able to tell us about people's likes and dislikes, what they liked to do, their personal history and what was important to them. A member of staff told us, "We try to find out what people enjoy doing".

The provider employed an activity co-ordinator who organised group and individual activities for people. Information was on display in the entrance hall. They knew what people enjoyed but also tried to introduce something new to stimulate people's interest. Records were kept of all activities and the impact these had on people's wellbeing.

People living at the home told us that they were able to participate in a number of activities that they enjoyed. One person said they went out for a walk in the town most mornings. A group of people living with dementia were taken out on a trip during the afternoon.

People were encouraged to maintain links with their family and the wider community. For example, the staff arranged a coffee morning with people who lived at the home and invited staff from a local store. Another event raised money for a charity and visitors were welcomed to the home. A member of staff told us, "People are encouraged to see their families and we make them welcome and offer them a cup of tea and biscuits".

Where people had raised concerns these had been recorded, investigated and resolved. We saw the complaint process displayed in the hallway as visitors signed in. This informed people of the escalation process. The manager had raised and intended to continue to raise the topic of complaints at relative meetings. The PIR told us that in the recent survey when people were asked to rate the statement: 'I know how to make a complaint', it was rated 4.6 out of 5.

A suggestions box had been put in place to encourage people to pass on any concerns if they did not wish to speak to staff directly. The PIR informed us that concerns were raised from relatives that there wasn't anywhere to visit people other than in their bedroom. The provider created a small lounge from a bedroom so that family could visit in private.

Good

Is the service well-led?

Our findings

A new manager had been in post since September 2015. The previous registered manager had worked alongside the new manager to induct her into the role. This person had applied for registration with the CQC.

People and their relatives spoke well of the manager and the staff in the home and told us they considered the home to be well led. We saw that the manager had a visible presence in the home and people living there knew who they were. One person described them as, "Very good and very helpful".

Staff spoken with told us they enjoyed working at the home. One member of staff told us, "It's rewarding working here, making people happy" and another said, "There's a nice atmosphere here, it's a good place to work". Staff told us they felt supported and that if they had any concerns they would be listened to.

We saw evidence of trying to arrange meetings with relatives where plans for the home would be shared. A relative told us they had been invited to meetings but they hadn't been able to attend. They also told us they had been asked to complete surveys giving feedback on the home every year. Results of surveys were on display in the entrance hall. There was a note in the hallway that gave people information about the manager's open surgery meetings held on each Wednesday. This was in addition to having an open door policy so that they could engage with people and listen to their views.

We saw evidence of meetings taking place and people being asked about the home and what they would like to do. Staff told us they attended regular practice meetings and that it was a two-way process.

Senior managers reviewed the results of service audits to identify any trends. The manager informed us that the frequency with which the provider reviewed these records was to increase so that the oversight of the service would be even more robust. The provider had notified us about events that they were required to by law.