Hill House Nursing Home Limited

Westside Care Home

Inspection report

Westside
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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

Westside is a care home which provides personal and nursing care for elderly adults. It is arranged over three floors and has a communal lounge and dining area. At the time of the inspection, there were 18 people using the service.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

People told us that staff were friendly and caring and they felt safe in their presence. We saw staff caring for people in a way that promoted their dignity in a respectful manner.

We found there was a homely feel to the service, with relatives visiting throughout the day and being made to feel welcome by all the staff.

People told us they enjoyed the food in the home. They were offered a choice of meals which were appropriate for a balanced diet.

The provider had robust recruitment checks in place and we found there were enough staff to meet people's needs. Staff received mandatory training when they first joined which was refreshed on an annual basis.

People received their medicines on time from trained staff. They received appropriate care in relation to their health needs and the provider made referrals if people needed additional support, for example from their GP, dietitian and other health professionals.

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

Each person had an individual care plan which reflected their needs. The provider took steps to manage risk to people. Care plans and risk assessments were reviewed on a monthly basis which helped to ensure people had the appropriate care and support they needed.

There was an open culture in the home. The management team were approachable and supportive of staff. The provider engaged with people, relatives and staff and sought feedback from them. A number of quality assurance audits took place which helped to ensure good care was provided for people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Westside 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 checked 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 was a comprehensive inspection and took place on 28 September 2017.

This inspection was unannounced and was carried out by one inspector.

Before the inspection, we reviewed the information we held about the service. This included notifications sent to us by the provider and other information we held on our database about the service. Statutory notifications include information about important events which the provider is required to send us by law.

During the inspection we spoke with four people who used the service and three relatives. We spoke with the manager, the deputy manager, a nurse, two carer workers, the engagement manager and the director. We observed care and support provided to people.

We checked records related to the management of the service. These included two care plans, three staff files, training records and audits.

Good

Is the service safe?

Our findings

People using the service told us they felt safe living in the home. Comments included, "Absolutely feel safe", "I feel safe."

Staff were aware of the steps to take to safeguard people and were able to identify potential signs of abuse. Safeguarding training was delivered as part of induction training for new staff and refresher training for experienced staff. There were systems in place such as monthly reporting to the local Clinical Commissioning Group (CCG) to record and notify the relevant authorities of any concerns within the home.

Individual risk assessments were in place to manage risks to people so they were appropriately protected from harm. Standard risk assessment tools for assessing risk in relation to moving and handling, falls, pressure sores and nutritional risk were completed and scored correctly. These risk assessments were reviewed monthly which meant that staff had an accurate picture of people's level of risk and the steps needed to support them.

Where required, wound assessment forms were included which consisted of photos, body maps, details of the wound and its management including an evaluation and treatment regime.

We saw up to date certificates for Portable Appliance Testing (PAT), legionella, electrical installation, fire alarm and emergency lighting, gas safety, hoists and slings which demonstrated that the provider managed the risk to the building and equipment appropriately.

There were sufficient staff employed to meet the needs of people using the service. During the day, there was one nurse and four care workers, in addition to the deputy manager who was a qualified nurse and the manager. At night, there was one nurse and two care workers. People using the service and their relatives told us there was always someone available to help them if needed.

Staff files contained application forms which included their employment history, evidence of identity and right to work, appropriate references and Disclosure Barring Service checks. The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

People told us they received their medicines on time. Medicines were administered by nurses who had completed a medicines competency test to ensure they were competent to do so. This covered a number of areas including understanding, management of medicines, storage and administration.

Each person had a medication profile which was reviewed monthly to ensure the details on it were correct. Medicines were stored appropriately in a locked trolley in a locked room. MAR charts were completed appropriately, they were signed and the stock balance checked after every medicines round.

We observed a medicines round. The nurse demonstrated the appropriate procedure during this, telling

people what medicines they were being given, asking for their consent, gently encouraging them but respecting their wishes if they refused. They showed empathy and a caring attitude to people when supporting them.

Good

Is the service effective?

Our findings

People using the service told us that staff were competent to carry out their duties and, "Know what they are doing." New starters underwent induction training which included an introduction to the organisation, the aims and objectives and core values. They also covered mandatory training such as safeguarding, fire safety, food hygiene, equality and diversity, record keeping and moving and handling. The mandatory training was refreshed every year for staff as part of their ongoing training.

Care workers told us and we saw evidence in their staff files that they underwent regular supervision. They told us they felt supported and valued by the management team.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People's capacity to consent and retain information was recorded. In the communication dependency tool, people's ability to retain information and indicate their needs was recorded. Mental capacity assessments were completed for decisions such as people's agreement to stay at the service. Where it was assessed that people did not have the capacity to consent to their care and treatment, decisions were made in their best interests and involved relatives, healthcare professionals and staff within the service. Where people were subject to continuous supervision and control and not free to leave, a DOLS application had been submitted which ensured that people were only deprived of their liberty legally.

Staff were familiar with the Act and followed its principles when supporting people to make choices. One care worker said, "Some people are capable of making low level decisions but cannot retain information about more complex things, so you have to have a best interests meeting."

People using the service and their relatives told us they enjoyed the food and the choice variety on offer the home. Comments included, "The food is nice, on the whole it's very good", "They get a choice, if [my family member] doesn't like anything they always offer an alternative."

There was a four week rolling menu which changed seasonally. There was always an alternate meal and a vegetarian option offered to people. Menus were displayed in a visual format. In addition to the three main meals, a mid-morning and mid-afternoon snack was offered to people. We observed lunch in the home and saw that people were appropriately supported by staff. The chef was aware of the dietary needs of people and those that needed a modified diet. People who needed extra support with eating, such as those on thickened fluids had been referred to the SALT for intervention.

People were supported to maintain good health and have access to healthcare. Observations and monitoring such as temperature, pulse, respiration, blood pressure and blood sugar readings were taken on a regular basis. A GP visited the service every week to review people that were feeling poorly. People were supported to attend health appointments and screening, such as bowel cancer screening, if required. There was documentary evidence that healthcare professionals were involved in people's care; we saw correspondence from social workers, dietitians, speech and language therapist and other professionals.

Good

Is the service caring?

Our findings

People and their families were very happy with the caring attitude of staff. We had a number of positive comments about the standard of care within the home, this was also reflected in written compliments that were received by the provider. Comments included, "I know [my family member] is happy here", "They look after us, they are very patient", "Very good, helpful", "They have a laugh and joke with [my family member]", "It's like a family here, everyone knows each other", "The staff are lovely here" and "I am so happy I chose this place form [my family member]."

There was a relaxed, homely feel to the service. Although some people stayed in their rooms, there were communal spaces for people to socialise in and meal times were a friendly affair. Relatives told us they were welcome to visit the home at any time and staff made them feel welcome. A staff member said, "We have an excellent relationship with relatives."

We found that the provider took steps to ensure that people were involved in making decisions about their care and treatment. The provider sought feedback from people on a number of issues, including setting up a food critique every day. People were asked their opinion of the food and this was fedback to the chef. Other feedback forms were completed after each event or outing to see if people enjoyed it and how they could be improved.

There was evidence that input was sought when developing care plans such as personal history and preferences. A staff member said, "We do include people and relatives when we first write up the care plans, we ask for their input about their preferences."

Staff respected people's privacy and dignity. We observed staff knocking before going into people's bedrooms. Personal care was carried out behind closed doors. Staff spoke to people in a friendly manner and were aware of the importance of offering them a choice about their food, activities and other day to day decisions.

The National Gold Standards Framework (GSF) is a systematic, evidence based approach to optimising care for all patients approaching the end of life. The provider had GSF accreditation until March 2019 which demonstrated its commitment to sustained best practice when providing end of life care.

Good

Is the service responsive?

Our findings

People received personalised care that was appropriate for their needs.

Care records included a pre-admission assessment with people's medical history and a dependency profile. The dependency assessment included assessing and scoring each area of support. Care records were split into records that were updated by the nurses and those that were completed by care workers. Nurses updated care plans, risk assessments and other medical records. Care workers completed daily records with details of the support provided to people and included sleep monitoring charts, personal care, food and fluid charts, meals and repositioning charts. These were all up to date.

Care plans were based around people's individual support needs, they included an assessment of the needs, the goal or expected outcome, interaction and support required. They were evaluated every month by a nurse.

Each person had an engagement/social care plan which was completed by the activities coordinator; this included which activities people had attended and what social interaction they had on a day to day basis. Pen profiles were also written up for each person, providing person centred information about their background, likes and dislikes and things that were important to them.

People using the service said, "There is always something to do, it's up to you if you want to take part" and "We went to the garden centre, it was fun." A relative said, "[My family member] is Roman Catholic and they have mass here. They do lots of activities."

A dedicated activities coordinator worked during the week and occasionally on weekends if there was a special occasion. Cultural days were held in the home and there was a gentlemen's club where the male residents visited a sister home to meet with other males. A number of outings were arranged including to a local garden centre and a museum. Photographs of past events and activities were displayed round the home. A list of activities and events held throughout the week was displayed in a pictorial format in communal areas of the home.

The provider held 'resident of the week' parties where people were given pampering sessions and their families and friends formally invited in for afternoon tea. On the day of the inspection, there was a Macmillan Coffee morning which was really well attended with lots of family and friends attending.

People using the service told us they would speak with the staff if they were not happy and felt they would be listened to. Relatives said the manager was approachable and they would not hesitate to speak with her if they had any concerns or complaints. One relative gave an example when they had suggested some improvements and their views were taken on board.

There had been no complaints received in the past year.

Good

Is the service well-led?

Our findings

There was a manager at the service who had only been in post for a few months and who was in the process of applying to become registered. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The feedback we received from people, their relatives and staff was that the management and the general staff were approachable and fostered a positive culture within the home. Comments from people and relatives included, "They are caring and compassionate", "I would definitely recommend them", "I've not seen a better home" and "It's met all my expectations." Staff told us, "Everyone here is great, really supportive. We all help each other", "I enjoy working here, with [the manager]. She lets us get on with our jobs."

The provider engaged with its staff and with families of people using the service. There was an engagement manager who was responsible for engaging with staff, people and relatives. Feedback was sought on a range of issues for example meals, activities, events and outings.
Staff meetings for the general staff and a separate one for the nurses were held. Topics of discussion included discussing residents, staff issues, best practice and record keeping. Resident and relatives meetings were held by the director; topics of discussion included menus, activities, and housekeeping.

A staff and resident survey was sent out in April 2017. The resident surveys focussed on food, mealtimes and other aspects of their living at the home.

The staff survey feedback was positive in relation to work, support, and training. However, a relatively low number of 59% said issues raised in meetings were addressed by the head of department or home manager. Additionally, we found there were suggestions made in staff meetings but the action taken in response was not always clearly recorded. We also saw some instances where care workers had requested training in their individual supervision but the action taken was not clearly evidenced or documented in the follow up supervision. We highlighted this to the manager and director during the inspection who assured us they would take the necessary action to record what action had been taken in response to issues raised in staff meetings and staff supervision.

A number of audits took place to monitor the quality of service. These included monthly submissions to the Clinical Commissioning Group (CCG) about a number of indicators within the home such as pressure ulcers, falls, UTIS, medicine errors and hospital admissions. Internal audits took place in a number of areas including housekeeping, documentation, catering and infection control.

We saw a contract monitoring report form the local authority carried out in October 2016 which did not identify any concerns with the service.