Lantraz Co. Ltd

Westfield Care Home

Inspection report

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Date of inspection visit:
24 January 2017

Date of publication:
10 March 2017

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Good**

Summary of findings

Overall summary

We carried out an unannounced inspection of the service on 24 January 2017. Westfield Care Home is registered to accommodate up to 45 older people who require nursing or personal care. At the time of the inspection there were 17 people using the service, the majority of who were living with dementia.

On the day of our inspection there was a registered manager in place. 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 majority of the home was clean and tidy. However we did identify some areas that could pose a risk to the spread of infection, for example some chairs were worn and required cleaning. The home was secure although we did note the room to the sluice was unlocked. Staff could identify the potential signs of abuse and knew who to report any concerns to. Risks to people's safety were assessed and reviewed. There were enough staff to keep people safe during the inspection although some people felt more staff may be needed to enable them to get the support they needed. People's medicines were managed appropriately and safely.

People were supported by staff who completed an induction prior to commencing their role. They had the skills and training needed and their performance regularly reviewed to enable them to support people effectively. The principles of the Mental Capacity Act (2005), including Deprivation of Liberty Safeguards, had been followed when decisions were made about people's care. People were supported to maintain good health in relation to their food and drink. People's day to day health needs were met by staff with referrals to relevant health services were made where needed.

Staff were kind and caring and on the whole treated people with respect and dignity. People's privacy and dignity were maintained. People were involved with decisions made about their care and day to day support needs. Where able, people were encouraged to do things for themselves. People were provided with information about how they could access independent advocates. People's friends and relatives were able to visit whenever they wanted to.
People and relatives felt activities were lacking in the home. People's care records contained guidance for staff on how to support them with their day to day care and support needs. These records were regularly reviewed. People were provided with the information they needed if they wished to make a complaint.

People were encouraged to provide feedback about the quality of the service and this information was used to make improvements where identified. Quality assurance processes were in place to ensure people and others were safe in the home. People spoke positively about the registered manager but felt they could be more visible throughout the home. The registered manager understood their role and responsibilities and was keen to make improvements at the home.

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.

The majority of the home was clean and tidy. However some areas were identified that could pose a risk to the spread of infection.

The home was secure although the room to the sluice was unlocked.

Staff could identify the potential signs of abuse and knew who to report any concerns to.

Risks to people's safety were assessed and reviewed. There were enough staff to keep people safe during the inspection although some people felt more staff may be needed to enable them to get the support they needed.

People's medicines were managed appropriately and safely.

Is the service effective?

Good

The service was effective.

People were supported by staff who completed an induction prior to commencing their role. They had the skills and training needed and their performance regularly reviewed to enable them to support people effectively.

The principles of the Mental Capacity Act (2005), including Deprivation of Liberty Safeguards, had been followed when decisions were made about people's care.

People were supported to maintain good health in relation to their food and drink.

People's day to day health needs were met by staff with referrals to relevant health services were made where needed.

Is the service caring?

Good

The service was caring.

Staff were kind and caring and on the whole treated people with respect and dignity.

People's privacy and dignity were maintained.

People were involved with decisions made about their care and day to day support needs.

Where able, people were encouraged to do things for themselves.

People were provided with information about how they could access independent advocates.

People's friends and relatives were able to visit whenever they wanted to.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People and relatives felt activities were lacking in the home.

People's care records care records contained guidance for staff on how to support people with their day to day care and support needs. These records were regularly reviewed.

People were provided with the information they needed if they wished to make a complaint.

Is the service well-led?

Good

The service was well-led.

People were encouraged to provide feedback about the quality of the service and this information would be used to make improvements where identified.

Quality assurance processes were in place to ensure people and others were safe in the home.

People spoke positively about the registered manager but felt they could be more visible throughout the home.

The registered manager understood their role and responsibilities and was keen to make improvements at the home.

Westfield 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 inspection took place on 24 January 2017 and was unannounced.

The inspection team consisted of an inspector and an Expert-by-Experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed notifications sent us by the provider. A notification is information about important events which the provider is required to send us by law. We also contacted local authority commissioners of adult social care services and Healthwatch and asked them for their views of the service provided.

We spoke with three people who used the service, three relatives, three members of the care staff, the cook and one of the registered managers.

We looked at all or parts of the care records and other relevant records of ten people who used the service, as well as a range of records relating to the running of the service. We also reviewed staff records.

Requires Improvement

Is the service safe?

Our findings

The majority of the home was clean and tidy. The home was on the whole odour free and well maintained. However we did see areas that required improvement. Some fabric chairs within the lounge area were worn and required cleaning. Some pressure cushions, used to reduce the risk of people developing pressure sores were used communally. A number of these were marked and in need of cleaning. The registered manager told us these cushions should not be shared and they would ensure this practice stopped. We also observed staff assisting people into the ground floor toilet and we noted they did not always wear aprons or gloves. In one bathroom a person's toiletries had been left there after they had used the bathroom. These examples could increase the risk of the spread of infection in the home.

We noted the home was secure and people were unable to access most prohibited areas such as the medication room. However we did note that the sluice room was unlocked and could pose a risk to people's welfare if accessed. We also noted that a stair gate used to prohibit access to the upstairs floor was broken and in a permanent locked position. We were informed by the registered manager that this had been placed in the locked position for two days as replacement parts were needed to fix it. Although alternate stairs were available, the fact that the gate was locked during this period meant that these stairs would be impassable in an emergency and restricted access for people. This was fixed during the inspection.

People's care records contained assessments of the risks to their safety. All assessments were regularly reviewed, with any changes in the level of risk resulting in amendments being made to care plans to ensure they met people's current needs. The environment was regularly assessed to ensure people were protected from harm. This included the regular servicing of equipment such as gas installations, fire safety equipment and equipment used to support people within the home, such as hoists and walking aids. Plans were also in place to evacuate people safely in an emergency.

We observed staff monitor people throughout the inspection to ensure they were safe. This, on the whole was carried out effectively. However we did see one person access an area that had been closed off for cleaning. We asked a member of staff to support this person in returning to the main communal area which they did. After this, the person was monitored more closely.

A relative told us that since their family member had been living at the home they had not fallen, like they used to when living in their own home. Where accidents had occurred the registered manager carried out regular reviews. This helped them to identify any themes or trends which would enable them to put preventative measures in place to reduce the risk of reoccurrence.

People told us they felt safe living at the home. One person said, "I feel safe, they're [staff] all good with us." Another person said, "I feel alright being here." Relatives spoken with felt their family members were safe. One relative said, "I'm completely happy [name] is safe, I'm confident in the care." Another relative said, "[My family member] is extremely safe."

Processes were in place to reduce the risk of people experiencing avoidable harm. A safeguarding policy was

in place. Staff had received appropriate safeguarding of adults training and understood who to report concerns to both internally and externally to agencies such as the CQC or local safeguarding teams.

Our observations throughout the inspection indicated there were sufficient staff in place to support people safely. The staff we spoke with did not raise any concerns with us about the number of staff available to support people.

People and their relatives gave their views on the number of staff available to support them or their family members. One person told us when there were the correct number of staff available they were supported in the way they wanted, however on occasions they told us there were not always staff available to support them with this. A relative said, "When I visit, it seems ok." Another relative said, "I can usually see someone around." A third relative disagreed, they said, "No, I don't think there's enough. There's not often anyone in the lounge with people and we have to go looking."

The registered manager told us they felt there were sufficient staff to support people safely. They told us they regularly reviewed people's care and support needs and if further staff was needed they would ensure they were in place.

Safe recruitment processes were in place to reduce the risk of unsuitable staff members working at the home. These processes included criminal record checks. Other checks were conducted such as ensuring people had a sufficient number of references and proof of identity.

People told us they were happy with the way their medicines were managed. People told us they received their medicine when they needed it. One person said, "I can take it to my bedroom and they come back later for the pot. They ask me if I want my inhaler or not." A relative described the process as, "Brilliant, it's well managed here."

People's medicines were managed safely. We observed a staff member administer a person's medicine safely. People's medicine administration records (MAR) were in the majority of cases fully completed. The accurate recording of the medicines people had or had not taken reduced the risk of people experiencing avoidable harm.

People's MAR contained a photograph of them to reduce the risk of medicines being administered to the wrong person. Additionally details of people's allergies and their preference of how they liked to take their medicine were also recorded.

Processes were in place for the safe management and administration of 'as needed' medicines. These medicines are not administered at set times of the day and are administered when a person shows pre-determined symptoms such as increased pain or agitation. Protocols for the administration of these had been recorded. Records showed these medicines had not been overly administered reducing the risk of people experiencing avoidable harm.

People's medicines were stored safely. People were unable to access medicines that could cause them harm. Regular checks of the temperature of the room and cupboard where the medicines were stored were carried out. These were completed to ensure the effectiveness of people's medicines was not affected by temperatures that were too hot or too cold. We found the temperatures recorded were within safe limits.

Records showed that staff who administered medicines had received the appropriate training. The registered manager told us staff competency was regularly assessed to ensure medicines were administered

safely and in line with current best practice guidelines.

Good

Is the service effective?

Our findings

People and the relatives we spoke with felt the staff understood their or their family members' needs and supported them effectively. One person said, "They do what they do well enough." A relative said, "They seem to know what to do."

Staff received an induction when they first came to the home and regular training thereafter, to provide them with the skills needed to support people effectively. The staff we spoke with felt well trained and supported by the management team. They told us they also received regular supervision of their work. Records viewed confirmed induction, training and supervision had taken place. Staff were also encouraged to undertake external, professionally recognised qualifications such as diplomas (previously NVQs) in adult social care. The continued development of staff ensured the care they provided people with was effective and in line with current best practice guidelines.

We observed staff communicating effectively with people, some of who were living with dementia. We saw people respond positively to the staff. People's care records also contained individualised guidance for staff if they needed to support people who displayed behaviours that may challenge. This guidance ensured the person and those around them were safe.

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. We checked whether the service was working within the principles of the MCA.

In each person's care records we saw their ability to make decisions had been assessed and care plans had been put in place to ensure people were supported and cared for in a way that was in their best interest. These assessments included decisions about people's personal care, managing their own day to day finances and medicines.

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 are called the Deprivation of Liberty Safeguards (DoLS). Records showed that DoLS applications had been made for people whose safety would be at risk if they were out in the community on their own. We looked at the paperwork for two of these people and saw the process in place to support them adhered to the terms recorded.

People gave their views on the food and drink provided for them. One person said, "I enjoy my food and I get enough." Another person said, "It's alright. They just bring me what's on." A third person thought there wasn't enough choice. However, we observed the cook in the morning of the inspection tell people what food was planned and also ask them if they would like an alternative. We saw one person request an alternative and at lunch this was provided for them. We spoke with the cook and asked them about the food

and whether people had choices. They showed us a book where they had recorded if a person wanted something different to the main courses being offered. These examples showed people were offered a variety of food and drink options.

Relatives described the food provided for their family member and the support they received with eating their meals. One relative said, "The food looks ok. They've [staff], been really good with [my family member] and letting them eat where they like. [My family member] eats better if left by themselves." Another relative told us staff supported their family member to eat taking into account the health condition they were living with.

We observed the lunch time meal being served. Where people required adapted equipment to help them to eat independently, such as lipped plates, these were provided. Where support from staff was needed with eating and drinking, we saw staff do so patiently and respectfully.

The cook, as well as other staff, had undertaken a nationally recognised qualification in catering and food hygiene training. They had detailed dietary information for each person who used the service as well as their allergies to ensure people did not receive food and drink that could cause them harm. People were offered regular drinks throughout the day to reduce the risk of dehydration. We did note that whilst drinks were offered to people who remained in their bedrooms, there was not always a supply of water or juice provided for them if they wished to pour themselves a drink.

Where people had been identified as being at risk of malnutrition or dehydration, a record of their food and fluid intake was completed to enable staff to identify significant increases or decreases in their consumption. People were weighed regularly and the input of GPs and/or dieticians had been requested to give guidance for staff to support people where concerns about their food intake or weight had been identified.

People told us they were able to see their GP or other external healthcare professionals if needed. One person said, "My feet get checked at hospital. I had a bad chest and they got the doctor in and gave me an inhaler." Another person said, "They sent for the doctor for me a while ago. I get also the hairdresser for a perm sometimes." A relative said, "[My family member] has seen the district nurse. They have also had a hospital visit recently. A carer stayed with [my family member] all the time they were in hospital." Another relative said, "[My family member] had a chest infection and they [staff] were good to get someone out straight away. They rang us too. [My family member] is in their diary for the chiropodist, optician and hairdresser regularly."

Where people had specific health conditions such as diabetes, detailed care plan information was in place to assist staff with supporting people safely and effectively. Where guidance had been provided by external healthcare professionals this had been implemented into people's care.

Good

Is the service caring?

Our findings

People and the relatives we spoke with told us the staff who supported them or their family members were kind and caring. One person said, "Oh yes, they're kind girls." A relative said, "The level of care is very good. [My family member] sees the same faces mostly." Another relative said, "Oh God yes, they're caring."

We observed staff interact with people throughout the inspection. We saw some kind and caring exchanges, with people responding positively to staff engagement. We saw staff respond to people when they had become distressed or confused and offered reassurance. We did note on occasions when staff used the hoist to assist a person with transferring from one part of the home to another interaction with the person was limited. We saw reassurance was offered and the transfer was done safely, however we did note occasionally staff talked to each other about unrelated events. We raised this with the registered manager who told us staff normally interacted fully with people when supporting them, but they would remind staff to ensure this was done every time.

Staff had a good understanding of what was important to the people they supported. People we spoke with on the whole felt staff supported them in the way they wanted and respected their decisions about their care. One person said, "I get myself to bed when I'm ready and get up in the morning. I plan what I'm wearing as well." Another person told us they felt listened to. A relative said, "They know [my family member] likes wearing matching clothes, so they do that for them." Another relative said, "[My family member] seems to get on with the staff."

Where people were unable to make their own decisions or needed support from relatives to do so, relatives told us they felt able to talk with staff about their family member's care. One relative said, "I go in the office every time I come and see how [my family member] is doing."

People's care records showed their religious and cultural needs had been discussed with them or their relative and support was in place from staff if they wished to incorporate these into their life.

Information was available for people about how they could access and receive support from an independent advocate to make decisions where needed. Advocates support and represent people who do not have family or friends to advocate for them at times when important decisions are being made about their health or social care.

Some people told us they were supported to be independent. One person said, "They let me do it all if I can." Another person told us they were encouraged to choose their own bedtimes and choice of clothes. People's care records contained information that enabled staff to be aware of the level of support people needed, without unnecessarily restricting their independence.

People, on the whole, were treated with dignity and respect. We observed a staff member adjust a person's clothing to ensure their dignity was maintained. People were well presented, with clean hair and finger nails, and records showed people received a bath or shower in line with the frequency recorded in their care

records. We did note one occasion where a staff member noticed a person had food on their hands and face. Whilst they attempted to clean the person, some food remained. However, our observations throughout confirmed that this was an isolated incident.

People's privacy was respected within the home. One person said, "They [staff] knock at the door and let me answer." A relative said, "They [staff] knock and ask if it's OK to come in." We saw people request to be left alone and staff respected this. There was sufficient private space throughout the home if people wished to be alone, or to spend time with family and friends.

People's care records were handled respectfully and returned to the registered manager's office once they had been used. This reduced the risk of people's records being accessed by others and respected people's right to privacy.

The registered manager told us that people's relatives and friends were able to visit them without any unnecessary restriction. We spoke with relatives visiting during the inspection. One relative said, "I can come any time, I'm usually here twice a week." Another relative said, "We pop in on mornings mainly." A third relative said, "I can come to suit me."

Requires Improvement

Is the service responsive?

Our findings

People and relatives raised concerns with us in relation to the activities provided at the home. One person said, "I don't get bored really. I watch TV and read magazines [in their bedroom]. No-one [staff] comes up to join me. I've not been out of this place for a long time. [Day trips out]."
Another person said, "There's nothing to do. If I'm bored, I just sleep. Sleep and eat. I don't go anywhere but I'd like to get outside if I had help." A third person said, "I watch TV or sit and talk if I can. I don't like it when it's noisy in here (lounge) though. I never go out anywhere. I used to knit and sew; I'd like to try that again."

A relative said, "[My family member] has their nails done and they like that. They can't hear music or the TV so just has the blanket to play with. Someone showed [my family member] a reminiscence book once and they seemed to like that." One relative did speak positively about the support their family member received. They said, "They let [my family member] sit in the office for a chat or help out with things in the kitchen. [My family member] is on the go all day and doesn't settle so they need something to do."

We noted little activity taking place throughout the inspection. There were long periods of the day when people were sat in communal areas with little or no meaningful activities taking place. Staff attempted to engage with people later in the afternoon, with one staff member supporting a person with a jigsaw and another talking with a person about a programme about what was on television, but these examples were limited. We also noted people's care records contained limited information about their personal interests, hobbies and what activities would be important to them. We saw little recorded evidence of people having taken part in any activities that had been identified as a personal interest to them.

A staff member said, "We do activities with people. We try our best to engage with them. There should be a new activities coordinator coming soon which will help."

We raised these issues with the registered manager. They told us there had previously been an activities coordinator employed at the home, but they were not currently working at the home and it had proved difficult to recruit a replacement. They told us they encouraged staff to support people with activities but acknowledged that a dedicated staff member with specific skills and experience in supporting older people living with dementia would be beneficial.

Before they came to the home assessments were carried out to ensure their needs could be met at the home. Once admitted to the home, detailed care plans were written which contained guidance for staff on how people would like staff to support them with a variety of different elements of their care and support needs. This included their daily routines and the support people wanted with their personal care. Staff had a good knowledge of people's preferences and could explain how they supported people in line with them. People's care records were regularly reviewed. We saw attempts had been made to involve people and their relatives where appropriate with formal reviews of the care and support needs.

People were provided with a complaints policy which was displayed within the home. The policy contained details of who people could make a complaint to, both internally and externally to agencies. We noted the

layout of the policy may make it difficult for some people to understand. The registered manager told us they would review and amend this.

People told us they felt able to make a complaint if they needed to. One person said, "Nothing has worried me to report" A relative said, "We've just had little niggles which get resolved ok."

Staff could explain what they would do if someone wanted to make a complaint and felt confident the registered manager would deal with it appropriately. One staff member said, "If someone had any worries, I'd sit with them, write it down if I needed to and go and report it to one of the seniors."

We viewed the complaints register and saw just one formal complaint had been received. This had been responded to in a timely manner and in line with the provider's complaints policy.

Good

Is the service well-led?

Our findings

A recent survey had been sent to people and their relatives to gain their views on the quality of the service provided at the home. Feedback from this survey was posted in the reception of the home. We saw the feedback received reflected positively on the home. The registered manager told us this feedback would be used to aid improvements if identified. A relative said, "Oh gosh yes, they do listen to me." Another relative said, "We're definitely listened to and not fobbed off."

Staff also felt able to give their views. Regular staff meetings were held and the staff spoken with felt the registered manager was approachable and willing to listen to them. One staff member said, "She is really nice and approachable." Another staff member told us they thought the registered manager welcomed their opinions and they also said, "I like her. She helps out when we need it."

People and their relatives generally spoke positively about the registered manager although some thought they could be more visible throughout the home. A relative described the registered manager and representatives of the provider as, 'Nice enough people'.

There was a calm atmosphere at the home. People, relatives, staff and visitors appeared to get on well and were at ease in each other's company. One relative described the process they went through when trying to find a suitable home for their family member. They said, "We looked at so many homes first and liked this one straight away. We've no concerns whatsoever." Another relative said, "I'd say it's relaxed and happy mainly." A third relative said, "It's calm mostly."

People were supported by staff who had an understanding of the whistleblowing process and there was a whistleblowing policy in place. Whistleblowers are employees, who become aware of inappropriate activities taking place in a business either through witnessing the behaviour or being told about it.

The registered manager had an understanding of their role and responsibilities. They had the processes in place to meet the requirements of their registration with the CQC and other agencies, such as the local authority safeguarding team. The registered manager had also ensured that the CQC were notified of any issues that could affect the running of the service or people who used the service. They spoke passionately about the home and the people living and working there. They told us they were continually looking for ways to improve. When we raised the issues identified within this report with them, they told us they would address these points quickly to ensure the quality of the service people received continued to improve.

Quality assurance and auditing processes were in place to ensure people who used the service, their relatives, staff and visitors were safe. We reviewed some of these processes in areas such as medication and the environment and saw they were completed regularly, with agreed actions and areas for improvement reviewed to ensure completion. Staff received an annual competency assessment which tested their knowledge in a number of key areas for their role. Where areas for improvement or learning had been identified, plans were in place to support them with this.