Alacris Health Care Ltd

Westwolds

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 was carried out on 26 June 2017. Westwolds provides accommodation and personal care for up to 34 older people. On the day of our inspection visit there were 27 people who were using the service.

The service had a registered manager in place at the time of our inspection. 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 were supported by staff who understood the risks they could face and knew how to keep them safe. Risks to people's health and safety were identified and action was taken when needed to reduce these. There were sufficient staff employed to meet people's needs. People received their medicines as prescribed and these were managed safely.

People were supported by staff who received appropriate training and supervision and had an understanding of people's care needs. People were supported to make choices and decisions for themselves. People who might lack capacity to make certain decisions were assessed to see if they did, and if needed decisions were made in their best interests.

People were provided with a nutritious diet which met their needs and were provided with any support they needed to ensure they had enough to eat and drink. Staff understood people's healthcare needs and their role in supporting them with these.

People were cared for and supported by staff who respected them as individuals. Staff had caring relationships with people and respected their privacy and dignity. People were involved in planning and reviewing their own care and some people were supported by relatives in doing so.

People received individualised care and they were able to participate in meaningful interaction and activities. People's care records would be improved if they contained more detail. People knew how to raise any complaints or concerns they had and felt confident that these would be dealt with.

People used a service which was flexible in accordance with their needs. The managers provided leadership that gained the respect of staff and motivated them as a team. There were systems in place to monitor the quality of the service and make improvements when needed.

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 using the service and staff looked for any potential risk of abuse and knew what to do if they had any concerns.

Risks to people's health and safety were assessed and staff were informed about how to provide safe care and support.

People were supported by a sufficient number of staff who had been recruited safely.

People received the support they required to ensure they took their medicines which were stored safely and securely.

Is the service effective?

Good

The service was effective.

People were supported by staff who received appropriate training and supervision and had an understanding of people's care needs.

Peoples were supported to make choices and decisions for themselves. People's capacity to make decisions was assessed. DoLS had been applied for when required.

People were provided with a nutritious diet and received any support they needed to have sufficient to eat and drink. Staff understood people's healthcare needs and their role in supporting them with these.

Is the service caring?

Good

The service was caring.

People were cared for and supported by staff who respected

them as individuals.

People and their relatives were involved in planning and reviewing their own care.

Staff had positive relationships with people and respected their privacy and dignity.

Is the service responsive?

Good

The service was responsive.

People received care that met their needs, although records made about how this should be done could be more detailed.

People were able to raise any complaints or concerns they had and felt confident that these would be dealt with.

Is the service well-led?

Good

The service was well led.

People had opportunities to provide feedback regarding the quality of care they received and about their involvement with the service. Staff views were also encouraged and listened to.

People used a service where staff were provided with leadership that motivated them with encouragement and support to carry out their duties to the best of their ability.

Westwolds

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 26 June 2017 and was unannounced. The inspection was carried out by one inspector.

Prior to our inspection we reviewed information we held about the service. This included information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We contacted some other professionals who have contact with the service and asked them for their views.

During the inspection we spoke with seven people who used the service and two visitors. We also spoke with the cook, two care workers, the activities coordinator (who also worked some hours as a care worker) a senior care worker and the registered manager. A company director was present during the inspection and attended the feedback at the end of the inspection. We obtained some feedback from a visiting healthcare professional.

We considered information contained in some of the records held at the service. This included the care records for three people, staff training records, three staff recruitment files and other records kept by the registered manager as part of their management and auditing of the service.

Good

Is the service safe?

Our findings

People told us they felt safe using the service and they were treated well by staff. One person said, "Everything is geared up for our safety, everyone is always nice to me." Another person told us, "I do feel safe, they keep the outside doors locked." A visitor told us they visited regularly and said that whenever they visited their relation was, "Always perfectly alright." They added, "I don't worry at all, I have no qualms. I ask [relation] if everything is alright and they always say 'yes'."

Staff were able to describe the different types of abuse and harm people could face, and how these could occur. They told us they were alert for anything that may indicate a person had been abused, such as a change in a person's usual behaviour or having unexplained marks or bruising. Staff told us they would report any concerns they suspected or identified to a senior member of staff on duty or contact safeguarding (via MASH) directly themselves. MASH is the acronym used for the multi-agency safeguarding hub where any safeguarding concerns are made in Nottinghamshire. The registered manager said staff were provided with safeguarding training and records confirmed this to be the case.

People felt the care and support they received from staff helped keep them safe. One person said, "I am better off here, I am not safe on my own, they (staff) keep me safe with my mobility." Another person told us staff "check on me in bed". A relative said, "They are straight on to remind [relative] if they don't use their (walking) frame."

Staff understood the purpose of risk assessments and how these provided information that could be used to reduce risks people faced. Staff told us they were trained to use the equipment they used and they followed the policies and procedures for these when doing so. The registered manager described the safety checks that were carried out to ensure the building was safe. These included fire safety, preventing the legionella bacteria developing, and having contracts in place to service and check on all equipment used. We looked at a sample of records which showed these tests and checks were carried out as intended. Each person had a personal evacuation plan (PEEP) in place should an emergency arise, such as an outbreak of fire, which described how to evacuate them from the building safely.

People who used the service and the visitors we spoke with felt there were enough staff on duty to attend to people's needs. People told us there was always a staff member nearby and we saw staff were deployed appropriately around the service. One person told us, "I only have to ring my bell and they are here." Another person told us, "There are enough staff around. If I need anything they will see to me." We saw staff provide people with support in a timely, confident and competent manner, and positive interactions were taking place when they did so.

Staff told us there were enough staff on duty to see to people's needs most of the time but spoke of being "stretched" and "busy" at certain times of the day. They told us this happened when people were getting up and during and after the evening meal, whilst they also tried to have a member of staff present in the main lounge to encourage people's safety. The registered manager told us they monitored the demands on staff time and would increase the number of staff on duty if needed. The registered manager said they always

had the intended number of staff on duty and if a staff member became unavailable for work this would be covered by another staff member or by using an agency member of staff.

People were supported by staff who had been through the required recruitment checks to preclude anyone who may be unsuitable to provide care and support. These included acquiring references to show the applicant's suitability for this type of work, and whether they had been deemed unsuitable by the Disclosure and Barring Service (DBS). The DBS provides information about an individual's suitability to work with people to assist employers in making safer recruitment decisions. Recruitment files showed the necessary recruitment checks had been carried out. The registered manager told us that the recruitment of new staff was a challenge and described the initiatives they followed for doing this to ensure they employed sufficient staff who were suitable for this role.

People were supported to have any medicines they needed when these were required. One person told us that staff, "See I get my tablets, I would forget. They sort out when I require them." We saw people being given their morning and lunchtime medicines in a caring and sensitive way. This included giving these to people in the way they wanted this done and giving any encouragement needed to take these. The staff member wore a red tabard whilst administering people their medicines so others knew not to interrupt them.

We found there were suitable arrangements that ensured medicines were stored securely, and at the required temperature when needed. There was a suitable procedure in place for ordering new medicines and accurate records were made on medicine administration records (MAR) when people were administered their medicines. The registered manager told us they undertook regular audits on the way medicines were managed and these showed this was managed well. Staff who administered medicines had training in this and had been observed to ensure they were competent in doing so.

Good

Is the service effective?

Our findings

People were cared for and supported by staff who had the skills and knowledge to meet their needs. One person told us they thought staff "knew what they were doing". A relative told us that staff must have the training they need because, "When I come in I see how well they work."

New staff were provided with an induction to explain their role and what was expected of them. The registered manager told us new staff who did not have a recognised qualification in health and social care then completed the Care Certificate, which is a set of national standards for staff working in health and social care to follow and equip them with the knowledge and skills to provide safe, compassionate care and support.

Staff were provided with the training and support they needed to carry out their work. They told us they had regular training opportunities through completing ELearning courses as well as some face to face training. Staff said they had regular opportunities to discuss their work and any support they needed in planned supervision sessions. Staff described feeling supported and valued in their work. The registered manager told us they discussed training staff had completed in supervision to see how they were implementing this into their work.

People were asked if they consented to being provided with any care and support before receiving this. We saw people being asked for consent and what they wanted to do throughout our visit. This included whether people wanted to take part in an activity, where they wanted to sit and what they would like to eat. Staff told us that people made the decisions they were able to and they always obtained people's consent.

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. We saw that assessments of people's capacity in relation to certain decisions had been carried out when people's ability to make their own decisions was in doubt. If the person had been assessed as not having the capacity to make a decision, a best interest's decision had been made. Some of the decisions that had been assessed were a little too general and the registered manager said they would make these more specific in future. We also noted that more details needed to be included to show how a decision was made in a person's best interest, which the registered manager said they would include in future.

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). The registered manager had made applications for DoLS where appropriate and staff knew who these had been made for and the reason for this.

People were supported to have sufficient to eat and drink and to have a balanced diet they enjoyed. People were complimentary about their meals and the quality of the food. One person told us, "The meals are nice, the new cook is great. They make you what you want. I asked for cheese on toast and they did it for me." Another person said, "I get three meals a day which I couldn't manage on my own."

The lunchtime meal was well organised and people were able to choose which meal they wanted once they were sat in the dining room. Meals were served table by table with very little waiting. This created an enjoyable mealtime experience and encouraged people to eat well. Staff provided people with any encouragement they needed to eat well and they were provided with drinks.

The cook had the information they needed about people's specific dietary needs and demonstrated flexibility in preparing meals to ensure people had meals they enjoyed. They also told us there was not anyone who required a specific diet for cultural or religious reasons. There were 'snack tables' in each of the lounges where people could help themselves to snacks and drinks. We saw people did so on several occasions during the visit.

People were weighed monthly and this was increased if there were any concerns about someone's weight change. The registered manager reviewed people's weights to ensure they identified anyone who had a change in their weight and introduced food and fluid monitoring charts when needed. The registered manager told us they sought the involvement of healthcare professionals in supporting people with their nutritional intake and any difficulties they had such as swallowing and choking.

People were supported to maintain good health and had access to healthcare services. People told us they were able to ask to see a doctor if they wanted to and one was called if they were feeling unwell. A relative told us how staff had arranged for their relation to have a test as they thought they may have a type of infection, which they did have and this had enabled them to receive prompt treatment for this.

People who used the service were involved in a study being undertaken from Nottingham University regarding the proactive health care for older person's living in care homes. There were details about healthcare professionals involved in this study attending a residents and families meeting to describe what the study involved and answer any questions. The registered manager told us this was a positive initiative in supporting people with their health needs.

Good

Is the service caring?

Our findings

People described staff as caring, respectful and kind. One person told us, "If they say they are going to do something they do it." Another person said staff, "do the important little things." A relative praised the way staff supported their relation with their appearance. They finished by saying, "[Name] looks like [name] has always looked." Another relative told us, "I am so happy [relation] is here. They (staff) are absolutely lovely, I can't fault any of them."

Staff spoke fondly about the people who used the service and said they found their work "enjoyable", "rewarding" and "worthwhile". Staff treated people with respect and showed an interest in what people were doing and had to say. There were exchanges of laughter and it was evident that people felt comfortable with the staff who supported them. When a staff member accidently knocked a glass of water over they made sure the person they were supporting was safe. They then went and apologised to the person this had splashed and cleaned this up, making sure the person and their walking frame were dry.

People who wished to follow their religious beliefs were provided with opportunities to do so. People were able to join in with a regular religious practice held in the service. There were also opportunities to visit a local place of worship as well as to attend services held there.

People who were able to were involved in planning their care and support and making decisions about this. One person told us how they had been able to say what care and support they needed and felt they had been "listened to". A relative said, "We have discussed the care for my [relation]." We heard a relative discussing with the registered manager plans for a birthday celebration for their relation and this involved the other people who used the service.

Staff told us they spoke with people individually about their care to find out their views and wishes. The registered manager said they also had discussions with people's relations. However they told us they did not make a record to show when and how people had been involved in planning their care. The registered manager said they would include details about how people have been involved in planning and shaping their care in future.

There was information in the entrance hall about advocacy services available to people in the local area and how to contact these. The registered manager told us there was no one who used the service that had the support of an advocate at present. Advocates are trained professionals who support, enable and empower people to speak up about issues that affect them.

We saw staff respect people's privacy and dignity when needed, for example when one person indicated to a staff member they wished to tell them something. The staff member recognised this might be a private matter and accompanied the person to a private area of the service. We saw staff responded promptly to people's needs, such as when someone wanted a drink. A relative told us, "It's nice they (staff) know everyone's names."

One member of staff told us they held the position of dignity champion within the home. They told us they were planning some role play type exercises with staff to help them think about privacy and dignity issues. There was information on noticeboards in the hallway about promoting people's dignity. At one stage during our visit we witnessed an incident where a person had their dignity compromised by a member of staff. This was responded to immediately by the registered manager and other staff as soon as they were aware of this, and the person's dignity was restored. The registered manager explained to us later how the staff member had been well intentioned but had acted outside of their role. They had followed this up with the member of staff to ensure they understood why this had not been an acceptable thing to do.

People were encouraged to maintain their independence. Some people's rooms had a kitchenette attached. One person we visited in their room told us, "I've just made a cup of tea. It definitely keeps me independent." The registered manager told us that although there were only a few people who could use these facilities safely they did provide those people with independence they appreciated, such as making their own breakfast and light snacks.

Good

Is the service responsive?

Our findings

People told us they received the care and support that had been planned for them to receive and this met their needs. One person told us, "Everything is alright with my care as far as I am concerned." Another person told us, "I have a wash and a bath when I want to." Staff told us they felt that people's needs were met. One staff member said, "The residents here are well looked after to the best of our ability."

People were supported to follow their own interests and preferences. One person told us, "Over the year we have had some good activities. The person told us about a recent boat trip they had been on which everyone had enjoyed. They also said that a repeat trip had been booked at people's request. Another person told us how staff helped them with their knitting and were assisting them to plan a holiday. We saw people were following their individual interests such as reading books and newspapers and watching television in their rooms. There were life histories in people's files where staff were gathering information about the person, key life events, as well as people and things that were important to them. A relative told us, "I helped them complete some of the questions about [relation]'s background."

The activities coordinator had arranged a musical morning with people able to join in singing and dancing to bygone songs. This created a vibrant feel in the main lounge with people joining in when they chose. The activities coordinator told us how this particularly promoted one person's wellbeing having been involved in singing in their earlier life. The activities coordinator said reminiscing about past times was a particularly popular activity. There was a pictorial display of activities on offer each day and a record was made of what activities people had taken part in.

Each person had a care plan to describe the support they required and how this should be provided. These provided basic details about what people's needs were and what support they required, however we suggested to the registered manager these could include greater detail. For example explaining how people liked there care and support to be provided and detailing any particular preferences they had about this. We also pointed out that the daily notes made were brief and did not give a full explanation of people having been provided with the care that had been planned for them. The registered manager told us they would look to incorporate these suggestions into how they recorded people's care plans and daily notes from now on.

People knew how to raise any complaints or concerns they had and felt confident that these would be dealt with. There was a procedure to explain how to make a complaint on display in the entrance hall. The registered manager told us there had not been any formal complaints made. However they showed us a separate book used to record any informal complaints, concerns and compliments in, which included some low level concerns that had been raised or recognised. However there was not always a record made to show what had been done about these. The registered manager said they would address this and ensure they recorded what action had been taken in future.

Good

Is the service well-led?

Our findings

People spoke positively about the service as being well run and having a positive culture. One person told us, "I don't think they (the provider) could improve on anything. I wouldn't like to go anywhere else." Another person said that "Everything is nice." Relatives told us they thought it was a well-run service.

Staff told us that they found the management of the service to be open and approachable. They spoke of being able to speak up if they felt something was not right and were able to ask for anything they needed. The activities coordinator told us, "If I ask for anything I usually get it." Recent staff meeting minutes showed good work from staff was recognised as well as reminding staff to ensure they followed good care practices as well as talking about improvements that were needed. Staff were aware of their duty to pass on any concerns externally should they identify any issues that were not being dealt with in an open and transparent manner, this is known as whistleblowing and all registered services are required to have a whistleblowing policy.

People who used the service told us the registered manager was approachable and proactive. One person told us, "I would go straight to [registered manager] I trust her to act on things." Another person expressed a similar view saying, "I can knock on the office door anytime." Relatives also said they felt able to approach the registered manager to discuss any issues they had and one said, "I have every confidence in [registered manager]." We saw the registered manager speaking with people who used the service and relatives who clearly knew each other well.

Staff told us that they found the management of the service to be open and approachable as well as providing them with direction when needed. One staff member said, "I feel we have the direction we need. We are told if we are not doing something right." We saw the registered manager intervene with a staff member when this was needed and then provided them with supervision to explain the correct way of doing things.

The provider complied with the condition of their registration to have a registered manager in post to manage the service. We found the registered manager was clear about their responsibilities, including when they should notify us of certain events that may occur within the service. Our records showed we had been notified of events in the service the provider was required to notify us about. The registered manager told us they felt well supported by the provider who took an active role within the service and attended there several days each week.

The registered manager had systems in place to audit the service and see what was going well and whether there were any improvements needed. These included ensuring all the required paperwork was completed that showed people received the care they required.

The provider sought the views of people who used the service and relatives on the services provided. These surveys showed that when points had been raised these were acted upon. There was also a suggestion box on the registered manager's office door so people could make comments and suggestions at any time.