

Westvilla (MPS) Limited

Westvilla Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We performed the unannounced inspection at the service on 05 and 06 November 2014. Westvilla Nursing Home is registered to provide accommodation for a maximum of 35 older people. On the day of our inspection 30 people 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 and associated Regulations about how the service is run.

When we last inspected the service on 07 November 2013 we found there were improvements needed in relation to how people gave consent to their care. The provider sent us an action plan telling us they would make these

Summary of findings

improvements by January 2014. We found at this inspection that this had been completed and the provider had made improvements in line with the action plan.

We found systems were in place to protect people from the risk of abuse and staff were aware of their roles and responsibilities in this area. The registered manager also shared information with the local authority when needed.

People received their medicines as prescribed and the management of medicines was safe.

Staffing levels were maintained at appropriate levels to support people's individual needs and people received care and support when needed.

People made decisions and choices where they were able to and staff were aware of legislation to protect people who lacked capacity when decisions were made in their best interests. We also found staff were aware of the principles within the Mental Capacity Act 2005 (MCA) and had not deprived people of their liberty without applying for the required authorisation.

People were protected from the risks of inadequate nutrition and dehydration and specialist diets were provided when required. Referrals were made to health care professionals when additional guidance was needed.

People were encouraged to contribute to the development of their care plans and were involved in the planning of their care.

People were treated with dignity and respect. Staff were proactive in promoting people's choice and were kind and caring when supporting people with their individual needs.

People were encouraged to be involved in decisions about the service and systems were in place to monitor the quality of service provision. People felt they could report any concerns to the management team and they felt their concerns would be responded to and taken seriously.

Summary of findings

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 was safe.

People felt safe and the risk of abuse was minimised because the provider had systems in place to recognise and respond to allegations of abuse.

People received their medicines as prescribed and medicines were managed safely.

People felt there were enough staff to meet their individual needs and we saw staff responded to their needs in a timely manner.

Good



Is the service effective?

The service was effective.

Staff received training and supervision to ensure they could support people with their assessed needs.

People were supported to make independent decisions and procedures were in place to protect people who lacked capacity.

People were supported to maintain a nutritionally balanced diet and fluid intake. Their health was monitored and staff responded when people's health care needs changed.

Good



Is the service caring?

The service was caring.

People's choices, likes and dislikes were respected. We saw people were treated in a kind and caring manner and were encouraged to make individual decisions and choices.

People's privacy and dignity was supported and staff were aware of the importance of promoting people's independence.

Good



Is the service responsive?

The service was responsive.

People felt comfortable in highlighting and concerns or complaints to the management team.

People were involved in the planning of their care and staff had the necessary information to promote the well-being of people.

People were supported to pursue a varied range of social activities.

Good



Is the service well-led?

The service was well led.

The management team were approachable and sought the views of people who used the service and their relatives. Staff felt they received a good level of support and felt their contributions to the running of the service was valued and respected.

Good



Summary of findings

There were systems in place to monitor the quality of the service and where issues were identified action was taken to address these to promote continuous improvement.

Westvilla Nursing 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 05 and 06 November 2014. It was an unannounced inspection.

The inspection team consisted of one inspector, a specialist advisor who has experience of working in care services for the elderly and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A

notification is information about important events which the provider is required to send us by law. Before the inspection the provider completed a Provider Information Return (PIR). This is a form which asks the provider to give some key information about the service, what it does well and what improvements they plan to make.

During the inspection we spoke with nine people who were living at the service and the relatives of seven people who were visiting their relations. We spoke with five members of care staff, the registered manager and the organisation's operations manager. We observed the care and support provided to people in communal areas by incorporating a Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk to us.

We looked at the care records of four people who used the service, two staff files, as well as a range of records relating to the running of the service, which included staff training and recruitment records and audits carried out by the registered manager.

Is the service safe?

Our findings

People told us they felt safe. One person told us, “I feel safe, I can tell you that.” People’s friends and relatives also told us they felt the service was a safe place. We looked at the last provider satisfaction survey which was undertaken in 2014. Thirty three questionnaires were sent to people who used the service. Whilst only fourteen people responded to the questionnaire all the respondents recorded they felt safe and secure.

Potential risks to people’s health and wellbeing were recognised and assessed to identify and record sensible and proportionate measures to control the risks. One person who was assessed as unable to use their nurse call bell consented to having one hourly checks whilst in their bedroom to promote their safety. We also saw this person was being appropriately supervised whilst in the lounge area to ensure their safety was maintained. Another person who was assessed as having a high risk of pressure ulcer formation and had been provided with appropriate pressure relieving equipment to manage the concern. We found the risk assessment process was undertaken at appropriate intervals to ensure peoples changing needs and circumstances were identified and addressed.

People felt the care staff were well trained and they felt the staff knew how to keep them safe. The staff we spoke with confirmed they were given training to make sure they could recognise and respond to abuse. They told us the training was given when they first started working at the service and each year thereafter to keep their skills up to date. Staff also confirmed that they had access to the organisation’s whistle blowing and safeguarding policies and felt confident in using the policies if they needed to protect people.

The Care Quality Commission (CQC) requires systems to be in place for providers to notify us of any issues which could compromise people’s safety, these are called notifications. CQC had not been notified of any allegations of abuse since we last inspected in January 2014. External agencies such as those that commission the care at the service told us they had not received any concerns about people being unsafe or suffering abuse.

People felt the staff employed at the service were suitable. Records showed people were only supported by staff who had been safely recruited and had undergone a thorough pre-employment screening which included a criminal record check to make sure they were suitable before starting work.

People’s opinions varied when we asked if they felt there was sufficient staff on duty to meet their needs. One person told us, “I think they [staff] rush around a bit but they do have time to talk, sometimes just come in to see if I’m okay and to chat, not all of them but pretty much all of them.” Another person told us, “Sometimes, not often, they are short staffed, we have to put up with that I suppose, you have to wait if you want to go to the toilet or something like that.” Another person told us they felt the staffing levels had occasionally effected the provision of activities because the activities person had been deployed to help out with other duties.

Staff felt that on occasions the staffing levels had been affected by short notice staff absenteeism but this was not on a regular basis. The operations manager had recognised this and was taking action to ensure people received a more consistent level of care. They were in the process of recruiting additional staff who would be available to cover unexpected absences at short notice.

On the day of our inspection we saw there was sufficient staff to meet people’s individual needs in an unrushed manner. Our monitoring of the responses to call bells showed that staff responded to them in a timely manner and staff had time to perform meaningful interactions with people on a regular basis.

People who used the service told us they received their medicines as they required them. Comments included, “The nurses sort all my tablets out for me, I don’t have any concerns.” We found that only registered nurses administered medicines and they received checks on their competency so the manager could be assured they carried out this role safely and in accordance with best practice. Our observation of medicine administration told us that safe procedures were being followed to minimise any risk of medicine errors.

Is the service effective?

Our findings

The last time we inspected the service we found there had been a breach of regulation 9 and regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We found improvements had been made in relation to people consenting to care and to the care planning since we last inspected the service. People were now more involved in making decisions about their care and care was assessed and planned for to meet individual need.

People felt the staff were suitably qualified and experienced to perform their duties in a competent manner. One person told us, "Yes I believe so." Another person said, "They [staff] are very good."

Staff told us a thorough staff training programme had been provided which allowed them to gain the skills and knowledge required to perform their duties effectively. Staff also told us they had received a programme of supervisions and annual appraisals which provided them with an opportunity to discuss their individual training and development needs. We saw records to support this information.

People felt the staff respected their decisions and opinions and they were not held to a formal timetable to suit the running of the service. They also told us they could plan their days to suit themselves and their visitors. One person told us about their experience when they gained residency. "They [staff] did tell me that I can come and go as I please, get up and go to bed at any time." The person also told us the staff respected their morning routine. We observed staff involving people in making decisions about their support and staff obtained consent before any support was undertaken

Staff had received training in relation to the Mental Capacity Act 2005. The act ensures people can make independent decisions when able. Staff were also aware that when people lacked capacity an assessment was to be followed to ensure that when a decision was made the decision was in the person's best interest. Staff understood the use of Deprivation of Liberty Safeguards (DoLS) which are part of the Mental Capacity Act 2005. They aim to make sure that people are looked after in a way that does not restrict their freedom unnecessarily. The safeguards should ensure that a person is only deprived of their liberty in a

safe and correct way. Whilst no DoLS were in place at the time of our inspection we found staff knew that these were to be applied for when it was planned that people would have their liberty deprived for their own safety.

People felt the meals provided were of good quality. Comments included, "The food is good, always two choices but even then you can have something else," and, "The foods alright. There's a choice but if you don't like it they'll suggest something which is fair enough." A person's relative, who said they often stayed for lunch, told us they thought people were provided with a good diet.

We observed people having their lunch. We saw they were offered a choice of meals which looked very appetising and nutritionally balanced as they included a meat option and a selection of fresh vegetables. Where people needed a special diet due to pre-existing medical conditions, this was provided to them as could meals for people who chose to adopt a meat free diet such as vegetarians and vegans.

Records showed nutritional assessments were undertaken on a monthly basis to assess if people needed extra support with their nutritional intake. People participated in assessments to identify their dietary likes and dislikes or specialist diets determined by medical conditions such as diabetes. The assessment process also provided the opportunity to identify diets which were determined by people's religious and cultural backgrounds.

Staff told us drinks should have been readily available between meals to minimise the risk of dehydration. On the day of our inspection we saw this was not always the case. We discussed the oversight with the manager who resolved the issue immediately.

People felt supported to ensure their day to day health needs could be met. They told us they attended appointments with health care professionals such as General Practitioners (GP) physiotherapists and opticians. One person said, "I have seen the optician and she changed my glasses." Another person told us they had seen a physiotherapist at the service after being discharged from hospital. Another person told us that they had seen a doctor the previous day and the staff at the service had arranged the appointment.

Staff told us that should they have any concerns about people's health and wellbeing they would report them to

Is the service effective?

the registered nurse who was responsible for contacting, or making referrals. Records showed referrals to health care professionals such as General Practitioners, chiropodists, opticians and dentists had been made in a timely manner.

Is the service caring?

Our findings

People felt happy living at the service and felt the staff were caring and compassionate. One person told us, “The staff are very good with me, nice with me, show concern. I think they know me, they ask me about things.” Another person said that on occasions they had heard a person who was living at the service shouting. They told us, “I can honestly say I have never heard staff grumble or be short with them.” People’s relatives felt satisfied with the quality of service provision. One relative told us they thought the staff were good, as was the care they provided. They attributed this to the service not being too big and said, “It’s more like home”.

Our observations supported what people had told us. Staff interacted with people in a respectful, professional and friendly manner. We saw there was good social interaction between people and it was evident that staff were fully aware of people’s individual needs. We also saw staff responded to people’s needs and requests in a caring and sensitive manner and utilised effective communication skills at all times.

People felt the staff respected their privacy. One person told us, “I’ve got my own room; the staff knock if the door is shut. They do ask me if I want the door shutting, I say no,” and, “If my door is closed they knock, even if it is open they ask permission to come in”. People told us that when staff assisted them with their personal needs they were caring and patient. They said the staff ensured their privacy was respected as bathroom doors were closed and curtains were drawn. One person told us, “I was taken for a shower by staff, they were very respectful and caring.” A visitor told us they felt the staff were proactive in maintaining people’s privacy. They told us that they had been visiting the home for a long time and had never witness any incidents where people’s privacy was compromised.

Throughout our inspection we observed staff knocking on people’s bedroom doors and waiting to be invited in. We also noted that bathroom doors were always closed when people were being assisted with their personal hygiene needs.

Staff told us they had received training to promote people’s privacy and dignity. We also found staff had access to a

dignity champion whose role was to stand up and challenge disrespectful behavior and act as a good role model by treating other people with respect, particularly those who were less able to stand up for themselves. Staff demonstrated through their actions and in discussions with us that they were highly motivated to offer care that was kind and compassionate. During our inspection we observed positive interaction between the people using the service and staff who were supporting them. The interactions were caring and unrushed. Staff were observed to be providing people with sufficient time to respond to questions and all interactions were empowering and respectful.

A staff member described how they had helped a person to develop their speech which had been impaired. The member of staff told us, “We are here to help the residents and that’s our job at the end of the day.” We observed the same member of staff interacting with people in the service and we saw they had developed a caring and trusting relationship with people.

People felt they were encouraged to be involved and supported in planning and making decisions about their care and treatment. They felt they could express their views and felt their opinions were valued and respected. One person told us they had been involved in the planning of their care package and said, “I had to say what I like, and my daughter was there too.”

A visitor to the service also told us they had been consulted and said, “Me and my brother talked to the matron. It was a good meeting.” Systems were also in place to ensure people were involved in the evaluation of the health needs as each person had an allocated key worker who was responsible for updating people’s care plan and for making sure the person was involved in making decisions about their care and support package.

An Independent Mental Capacity Advocate (IMCA) was also available if people lacked mental capacity and did not have an appropriate family member or friend to represent their views or act on their behalf, although the manager told us the service had not been required.

Is the service responsive?

Our findings

People felt their individual preferences were known by staff and felt they were encouraged to make independent decisions in relation to their daily routines. One person told us, "How I spend my time is my decision and the staff respect that."

People received care and support in the way they wanted this because they had been involved in the assessment and planning of their individual care package. People felt they were encouraged to be involved in the formation of their individual care plans and said they, or their relatives, had attended reviews with their key worker on a regular basis.

Staff felt people's care plans were an integral part of the care provision at the service and felt the plans were sufficiently detailed to highlight people's individual needs. One member of staff told us, "They are most valuable especially when we get a new resident in as we know how to treat them. The plans look at their diets, mobility, their capacity and daily preferences. Some information is available about what they did in the past which is useful. Everybody is allocated a key worker who fills in people's life history in more details once we get to know them better." Another member of staff said, "I have been here a long time and I think the care plans are the most informative they have ever been."

We found people's care plans provided staff comprehensive information about people's individual needs and preferences. They described in detail the support people required and contained up to date risk assessments to ensure people's changing needs could be responded to in a timely manner. The care plans also contained a 'personal history' and a 'this is me' document. The documents highlighted people's likes and dislikes, personal interests and their preferred daily routines. In one record it stated a person liked magazines and books and staff were to ensure there were some available. This was evident on the day of our inspection. It also stated in

another person's 'this is me' record that they liked to 'look smart' with painted and shaped fingernails. We saw this information had been respected and adhered to by the staff.

People felt happy with the range of social activities provided for them. These included art and crafts sessions, Christmas and summer fayres and performances in the service by theatre groups and singers. One person told us, "We have lots to do." People felt the broad range of social events could be attributed to the enthusiasm and commitment of an activities coordinator and described their work as excellent. We saw people enjoy having manicures and hand massages. We saw how people had their spirits and mood raised through having a pat dog visit them.

People were able to say if anything was not right for them because they felt comfortable in highlighting any concerns to the registered manager, and they believed their concerns would be responded to in an appropriate way. One person told us, "If I have worries or concerns I tell my daughter to tell them, [staff] I would tell them if I had real problems, I have no problems to raise with the home". Another person said, "I've had no real problems at the home, I wouldn't stop if I didn't like it here."

People were made aware of their right to complain if anything was not to their liking. The complaints procedure was on display in the foyer of the service and contained within a service user's guide which was made available in all of the bedrooms. The contact details of the organisation were also available via a web site. This provided an additional facility for people who used the service, or those acting on their behalf, to report any concerns they might have in relation to the quality of the service.

We looked at the recorded complaints received by the registered manager since our last inspection. Five complaints had been received and records showed they had been managed effectively. We also found systems were in place to review the complaints to ensure actions could be taken to minimise similar incidents happening again.

Is the service well-led?

Our findings

People felt they could discuss their care with members of the management team. One person told us they saw a member of the management team on a frequent basis. Another person told us, “The managers do come and talk to you.” A visiting relative said, “The manager is very helpful.”

People were supported to attend resident meetings and were encouraged to express their views about the quality of the service. Records showed that topics of conversation included the provision of social activities and meals. The meetings also provided a forum to highlight any developments within the service, such as upgrades to the environment.

We found people residing at the service, their relatives and visiting professionals were encouraged to participate in annual satisfaction surveys. This was to provide a facility for them to make comments about the quality of the service provision. The operations manager told us that the purpose of the survey was to gain information which would be analysed and ensure people’s views and experiences were included in the organisation’s future business development plans.

People benefited from interventions from staff who were supported by the management team. Staff told us they attended meetings on a regular basis discuss their personal development needs and any issues relating to the quality of service provision. Staff also told us they felt encouraged to highlight good practice and discuss where improvements could be made. They felt the management team valued their opinions and felt the meetings aided the efficient running of the service. They also felt the management culture enabled them to be confident to report any concerns to the management team without fear of retribution.

People could be assured that staff received formal support via regular supervision sessions and annual appraisals to ensure they remained competent in performing their roles and responsibilities at the service. Staff felt the support they received was useful in highlighting any areas of personal development. One member of staff told us, “We usually have our supervision performed by our team leader. We also have a lot of staff meetings when we can discuss anything that might be bothering us or any issues of concern.” Staff also felt comfortable approaching members of the management team as said the team had encouraged an open and transparent management style. Staff felt their work was satisfying and enjoyable. Through our observations we found staff had a positive attitude and provided an atmosphere where people residing at the service, and their relatives, were comfortable in engaging with them.

People’s safety was promoted as systems were in place to record and analyse adverse incidents, such as falls, with the aim of identifying strategies for minimising the risks to people living at the service. This showed that the provider was proactive in developing the quality of the service and recognising where improvements could be made.

People received a good quality service because there were effective systems in place to monitor the on-going quality of service provision and to ensure the service could be responsive to change. We found auditing systems were in place that monitored aspects of service provision. Members of the management team looked at areas such as support plans, medication management, an analysis of accidents and incidents and audits of the service’s environment.

We found the registered manager had notified us of incidents involving people who used the service. This satisfied their legal obligation to report any events to us which had an effect on the health and welfare of people.