







B Gelfand West House

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?		Requires Improvement	
Is the service well-led?		Good	

Overall summary

The inspection was completed on 21 and 22 April 2015 and there were 25 people living at the service when we inspected.

West House provides accommodation and personal care for up to 25 older people and people living with dementia.

A registered manager was in post. 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.

Care plans did not accurately reflect people's care and support needs and improvements were required to ensure that all people who used the service received the opportunities to participate in social activities.

People and their relatives told us the service was a safe place to live. There were sufficient staff available to meet

Summary of findings

their needs. Appropriate arrangements were in place to recruit staff safely. Staff were able to demonstrate a good understanding and knowledge of people's specific support needs, so as to ensure their and others' safety.

Staff understood the risks and signs of potential abuse and the relevant safeguarding processes to follow. Risks to people's health and wellbeing were appropriately assessed, managed and reviewed and improvements had been made to ensure that risk assessments were accurately completed. The management of medicines within the service was safe.

Staff received opportunities for training and this ensured that staff employed at the service had the right skills to meet people's needs. Staff demonstrated a good understanding and awareness of how to treat people with respect and dignity.

The dining experience for people was positive and people were complimentary about the quality of meals provided. People who used the service and their relatives were involved in making decisions about their care and support. People told us that their healthcare needs were well managed.

Where people lacked capacity to make day-to-day decisions about their care and support, we saw that decisions had been made in their best interests. The manager was up-to-date with recent changes to the law regarding the Deprivation of Liberty Safeguards (DoLS) and at the time of the inspection they were working with the local authority to make sure people's legal rights were being protected.

People and their relatives told us that if they had any concerns they would discuss these with the management team or staff on duty. People were confident that their complaints or concerns were listened to, taken seriously and acted upon.

There was an effective system in place to regularly assess and monitor the quality of the service provided. The manager was able to demonstrate how they measured and analysed the care provided to people, and how this ensured that the service was operating safely and was continually improving to meet people's needs.

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 and their relatives told us the service was a safe place to live.

There were sufficient numbers of staff available to support people.

The provider had systems in place to manage safeguarding matters and ensure that people's medicines were managed safely.

Good



Is the service effective?

The service was effective.

Staff were appropriately trained and supported.

The dining experience for people was positive and people were supported to have adequate food and drinks.

People's healthcare needs were met and people were supported to have access to a variety of healthcare professionals and services.

Where a person lacked capacity, Mental Capacity Act (MCA) 2005 best interest decisions had been made. The Deprivation of Liberty Safeguards (DoLS) were understood by the management team and appropriately implemented.

Good



Is the service caring?

The service was caring.

People and their relatives were positive about the care and support provided at the service by staff. Our observations demonstrated that staff were friendly, kind and caring towards the people they supported.

People and their relatives told us they were involved in making decisions about their care and these were respected.

Staff demonstrated a good understanding and awareness of how to treat people with respect and dignity.

Good



Is the service responsive?

The service was not consistently responsive.

People's care plans were not fully reflective or accurate of their care needs.

Improvements were required to ensure that all people who lived at the service received the opportunity to participate in regular social activities.

The service had appropriate arrangements in place to deal with comments and complaints. People told us that their comments and complaints were listened to and acted on.

Requires Improvement



Summary of findings

Is the service well-led?

The service was well-led.

The management team of the service were clear about their roles, responsibility and accountability and we found that staff were supported by the manager and senior members of staff.

Appropriate arrangements were in place to ensure that the service was well-run.

Good



West House

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 21 and 22 April 2015 and was unannounced.

The inspection team consisted of one inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We reviewed the information we held

about the service including safeguarding alerts and other notifications. This refers specifically to incidents, events and changes the provider and manager are required to notify us about by law.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with six people who used the service, three relatives, four members of staff, the Customer Services Manager and manager. We spoke with two healthcare professionals to obtain their views about the quality of the service provided.

We reviewed seven people's care plans and care records. We looked at five staff support records. We also looked at the service's arrangements for the management of medicines, complaints and compliments information and quality monitoring and audit information.

Is the service safe?

Our findings

People told us that they felt safe and secure. One person told us, "I feel safe living here. I am a lot happier living here than when I was at home." Another person told us, "Safe, yes I think so. I have no concerns or worries." Three relatives spoken with told us that they were confident that their member of family was kept safe.

People were protected from the risk of abuse. Staff had received safeguarding training. Staff were able to demonstrate a good understanding and awareness of the different types of abuse, how to respond appropriately where abuse was suspected and how to escalate any concerns about a person's safety to a senior member of staff or a member of the management team. One member of staff told us, "If I have any concerns at all about any of the people who live here I would tell either the senior on duty or the manager." Staff were confident that the manager would act appropriately on people's behalf. Staff also confirmed they would report any concerns to external agencies such as the Local Authority or the Care Quality Commission if required.

Staff knew the people they supported. Where risks were identified to people's health and wellbeing such as the risk of poor nutrition and mobility, staff were aware of people's individual risks, for example, staff were able to tell us who was at risk of falls or poor nutrition and the arrangements in place to help them to manage this safely. In addition risk assessments were in place to guide staff on the measures in place to reduce and monitor these during the delivery of people's care. Staff's practice reflected that risks to people were managed well so as to ensure their wellbeing and to help keep people safe.

People told us that there were sufficient numbers of staff available and their care and support needs were met in a timely manner. One relative told us, "There always seems to be staff readily available to meet my relative's needs." Staff told us that staffing levels were appropriate for the

numbers and needs of the people currently being supported and that they could meet people's day-to-day needs. Our observations during the inspection indicated that the deployment of staff was suitable to meet people's needs and where assistance was required this was provided in a timely manner.

Suitable arrangements were in place to ensure that the right staff were employed at the service. Staff recruitment records showed that the provider had operated a thorough recruitment procedure in line with their policy and procedure. This showed that staff employed had had the appropriate checks to ensure that they were suitable to work with people.

People told us that they received their medication as they should and at the times they needed them. The arrangements for the management of medicines were safe. Medicines were stored safely for the protection of people who used the service. There were arrangements in place to record when medicines were received into the service, given to people and disposed of. We looked at the records for six of the 25 people who used the service. These were in good order, provided an account of medicines used and demonstrated that people were given their medicines as prescribed.

We found that the arrangements for the administration of covert medication for one person had been assessed and agreed in their best interest by the appropriate people involved in their lives. 'Covert' refers to where medicines are administered in a disguised format without the knowledge or consent of the person receiving them, for example, in food or in drink. People living with dementia had their anxiety medication needs reviewed at regular intervals by a local dementia nurse specialist to ensure that they were receiving their medicines safely and effectively.

Staff involved in the administration of medication had received appropriate training. Regular audits had been completed and these highlighted no areas of concern for corrective action.

Is the service effective?

Our findings

People were cared for by staff who were suitably trained and supported to provide care that met people's needs. Staff told us they had received regular training opportunities in a range of subjects and this provided them with the skills and knowledge to undertake their role and responsibilities and to meet people's needs to an appropriate standard.

An effective induction for newly employed members of staff was in place which included an 'orientation' induction of the premises and training in key areas appropriate to the needs of the people they supported. We spoke with one newly employed member of staff who confirmed that they had completed an induction which had included opportunities whereby they had shadowed a more experienced member of staff. This was so that they could learn the routines of the service and understand the specific care needs of people living there.

Staff told us that they received good day-to-day support from work colleagues and formal supervision at regular intervals. They told us that supervision was used to help support them to improve their work practices. Records confirmed what staff had told us. Staff told us that this was a two-way process and that they felt supported by senior members of staff and the senior management team. A member of staff told us, "I get regular one-to-one supervision."

The majority of staff spoken with confirmed that they had received Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training. Staff were able to demonstrate a basic understanding of MCA and DoLS, how people's ability to make informed decisions can change and fluctuate from time to time and when these should be applied. Records showed that each person who used the service had had their capacity to make decisions assessed. This meant that people's ability to make some decisions, or the decisions that they may need help with and the reason as to why it was in the person's best interests had been

recorded. Appropriate applications had been made to the local authority for DoLS assessments. People were observed being offered choices throughout the day and this included decisions about their day-to-day care needs.

Comments about the quality of the meals were positive. People told us that they liked the meals provided. One person told us, "The food and meals provided are excellent." Another person told us, "The food here is very good and if you don't like something there is always another choice available." Our observations of the lunchtime meal showed that the dining experience for people within the service was positive and flexible to meet their individual nutritional needs. People were offered a choice of meals and drinks throughout the day. Where people were noted to change their mind, an alternative to the menu was offered without hesitation by staff. Where people required assistance from staff to eat and drink, this was provided in a sensitive and dignified manner.

Staff had a good understanding of each person's nutritional needs and how these were to be met. People's nutritional requirements had been assessed and documented. A record of the meals provided was recorded in sufficient detail to establish people's dietary needs. Where people were at risk of poor nutrition, this had been identified and appropriate actions taken. Where appropriate, referrals had been made to a suitable healthcare professional for advice and support.

People's healthcare needs were well managed. People told us that they were supported to attend hospital appointments and were able to see other healthcare professionals as and when required. Relatives were kept informed of the outcome of healthcare appointments where appropriate. Relatives told us that they were kept informed of changes to their member of family's healthcare needs. People's care records showed that their healthcare needs were clearly recorded and this included evidence of staff interventions and the outcomes of healthcare appointments. Healthcare professionals we spoke with were complimentary about the care and support provided to people.

Is the service caring?

Our findings

People made many positive comments about the quality of the care provided at the service. One person told us, “I think this is a good home. The staff do a wonderful job and the care provided could not be better.” Another person told us, “The staff are very nice and nothing is too much trouble.” One relative told us that they had confidence in the care provided for their loved one. They told us that they did not worry when they went on holiday as staff knew their relative’s care needs and the support to be provided. Questionnaires completed by people and those acting on their behalf recorded, “Your staff are very caring and we feel [name of person] is receiving the best attention.”

Staff interactions with people were positive and the atmosphere within the service was warm and calm. Staff communicated well with people living at the service, for example, staff were seen to kneel down beside the person to talk to them, or to sit next to them. Staff provided clear explanations to people about the care and support to be provided.

Staff understood people’s care needs and the things that were important to them in their lives, for example, members of their family, key events, hobbies and personal interests. One relative told us, “The care here is very good

and the staff know the needs of [relative] well. Staff know [relative’s] routine and their personal preferences.” People were also encouraged to make day-to-day choices and their independence was promoted and encouraged where appropriate according to their abilities and wishes. One person told us that they could choose how they spent the day. They told us that the mornings were mostly spent in the lounge however in the afternoons they liked to go to their room for some peace and quiet. They told us that this was always respected by staff. Staff asked people for their preferences throughout the day and ensured that these were met, for example, people were offered a choice of drinks, meals and snacks throughout the day.

Staff respected people’s privacy and dignity. Staff knocked on people’s doors before entering and staff were observed to use the term of address favoured by the individual. In addition, people were supported to maintain their personal appearance so as to ensure their self-esteem and sense of self-worth. People were able to wear clothes they liked and suited their individual needs and staff respected this.

People were supported to maintain relationships with others. People’s relatives and those acting on their behalf visited at any time. Two relatives confirmed that they were able to visit their relative whenever they wanted and at a time that suited them.

Is the service responsive?

Our findings

Care records were not fully reflective or accurate of people's care needs. In addition, where people's needs had changed, not all care plans had been amended to reflect the most up-to-date information. Staff told us that there were several people who could become anxious or distressed. The care plans for these people did not always consider individual people's reasons for becoming anxious or the steps staff should take to reassure them. Evidence of staff interventions and the care and support provided during times of distress and anxiety by people were not always recorded. It was not always possible to determine what interventions and actions had been taken to ensure positive outcomes for people.

Clear guidance and directions on the best ways to support a person with their care needs was not always available and this meant there was a potential risk that the person would not receive the care and support they needed, for example, one person's care records made reference to them having a common digestive medical condition. The person's care records suggested that the person experienced some of the symptoms associated with this medical condition however no care plan was in place detailing the person's care needs and how these were to be met by staff. In addition, there was no evidence to show that other elements of their care plan had been reviewed within the past three months.

Some people told us that there were not many social activities provided at the service however many of these people told us that this did not particularly inconvenience or worry them as they were happy to sit and watch television, read a book or read their newspaper. Additionally, our observations showed that staff did their best to provide activities to people at the service on an 'ad-hoc' basis. Although no activities were provided on the first day of inspection, an external entertainer was evident on the second day and the entertainment was clearly enjoyed by all present.

Relatives told us that they had had the opportunity to contribute and be involved in their member of family's care plan. One relative told confirmed to us that they had seen their relative's care plan.

The provider had a complaints policy in place and had procedures in place that ensured people's concerns were listened to. People and their relatives told us that if they had any concern they would discuss these with the management team or staff on duty. People told us that they felt able to talk freely to staff about any concerns or complaints. One person told us, "I would be happy to raise concerns if the need arose but I have not had the need to complain so far." Another person told us, "I would feel comfortable and able to raise concerns but I would speak to my relative first."

Is the service well-led?

Our findings

The manager was able to demonstrate to us the arrangements in place to regularly assess and monitor the quality of the service provided. This included the use of questionnaires for people who used the service and those acting on their behalf. In addition, the manager monitored the quality of the service through the completion of a number of audits. However, the audits had not picked up the issues relating to people's care plans or that activities were not routinely provided to people living at the service. We discussed this with the manager and we were advised that the senior member of staff responsible for care planning had not made the manager aware of the gaps and shortfalls. We discussed this with the manager and immediate steps were taken to address the issues identified.

The manager was supported by a Customer Services Manager and senior members of staff. All senior staff were clear about their roles and responsibilities. In addition, the manager recognised different strengths and abilities within the senior team and the value they provided, for example, the manager advised that one senior member of staff was the 'designated lead' for medication. The senior member of staff told us that they felt privileged and pleased to have the 'lead' role and took the responsibility very seriously. Another senior member of staff was responsible for mentoring and inducting new members of staff.

Staff told us that they felt valued and supported by the manager and other senior members of staff. They told us

that the manager and Customer Service Manager was approachable and there was an 'open culture' at the service. Staff told us that they would be confident to speak to the manager or senior team members if they had any concerns. Staff confirmed that they enjoyed working at the service. Comments included, "I love my job and enjoy working here," and "It is brilliant here."

The manager confirmed that the views of the people who used the service and those acting on their behalf had been sought in March 2015. The manager confirmed that a report of the findings had yet to be collated, analysed and a report compiled. The majority of comments about the quality of the service were very complimentary. People told us that overall they were very happy with the care and support provided and found the staff to be friendly.

The manager told us that they had participated in the 'My Home Life' Essex Leadership Development Programme. This is a 12 month programme that supports care home managers to promote change and develop good practice in their service. It focuses attention on the experiences of people living at the service and supports staff and the management team. They also confirmed that they regularly looked at national guidance and advice provided from a number of organisations, so as to improve health and social care practices at the service, for example, Skills for Care, Social Care Institute for Essex (SCIE) and the National Institute for Health and Care Excellence (NICE). This showed that the manager endeavoured to promote best practice to keep themselves up-to-date with new initiatives.