

Westcroft Nursing Home Limited

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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?	Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 18 September 2017 and was unannounced. Westcroft nursing home provides personal care and accommodation, diagnostic and screening procedures and treatment of disease, disorder or injury for up to 28 older people some of whom are living with dementia, at the time of the inspection there were 24 people living at the service.

There was a registered manager in post 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.

At the last inspection on 16 August 2016, we asked the provider to take action to make improvements to medicines that were not managed safely, people had not always had their rights protected and audits were not always effective. At this inspection we found action had been taken to make improvements but further improvements were required.

People felt safe and staff understood how to safeguard people from abuse. Risks to people's safety were assessed and plans were put in place to mitigate these risks which were reviewed regularly. Peoples' medicines were managed safely. There were sufficient staff to support people and the provider had systems in place to safely recruit staff.

People received support from knowledgeable staff that had access to good support from the provider. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. People enjoyed the food, could choose what to eat and had their dietary needs met. People received support to access health professionals to maintain and improve their health.

People told us staff were caring. People were able to make choices about their care and support and their independence was encouraged by staff. People's privacy and dignity was maintained by staff.

People's needs were assessed and plans were in place to meet those needs. Staff were aware of people's preferences for care and support and these were met. People had access to individual and group activities. People were able to make complaints and felt these would be dealt with effectively.

The provider had systems in place to improve the quality of the service people received however some improvements were required to the effectiveness of these systems. People were positive and complimentary about the service and felt the management team were supportive and approachable. People were able to express their views about the service and felt they would be listened to.

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 were safe. Staff understood how to protect people from harm.

People had risks to their safety assessed and plans were in place to mitigate risks.

There were sufficient staff to meet people's needs.

People's medicines were managed safely.

Is the service effective?

Good ●

The service was effective

People were supported by staff with the knowledge to meet their needs.

People were supported by staff who understood the principles of the Mental Capacity Act 2005 (MCA).

People had a good choice of food and their dietary requirements were met.

People were supported to maintain their health and well-being.

Is the service caring?

Good ●

The service was caring

People had developed caring relationships with staff.

People were able to make choices about their care and were supported to maintain their independence.

People were treated with dignity and their privacy was protected.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and they received personalised care from staff that understood their needs and preferences.

People were able to take part in group activities provided and found this enjoyable.

People had access to a complaints procedure and felt confident any concerns would be dealt with.

Is the service well-led?

The service was not always well-led.

The provider monitored the quality of the service and made plans for improvements, however not all of these were effective.

People, relatives, and staff were positive about how the service was run.

People told us they felt included in the service and found the management staff were accessible.

Requires Improvement ●

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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 unannounced inspection took place on 18 September 2017. The inspection team consisted of one inspector, a specialist nurse advisor 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.

As part of the inspection, we reviewed the information we held about the service, including notifications. A notification is information about events that by law the registered persons should tell us about. We asked for feedback from the commissioners of people's care to find out their views on the quality of the service. We also contacted the Local Authority Safeguarding Team for information they held about the service. We looked at the information the provider had sent to us in their Provider Information Return (PIR). A PIR is a document we ask providers to complete to provide information about what the service does well and what improvements they plan to make. We used this information to help us plan our inspection.

During the inspection, we spoke with six people who use the service and five relatives. We also spoke with the provider, the registered manager, one nurse and five care workers.

We observed the delivery of care and support provided to people living at the service and their interactions with staff. We reviewed a range of records, which included the care records of four people and three staff files, which included pre-employment checks and training records. We also looked at other records relating to the management of the service including audits, actions plans, accident reports, and medicine administration records.

Is the service safe?

Our findings

At our last inspection peoples medicines were not always administered safely and the provider was asked to make improvements. At this inspection we found the provider had made the required improvements.

People told us they received their medicines as prescribed. One person told us, "I get my tablets on time from the nurse on duty and they always ask me if I need anything for pain". Staff could describe how medicines were administered and told us there had been improvements made. One staff member said, "A larger clinical room has been provided for the storage of medicines which has improved things". We saw medicines being administered by staff safely. For example, people were asked if they were ready for their medicine and had an explanation of what it was prescribed for. Where people needed medicine given without their knowledge we saw this was documented with advice from the doctor and pharmacy included. Where people received medicine on an 'as required basis,' there was guidance for staff on how and when to administer these medicines. We found records of administration were in place and recorded accurately. However there were some differences in how as required medicines were recorded there did not seem to be one agreed system in place which could lead to confusion. We also found whilst records were in place to show when and where patch based medicine was applied for pain relief there were no documented checks carried out to show this was in place every day. We spoke to the registered manager about this and they said they would make immediate changes. Medicine were stored and disposed of safely. This showed us people received their medicines safely but some improvements to record keeping were required.

People who lived at the service told us they felt safe. One person told us, "Yes its ok here. I feel safe and secure. There is always someone around and they look after you I don't want for anything". Staff told us they understood what the signs of abuse were. They were able to explain how they would support people who they suspected had been a victim of abuse. Staff also told us about the importance of reporting any concerns. One staff member said, "You have to look for any changes in behaviour, unexplained marks for example, I would report this to the registered manger and if there was no action taken I'd take it to an outside agency". We saw the provider had appropriate systems in place and where required referred allegations of abuse to the local safeguarding authority. This showed us staff understood how to report any concerns about safety for investigation.

Risks to people's health and safety had been assessed. One person said, "Staff always use the proper equipment to move me and always make sure there are two of them". A relative told us, "My relative has had a couple of falls whilst living here each time they let us know and was taken to hospital straight away to be checked over". Staff told us there were specific plans in place for keeping people safe and could give examples such as how to manage risks when people were eating. One staff member was able to describe how they used equipment to keep a person safe during the night. Another staff member described how they supported people with safe transfers. We observed people transferred using a hoist appropriately and confirmed from records that the correct equipment was used. We saw there was a procedure for managing accidents and all staff understood what action to take, the records we saw supported what we were told. The registered manager told us there were detailed risk assessments in place and these were updated monthly or as required, the records we saw supported this. This meant people were protected from the risk

of harm and provided with support when they had an accident.

People told us there were enough staff. One person said, "Sometimes I may have to wait a little as I need two staff, and they may have to fetch someone but it's not overlong". Another person said, "Definitely enough staff. The staff all talk to you as they pass and check if you are alright. At night I only have to press the bell and they come within minutes. Think they must be standing outside bedroom door as they come so quick". Staff told us there was sufficient staff on duty and if there was any shortage of staff due to sickness or annual leave staff would cover the shifts or agencies were used. We saw there were adequate numbers of staff available to support people on the day of the inspection. For example, we saw there were staff available in all communal areas of the service and people did not have to wait for care and support. The registered manager told us they had made improvements to staffing levels based on people's needs and were looking at changing the shift pattern. This showed us there were sufficient staff to ensure people were safe.

People received support from safely recruited staff. The registered manager told us they carried out appropriate pre-employment checks, which included criminal records checks and reference checks. The staff we spoke to told us these checks were completed before they started work and the records we saw confirmed this.

Is the service effective?

Our findings

At our last inspection the provider was not always following the principles of the Mental Capacity Act 2005 and we asked the provider to make improvements. At this inspection we found the provider had made the required improvements.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People told us staff asked them to give consent before offering care and support. We saw staff ask permission before supporting people with care and support, for example, when administering medicines and offering personal care. Staff we spoke with understood their responsibilities in respect of consent. One member of staff told us, "You have to check they are ok with you supporting them, if they refuse you should always withdraw". Staff could describe how decisions were made in peoples best interests where they lacked capacity to understand and make the decision for themselves. Relatives told us they had been involved in making decisions in people's best interests. We saw people had decision specific mental capacity assessments in place. Best interest decision meetings had been held, with family members and professionals involved. The outcomes of these were recorded in people's care plans. This meant people's consent was sought in line with the principles of the MCA.

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). Staff were aware of those people that had an approved DoLS in place and we could see that where conditions were in place and staff were able to describe how these were being met. However records of how the conditions were being met were not always clear and easy to find. For example, one person had conditions in place to undertake certain activities and have any refusals documented. The records of refusals were not always clear. In another example, the conditions required specific monitoring of some aspects of a person's behaviour. Records were in place but the entries did not always give sufficient detail. We spoke to the registered manager about this and they told us they would take action immediately to improve the level of detail recorded. This meant where people were having their liberty restricted the correct legal safeguards were in place but some improvements to record keeping were required.

People and their relatives told us the staff understood how to support them safely. One person said, "They have a lot of training. It was fire safety a couple of weeks ago and they have something else this afternoon but don't know what it is but it all helps them to do the job properly". The provider told us in the PIR there was a training schedule in place to show when staff needed updates to mandatory training, the records and what staff told us supported this. Staff told us the training was good and they felt it helped them carry out their role, which enabled them to provide people with effective support. One staff member said, "I have had

training in mental capacity, infection control and safeguarding for example, we have external trainers come in to deliver it and it was really good". Another staff member said, "I have been supported to access training which has helped me progress to a level three vocational qualification". The staff all felt the training was effective in helping them carry out their role. The registered manager told us staff accessed a range of training and this was refreshed on a regular basis, the records we saw supported this. This meant staff received training to enable them to be effective in their role.

People told us they had enough to eat and drink and had a good choice of meals which they enjoyed. One person said, "I am happy with my cornflakes and toast but think I could have a cooked breakfast if I wanted. Best thing is the flexibility. I can have it when I am ready and not made to stick to a rigid time or place to have it". Another person said, "I come down for breakfast and tell the cook I am there and the cooks gives me my breakfast, I often have a cooked breakfast" One relative commented, "The food here is brilliant a good variety and good quality". We saw the menus offered a variety of different meal options and were displayed for people to choose what they wanted to eat. This meant people had a choice of food and drinks available to them.

People with specific dietary requirements had their needs met. Staff could tell us about peoples dietary needs and the type of food they should have. For example, staff were able to describe how one person that was at risk of choking received support with their meals to eat safely. The registered manager told us they had systems in place to monitor people's nutritional intake and would seek support from relevant health professionals if people's needs changed. The records we saw supported this. This meant people received support to manage risks associated with their dietary needs.

People and their relatives told us they had access to health professionals when required and were supported to maintain and improve their health. One person said, "If you are not well the nurse will have a look at you and chat and if necessary ask the doctor to call". A relative told us, "They have phoned me when my relative has not been well and got the doctor to call in. Never any problem there". Staff told us people had support to manage their health. One staff member was able to describe how one person had received additional support from an occupational therapist. The records we saw supported what we were told. We saw people received support to monitor their health and people had access to nursing staff 24 hours a day to provide support. We saw records, which supported this, for example, people had support from doctors and other health professionals and there was specific monitoring in place for some people. However we found one person's records did not clearly show what support had been accessed about their health condition. We discussed this with the registered manager and they were able to confirm advice had been sought from a health professional. They told us they would improve how this was recorded in the persons file. This meant people were supported to maintain their health and wellbeing and had access to professional support when they needed it but some improvements were required to how this was documented.

Is the service caring?

Our findings

At our last inspection we found the service was caring. At this inspection we found the service continued to be caring.

People and their relatives told us the staff were kind and caring and staff took time to chat and get to know them. One person said, "The staff here are very caring and friendly and they often have a laugh and a joke with me. They sit and have a little chat. I Feel as though I know them and they know me and I have not been here that long". Relatives also told us staff were caring and kind and they were made to feel welcome during visits, which were never restricted. One relative said, "Staff interact very well with my relative and with us as a family. They are all very caring and very patient and my relative enjoys a joke with many of them, they know my relative really well and how to deal with their needs". Staff told us they felt able to spend time with people and they had an opportunity to get to know them well. We saw staff spent time with people and chatted to them throughout the inspection. This showed people received care and support from caring staff who took time to build relationships with them.

People told us they had choice in all aspects of their life. They told us they could choose when to get up and go to bed and where to spend their time. One person told us, "The staff offer me a choice of clothing, they ask if that's ok or if I want to wear something else". Whilst another person said, "We have a choice of meals, they come and ask what you want in morning and then check it's still the same before they give it you". Staff told us they made sure people had choice and gave examples such as enabling people to choose when to get up and how to spend their time. One staff member said, "People here can choose things for themselves, such as what to wear, where to sit, when to get up and choose their meals". We saw staff offering choice to people throughout the inspection. For example, with meals, where they sat and how they spent their time. This meant people were able to make choices about their everyday life and how their care and support was delivered.

People's independence was promoted. People told us staff supported them to maintain their independence. One person said, "The staff have helped to get me walking again on my own with my frame even though I was told I would not walk again. I was determined and they let me try to do things slowly with support. They have encouraged and supported me all the way while making sure I was safe and not taking risks". Another person told us, "They give me just as much help as I need to shower but are never intrusive and encourage me to do what I can myself". Staff could give examples of how they promoted people to be independent, such as with completing some of their own personal care. We observed staff encouraging people to be independent and do things for themselves. For example, we saw staff made sure people had cutlery and crockery which enabled them to eat their own meals. This meant people's independence was promoted.

People told us staff respected their privacy and dignity. One person said, "They always knock before they come in. Very respectful they never just barge into your room." Another person said, "We have a laugh and a joke when I receive personal care, I can't do much for myself and this helps to release any tension there might have been, they are always ready with the towel to protect my modesty as much as they can".

Relatives agreed that people were supported in a dignified way and had their privacy protected. Staff told us they made sure people's privacy was protected when providing care. For example, one staff member told us, "We have some people in shared rooms; there are curtains to close when we are supporting people with personal care". Another staff member said they always knocked doors and made sure they were discreet with offering personal care. We observed staff treating people with dignity and respect throughout the inspection. For example, when supporting people with their meal staff sat down at the side of the person, going at the person's pace and speaking to them. We saw staff approach people quietly to ensure others did not hear the conversation when they were offering care and support. This showed the staff promoted people's privacy and dignity and the provider had systems in place to encourage this.

Is the service responsive?

Our findings

At our last inspection we found the service was responsive. At this inspection we found the service continued to be responsive.

People told us they were involved in the planning of their care and support. One person said, "I have been very involved as I was determined to walk again and so pushed all the time to do more for myself and it was talked through with me all the way". The provider told us in the PIR they undertook assessments before people were admitted and then worked to develop a care plan with the person and their relatives where appropriate. The records we saw confirmed what we were told.

People and relatives told us the staff knew them very well and understood all their preferences. One person said, "The staff here really know you- they take time to talk to you and find out about you and what you like. They are lovely people". A relative told us, "The staff seem to have found out my relatives likes and dislikes and they have a good relationship with all the staff". Staff told us they knew people well they could tell us details about how people liked to have things done, where people spent their time and could describe things that were important to people. Staff told us this information was available in peoples care plans we were able to confirm this from people. Staff could tell us about people's preferences such as the things they liked around them when they went to bed. Staff told us they made time to read peoples assessments and care plans and this helped them to get to know people well. We saw staff delivered peoples care in line with their care plan and preferences. We looked at peoples care plans and found these were accurate and reviewed, however information that was out of date had not been archived which was sometimes confusing and the records were sometimes difficult to cross reference due to how they were stored. Sometimes the level of person centred information staff knew about people was not detailed in the care plans. We spoke to the registered manager about this and they told us they were in the process of introducing named nurses and key workers which would include a review of the care plans and this would be addressed. This meant people received personalised care that responded to their needs and preferences however some improvements were needed to how this was recorded.

People told us about their interests and how they were supported to follow them by staff. One person said, "I choose what I do in the day. Sometimes staff take me out to the park or shops. I read the paper most days and I like to watch certain programmes on television, which staff make sure I can watch". The provider had employed a specific member of staff to support people with their interests and arrange group activities. People were very happy with what was on offer and gave examples to us about the things they enjoyed. For example, one person said, "The activities are marvellous; the person doing them is so energetic and always finding new things for us to do. I have done a quiz today and they have come and talked me through the answers". Another person told us, "They organise all sorts of things for us. We watch DVDs and do ball games and exercises. We have had cake decorating, crafts and gardening. We play a kind of bowls in the garden as well. We have lovely entertainers coming in, some just sing to us, another does karaoke and dances and gets us to sing with them by bringing the mic round". The person added, "You don't have to do anything if you don't want to but I enjoy everything as I am happy to be in company". We saw people taking part in activities throughout the day of the inspection. Peoples care records included details of the activities they had been

involved in and the things they enjoyed. This showed people were supported to follow their interests and had access to a varied activities programme.

People and their relative told us they knew how to raise complaints if they were unhappy and felt their complaint would be listened to. Everyone we spoke to told us they had never had any cause for complaint. One person said, "Never had to make a complaint or even raise a concern but if I did I would probably go to [a carers name] first and would feel quite comfortable doing that as they are very caring". The registered manger told us they had a policy in place to manage complaints. There had been no complaints raised at the time of the inspection. This showed the provider had a process in place to receive feedback and act on any concerns raised.

Is the service well-led?

Our findings

At our last inspection we found the quality audits were not effective at identifying improvements required to the service. At this inspection we found the provider had made improvements to the quality audits but we found there were further improvements required.

There were systems in place to check the quality of the service people received. However these were not always effective in identifying concerns with record keeping. For example there was a care plan audit in place this had been effective in identifying areas for improvement and helped the registered manager ensure peoples care was delivered. Reviews were complete, the risk assessments were up to date and any monitoring of the persons health was carried out. However the process had not identified concerns with record keeping. For example, the records were not completed with sufficient details to show how the provider was meeting the conditions of the DoLS which were in place for some people. In another example information had not been archived which meant peoples care records contained out of date information which could lead to confusion for staff delivering care. The registered manager told us there was a variation in what was held in each care plan and that updating records was a work in progress. They said they were introducing a review of care plans through the allocation of named nurses and key workers. This meant the systems in place to check the quality of the care people received were not always effective. We will review the changes at our next inspection.

Accidents and incidents were investigated and these were monitored by the registered manager every three months. They told us this looked at identifying any improvements that were needed to prevent further incidents and they took action when these reviews were carried out. However there was no record of the analysis they carried out and any actions they had taken which meant we could not be assured this was effective in driving improvements. The registered manger agreed there were improvements required and told us they would make immediate changes to how these reviews were recorded. We will look at the sustainability of these changes at the next inspection.

We saw medicines audits; environment and equipment checks were in place. Where any issues were identified action was taken to address the concern. For example, immediate action had been taken following a fire safety audit to address areas of concern and the medicines audit had identified the issues we found with the recording of as required medicines. The registered manager had systems in place to check the levels of staff and this had led to staffing levels being increased. This meant the provider had improved the systems in place to check the quality of the care provided but further improvements were required. The provider had made sure notifications were submitted to CQC in an appropriate and timely manner in line with the law. Services that provide health and social care to people are required to tell us about important events that happen in the service, we use this information to monitor the service and make sure the service is keeping people safe.

People and their relatives told us they knew who the manager was and felt the service was managed well, people and their relatives made positive comments about the service. One person said, "The registered manager is very approachable and makes times for you. They do explain what is happening. I was thrilled

last week as they took us all upstairs, to look at the work they have done and asked what we thought of it". People told us the service was good for example, one person said, "They seem to be doing well I can't suggest any real improvements apart from to continue what they are already doing". Another added, "I can't say it is like home but it is the nearest thing to it so it will do for me". Whilst another said, "I like it so much that I really want to stay here for the rest of my life. I have a lovely room and I have so many clothes they have given me an extra wardrobe and drawers. It is good to get the chance to wear all my nice clothes as I had not done this for ages before I came here". During the inspection, we saw people were happy to approach the registered manager and ask questions. Staff appeared relaxed whilst carrying out their duties. Staff told us they were happy with how the service was managed and spoke about how supportive the manager was. One staff member said, "The registered manager and the nurses are really supportive, they will listen to you and try to resolve any issues you might have". Whilst another said, "I would recommend this service to people, there have been many improvements such as with staffing and the environment and the care here is really good". This showed people, relatives and staff felt the service was good and they could seek support from the management team.

People and their relatives told us they could contribute their views about the quality of care. For example, one person told us "They do a newsletter telling us what is going on and what has happened, it's very good". Another person told us, "I think they will come and talk to us about any changes that they feel may be needed". A relative told us, "We have a questionnaire once a year but normally they will talk to you about things when you come in and also if I have anything to feedback about anything that is happening I just go and say what I think. Seems to work as they do listen." The registered manager told us they had tried to have meetings but this had not worked well and they were not well attended. They said they spent time talking with people and relatives on a one to one basis to gain their feedback about the service which had been effective. They were able to share examples of how this approach had worked to make changes to people's care plans for example. The provider told us in the PIR that quality is assessed through quality assurance questionnaires sent to people, relatives and health care professionals. We saw these had been completed and the provider had used the results to make improvements. This showed the provider had systems in place to check the quality of service people received.