

P & C Residential Services Limited

Westwinds Residential Home

Inspection report

North Side
Harrington
Workington
Cumbria
CA14 5QW
Tel: 01946 830232
Website: westwindsresidential@yahoo.co.uk

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2014
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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?	Outstanding	
Is the service well-led?	Good	

Overall summary

This was an unannounced inspection with two visits to the service on 20th and 28th of November 2014.

Westwinds is a fourteen place home for older adults, some of whom may be living with varying degrees of dementia.

Westwinds is situated in a residential area of Harrington and is near to the harbour and the railways station. It is near to all the local amenities of the village. The building is two houses that have been converted and adapted to

provide single accommodation. Four bedrooms have ensuite facilities. There are four areas used for sitting and dining. Outside there is a small garden to the rear of the property. Parking is on the street.

The home has a registered manager who has been in post for a number of years. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

Summary of findings

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.

We looked at arrangements in place for preventing and managing any potential harm or abuse to people who lived in the service. We saw that people in the home were carefully monitored but given the opportunities to stay as independent as possible. The staff were appropriately trained in matters of safeguarding.

New staff had no contact with people in the service until all background checks were completed. Once in post staff were suitably trained and developed. The company had appropriate policies and procedures in place to manage performance in the staff team. We judged that there were enough suitably trained staff on duty at all times to ensure people were kept safe and well.

Medicines were managed correctly and staff given suitable training.

We checked on the food provided and we saw that people were given a choice of the meals, snacks and drinks they preferred and which would keep them as well as possible.

Staff in the home understood their responsibilities under the Mental Capacity Act 2005 and the Mental Health Act 1983. No one in the home was being deprived of their liberty. We saw from observation, talking with people and reading notes that people were asked for their consent in all aspects of their lives.

The people who lived in the home and their visitors were very positive about how caring the staff team were.

Several people said that the manager was a very caring person who involved the family in the life of the home. People told us that the staff understood all their preferences and needs. People's values and beliefs were part of their care plan. We saw that staff understood preferences and made sure that people got all their needs met as well as possible.

We saw that staff were skilled in providing good end of life care with the support of the GP and the community nurses.

Each person had an individualised care plan that included all aspects of their lives. These were based on detailed assessments and detailed life stories.

People told us about the activities, entertainments and outings available. We learned that there were a wide range of varied and interesting activities on offer. The home had extensive networks with the local community.

No one had any complaints on the day but the service had suitable procedures in place to manage complaints.

We had evidence to show that the owners and the registered manager had a philosophy of care that put the individual at the centre of the service. People we spoke to were happy with the leadership and told us that the management were open and responsive.

We saw evidence of a detailed quality monitoring system that fed into planning for the future of the home. People in the home, their visitors and the staff told us they felt their opinions were valued and changes made appropriately. People in the home were involved in recruitment and selection of new staff and could influence the way the home was managed.

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 because there were good arrangements in place to prevent and recognise any actual or potential harm to people in the service.

There were enough suitably vetted, trained and developed staff to keep people as safe as possible.

Medicines were managed well in the service.

Good



Is the service effective?

The service was effective because there were enough staff on duty at all times. Staff were appropriately recruited, trained, supervised and developed so that they understood how to care for vulnerable older people.

No one in this service was being deprived of their liberty but the staff and management understood their responsibilities under the Mental Capacity Act 2005.

People were consulted and consent gained for every interaction.

There were good arrangements in place so that people received the right kind of nourishing food and drink.

Good



Is the service caring?

The service was caring because the manager had developed the ethos of good care in the home. Staff understood the need for personalised care and they knew each of the people in the home very well. Individualised preferences were catered for in all aspects of the delivery of care and services.

We had evidence to show that the staff were skilled and sensitive when providing end of life care.

Good



Is the service responsive?

The service was responsive because the manager promoted a person centred approach to care. The assessments, care plans and risk management plans were all detailed and up to date.

People in the home told us they went out to shop and attend community activities. The home had entertainment and parties. The local churches visited the home. One person had a job in the community.

No one had any concerns about the care and services provided.

Outstanding



Is the service well-led?

The service was well-led because there was a suitably trained and experienced manager in place and the owners were frequent visitors to the home.

There was a detailed and effective quality monitoring system in place and we had evidence to show that people in the home could influence how the home operated.

Good



Westwinds Residential 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 checked 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 20th and 28th of November and was unannounced.

On the first day of the inspection the lead adult social care inspector was accompanied by 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. The expert by experience on this visit had personal experience of older people and people living with dementia.

Prior to the inspection we gathered and reviewed information by talking to the local authority and health care professionals. We spoke with three social work managers and two health care commissioners. No one we spoke to had any concerns about this service. The feedback we received was extremely positive and we were told that the manager and her team worked well with other professionals.

On the first day of the inspection the expert-by-experience spent the day talking to people who used the service, their relatives and friends or other visitors. They also spoke informally to the three care staff on duty on the first day. Both the inspector and the expert-by-experience observed the delivery of care and services in the home. The inspector also spoke with all of the 14 people in the home including one person who was unwell on the day. Three relatives were spoken to over the two days.

The inspector reviewed all 14 care records in the home. This included the full care files and daily records. On the second day the inspector also looked at the file for a previous resident of the home and checked on money kept on behalf of people in the service.

The inspector also looked at records relating to the management of medicines, quality assurance documents, policies and procedure and the records relating to infection control and fire and food safety. Copies of the previous four weeks worth of rostered hours were given to the inspector. A training matrix, a training plan and a business plan were also given to the inspector.

The inspector interviewed six members of the staff team over the two days. Four staff files were also looked over the two days. These files included documents related to recruitment, training and development. On the second day the inspector met with the registered manager and the nominated individual for the company. This person was one of the owners of the company.

Is the service safe?

Our findings

We made a judgement about how safe Westwinds was by talking to people who lived in the home and the staff on duty. We also met with three relatives and other visitors. Prior to our inspection we spoke to social workers and healthcare professionals. On the day of our visit both the expert by experience and the inspector observed the way people were cared for. The inspector read a range of documents that provided evidence of how safe the service was.

We asked the three care staff on duty on the first day of our visits about their understanding of safeguarding vulnerable adults. On this day there were two senior care staff on duty and another care assistant who had not been with the service for a year. All of these staff were able to discuss what was harmful or abusive and understood how to protect people. We also spoke to the cook and the head of housekeeping and they too understood what was abusive.

The senior care staff were able to talk about how they would make a safeguarding referral. All staff were confident about talking to the registered manager and to the providers. Every member of staff we spoke to also said that they would go to external professionals if they felt safeguarding was not being dealt with properly by the organisation. Staff confirmed that they had safeguarding training and the opportunity to talk about safeguarding issues in a safe way during staff meetings and in supervision sessions. We had evidence from rosters, talking to staff and from people in the service to show that there were enough skilled and suitable staff on duty at all times to keep people safe.

We spoke to the manager and to one of the owners of the home and they were fully aware of safeguarding matters. We had evidence to show that this organisation took safeguarding seriously and suitable arrangements were in place.

We looked at how recruitment was managed by the service. We looked at three staff files and saw that all new members of staff were thoroughly vetted before they

started to work with vulnerable people. We also noted in the files that this organisation had good policies and procedures that would help with any performance management issues with the staff team. We had evidence to show that there had been no issues around staff disciplinary or internal matters relating to abuse.

On the day of our visit we looked at the medicines management in the home. We saw that the ordering, storage, administration and disposal of medication was managed correctly. Two staff were always involved in anything to do with medicines. We had evidence to show that the manager had dealt with a problem around medicine supplies in a very proactive way.

We spoke to people in the home about their medicines, how safe they felt and how they would make any concerns known. People in the home were more than satisfied with the arrangements for keeping them safe and several people said "I feel very safe here and well looked after." We also spoke to relatives and one person said to us "It has been a great weight off my shoulders because I know how well looked after my relative is and I have no fears for their safety".

People in the home told our expert-by-experience that they felt safe and well cared for. Comments included:

"I feel safe and well looked after", "The girls would not let anything bad happen to you", and "The staff kept an eye on your medication and if anything is wrong they call in your GP".

We also saw that, for example, the providers had an extremely efficient system for managing infection control. This included individual sealed disposal units, hand washing facilities for staff in each bedroom and a very effective system of laundering clothing.

We looked at records kept in the home and records that the Care Quality Commission hold about admissions to hospital's, accidents and other incidents. We had evidence to show that this service had fewer accidents and incidents than similar services.

Is the service effective?

Our findings

We asked for, and received, copies of the last four weeks staff rosters for the home. We could see that by day and night there were a minimum of two care staff on at all times. At times there were three staff delivering care. We learned from people in the home that the manager was also very "hands-on". Each day there were also staff on duty who delivered housekeeping and catering services.

Staff told us that there was always enough of them to not just deliver care but to spend time with people as individuals. We observed very skilled staff who could help people to move and who understood individual needs. People who lived in the home were confident that staff were suitably trained. We asked staff about their training and they told us about the mandatory training they received on things like moving and handling, safeguarding, person centred care and infection control. They also told us that they received training on issues that affected individual service users. For example they would receive training on Parkinson's disease if they admitted someone who suffered from this. When we spoke to staff we could see that they were knowledgeable and had the right levels of skills to care for the people in the home. We saw a record of training completed and a training plan for the coming year and we judged that these were comprehensive.

The inspector and the expert-by-experience asked people about staff. We were given very positive responses to the questions we asked and people told us that the staff "know their jobs" and were capable of taking care of them in an effective and caring way. One resident told us that the care home had a good relationship with their GP and this gave them confidence that everything was being taken care of.

We looked at four staff files and we spoke to staff on duty. This gave us evidence to show that staff had regular supervision sessions with the manager. Staff said that they could "talk to her about anything". Staff also said to us that the manager worked alongside them to check on their competence. Staff received regular appraisals and were encouraged to develop. Staff spoke enthusiastically about their training and qualifications. We observed senior carers working with less experienced colleagues to ensure that people received care and services in an appropriate way.

In service user files we saw references to good practice. For example there were guidance notes about different

disorders, good manual handling assessments and plans. The staff spoke confidently about the person centred approach. We saw that in practice staff treated each person individually and followed the guidance in the care plan.

All the people in Westwinds were very complimentary about the food supplied by the home and this was borne out by the enthusiasm with which lunch was received. One person told us that, "The only trouble with the food is it's so good you eat too much and put on weight." We saw breakfast and lunch on the first day and these meals were well presented. We heard people asking for alternatives and staff understood their food preferences. People were given plenty of fluids by staff. We saw that where there were issues with nutrition the staff recorded food and fluid intake.

The inspector looked at nutritional planning in the home and found evidence to show that people who came to the home somewhat undernourished soon gained weight. People were weighed on a regular basis and where there were concerns the community nurses give the staff support. We noted that this home did not rely on nutritional supplements but instead gave people a fortified diet that met their preferences and needs. The staff gave people nutritional snacks between meals. One person preferred eating in this way and we saw that their intake was improved by giving snacks like nuts and fortified drinks. We went into the kitchen and saw that there were good supplies of locally sourced, nutritional foods.

On the second day of our inspection visit we asked the manager about any person who she considered had their liberty restricted by being in the home. She said that there were on going assessments and that no one currently in the home needed to be considered for a Deprivation of Liberty referral. She was fully aware of her responsibilities under the Mental Capacity Act 2005. We also spoke to staff who understood their responsibilities and could talk about working in people's best interest.

On both days we had evidence to show that people could leave the home freely. We heard from people in the home and from staff that the manager and her team made judgements about risk but also supported people to be as independent as possible. The staff said that they would never impose any kind of restraint on any person in the home. There was no one in the home during our visit who

Is the service effective?

needed to be supported because they displayed any behaviour that could challenge the service. We did see evidence to show that staff were trained and competent in managing these kind of difficulties were they to arise.

We had examples of staff weighing up risk and rights. We saw that staff would advise people but that the people who lived in Westwinds were able to make their own decisions about both the small and large things in their lives. We had

a good example of this in one file where we saw that the manager had asked for advice from the local authority, had made changes to a person's care plan but were supporting this person to make their own decision. We noted that this was being carefully monitored to keep the person as safe as possible. We had evidence from observation, records and discussions to show that consent was always sought before any interactions.

Is the service caring?

Our findings

The inspector and the expert by experience met all 14 people who lived at Westwinds. People were extremely positive about the approach and attitude of staff. They told the expert by experience that the staff were both kind and compassionate and treated them with respect. "If you feel a bit off colour they are there for you". "The girls know what you like and get it for you" and "They are really friendly and treat you as one of the family."

Family members and people in the home told us that the manager was "so very caring" about the whole family as well as the individual. One visitor told us that the staff "take the lead from that lass...you couldn't meet a more caring person". A number of people told us that it was just like visiting their relative "in their own home".

We observed sensitive, compassionate and kind interactions between people in the home and all of the staff team. We also saw that the staff encouraged people in the home to be caring about each other. It was obvious that staff knew individuals and their partners, families and friends. We met a family who told us that not only did they visit but they went out on activities with people in the home. They said that they always were made very welcome and were given refreshments. We learned that relatives could eat with people in the home and were always invited to parties and entertainments. Visitors told us that they also felt part of "the Westwinds family".

We saw the staff knew individual preferences. We saw examples of individualised care and treatment. The staff were careful about helping people to have the small things that they preferred. This included the types of food people enjoyed, the way they like their tea and coffee, what they wanted in the bath water and how they liked to dress. We also noted that although the staff monitored everyone in the home they also allowed people to spend time in their rooms and in one part of the lounge where they did not constantly watch over people. We judged that this showed that risk assessment had been done correctly and that people were given privacy in their rooms and in shared areas.

We also observed interactions and spoke to people who could tell us that the staff understood what was important to them culturally. People were supported and encouraged to maintain their spiritual values, cultural interests and involvement in the community.

People told us that they were asked about their needs and preferences and that what they wanted was then written into their care plans. People told the inspector that they very rarely read their own plans because they knew that the staff were following their wishes. People told us that there were no rules or regulations but that sometimes staff would have to give them support to keep them safe and well. We were told that staff always explained why things had to happen in a particular way.

People in the home told us that the manager held regular residents' meetings and they said that they were able to speak up and voice their opinions. We learned that these were well attended and were very lively meetings. We saw that people were encouraged to be as assertive as possible. We saw minutes of these meetings and the changes made to menus, activities and other arrangements that had come about after these meetings.

Staff were proud that people could voice their opinions about the running of the home, local and national events and could retain their individuality despite frailty that ageing might bring. The manager told us that they could arrange for an advocate to support individuals and that they also had a lot of family involvement which was often the preferred choice of people in the home.

There was one person unwell on the day of our visit and we saw that this person's care reflected the stage of life they were at. There were little touches in this person's room that showed that the staff continued to give individualised care to the person they knew very well. This person's care plan showed that arrangements for end of life care were planned and that staff were following these through. The GP and the local community nurses were fully involved as well the person's family.



Is the service responsive?

Our findings

During our site visits over two days we saw a number of policies and procedures, we checked on service users files and on staff files. We also observed and spoke to people who used the service and their visitors. In all of these interactions and observations we had evidence to show that this service approached care in a person centred way. This meant that the care of the individual was prominent in all aspects of the service. As one member of staff told us "the home runs for the benefit of the people who live here". People's individual needs and preferences were the most important aspect of everything that happened in the house.

Each person had their needs and preferences assessed before they came to the home. People were given the opportunity to visit the service and decide if it was the right place for them. Families told us that when they first came to visit they were impressed with how open the manager was. We saw evidence in the 14 care plans we read that showed that a thorough assessment was made. This included health needs, psychological and social needs as well as the support needed to help people with their personal care. One of the things that the service did very well was help people to write their own life story plan. We read all of these and saw that these gave a full and rounded picture of the person both past and present. We noted that there were also risk assessments for things like moving and handling and infection control in each person's file.

The care files also contained descriptions of people's strengths as well as their needs. These one-page profiles showed what the person was like, what they needed support with and how they were valued by other people. These were very positive and affirmative documents that really gave a good picture of the essence of each person. When staff spoke about individuals they focussed on strengths. We judged that this showed a truly person centred approach.

We judged that each care plan was of a very high standard. Care plans give details of every aspect of a person's life. They explained what they wanted to eat, where they want to eat their meals and any support they needed. The plans gave extremely detailed guidance for the delivery of

personal care. The plans included preferences for how a person like to dress, whether they wanted to have support to apply make up, what jewellery they wore and how they wanted their support to be delivered.

The care plans also gave very detailed guidance and instruction for staff in relation to health care needs. We learned from staff and from speaking to health care professionals that health care was given appropriately. People told us that they were supported and accompanied to health care appointments and that the GP and community nurses were regular visitors. Medicines and treatment plans were appropriate and kept under review. We met a healthcare professional on the day who told us that they had "an excellent working relationship with the team". We saw in the diary and in the daily notes that the staff made sure that people had the right kind of health prevention treatment. We saw notes reminding staff to ask community nurses about things like blood pressure checks and flu injections.

The care files also gave details of people's hobbies, interests and past experiences. When we spoke to people we learned that people were supported in a sensitive way. Where people no longer had the ability to follow previous interests the staff team found ways to help people. We met one person who had always been very house proud and who had worked in a laundry. This person was helped to still feel important because the staff included them in some of the routine chores of the home. This person told us that it made them feel that they were still useful.

We also met a number of people who had always been very involved in the community and were very sociable and outgoing. They told us that the regular entertainment and parties were very important to them. A lot of people spoke about the regular tea dances they attended. They enjoyed these because they met other people and even when they no longer danced they enjoyed the trip out. We also learnt that people went out to shop, to meals out and a local activities. One person in the home still had a job in the local community and staff supported them to continue with this. Other people simply enjoyed going out in the area. People told us they went out for walks in Harrington and one person said that they could go to local pubs and clubs. We met people who knew what was happening locally and still



Is the service responsive?

felt part of their community. For some people the connections with local churches were very important and there were regular services and visits from ministers and priests.

We asked people who lived in the home about their levels of satisfaction and everyone said they were very satisfied. We asked people about how they would deal with a concern or a complaint. We were told that no one had any concerns and we did not meet anyone who had ever had a

major complaint. One person told us that they did enjoy complaining about small things but that "really there is absolutely nothing to complain about." We looked at the recording around complaints and concerns and we found that there had been no formal complaints received for a number of years. We saw in daily notes that minor things were dealt with promptly. We did however see letters and cards where people expressed their gratitude and satisfaction with the care and support people had received.

Is the service well-led?

Our findings

This home was owned by P & C Residential Services Ltd. In effect it was owned and operated by two people who also owned and operated another home in the area. We met with one of the directors of the company on the second day of our inspection. We had evidence that both of these people were very involved with the operation of the two homes.

Staff and residents knew both of them by their first names and said that they were often in the home. The staff said that they felt that the owners gave the manager a lot of support and also a lot of freedom to manage the home in the way that was best suited to people who live there. People who lived in the home said that they would be able to approach the owners if necessary. Visitors also said they knew who owned the home and how to get in touch with them.

The registered manager had worked for the providers for a number of years and she said that they worked well together because they have the same vision and values. Staff, people in the home and visitors all knew the manager by her first name and felt that she was very much in charge of what happened in the house. People were very confident and appreciative of her management style. We spoke to local social workers and visiting health care professionals who spoke highly of her leadership and how she worked with other professionals.

We could see from the policies and procedures and from talking to staff that the providers and their registered manager were very clear about the expected approach to care. Everyone who made up the staff team and the management spoke about the ethos of the home in the same way. We had a lot of evidence to show that the person centred approach that was referred to as "the residents come first" was very much part of Westwinds.

This was backed up by things like the detailed statement of purpose, the service user guide and detailed policies and procedures. The organisation also had a quality monitoring system that they had devised for themselves. One of the owners told us that they had done this because none of the 'off-the-shelf' systems really met their needs. We looked at the quality monitoring in the home and found that it covered all aspects of the operation.

The home sent regular questionnaires to people in the home and to other people involved in the service. We saw that there were regular residents' meetings and that people in the home were involved in interviewing new staff. We saw an example of a suggestion made by a person in the home that led to three bedrooms having French doors installed that led out into the garden. These things all showed us that the opinions of people in the home were part of the quality improvement planning.

We saw that care planning was regularly audited by the registered manager and that all aspects of care delivery were recorded and noted appropriately. We also saw that the providers monitored the care delivery when they came to the service.

The manager said that the providers visited at least twice a week and that she also visited their other home. She said that they were in "constant touch" but that she was trusted and respected as the manager of West Winds.

We saw evidence to show that training and development was under constant review and that it met the needs of the staff team.

The registered manager demonstrated that systems were in place to ensure that fire and food safety, infection control, laundry and general good housekeeping were monitored on a regular basis.

We noted that the providers had an on going maintenance and improvement plan. The home was well decorated and well maintained. We had evidence to show that the providers were happy to use their resources to give the best quality services.

The providers told us that they believed in investing in the organisation. They provided us with a business and financial plan and talked about their plans for the future of both of their homes. We could see, for example, that furniture and equipment was of a very high standard and that replacements to these were bought when necessary.

We judged that all these things meant that this home was well led and managed for the benefit of people who lived there.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.