Care Quality Commission

Westgrove House Care Limited

Westgrove House Care Home

Inspection report

Westgrove House Care Home
42 Warwick New Road
Leamington Spa
CV32 6AA
Tel: 01926 832826

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Ratings

Overall rating for this service	**Good**
Is the service safe?	**Good**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

This inspection took place on 5 March 2015 and 9 March and was unannounced.

Westgrove House is a three storey residential home which provides care to older people including people who are living with dementia. Westgrove House is registered to provide care for 21people. At the time of our inspection there were 18 people living at Westgrove House.

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 and associated Regulations about how the service is run.

People told us they felt safe living at Westgrove House and staff knew how to keep people safe from the risk of abuse.

Summary of findings

People said staff were respectful and kind towards them and we saw staff were caring to people throughout our visit. Staff protected people's privacy and dignity when they provided care to people and staff asked people for their consent before any care was given.

Care plans contained accurate and relevant information for staff to help them provide the individual care and treatment people required. We saw examples of care records that reflected people's wishes. We found people received care and support from staff who had the knowledge and experience to care for people as they wished.

People told us they received their medicines when required. Staff were trained to administer medicines and had been assessed as competent which meant people received their medicines from suitably trained, qualified and experienced staff.

Systems and processes were in place to recruit staff that were suitable to work in the service. Staff demonstrated a good awareness of the importance of keeping people safe. The registered manager and staff understood their responsibilities for reporting any concerns regarding potential risks of abuse.

The manager and staff had little understanding of how the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) affected the service people received. Staff understood they needed to respect people's choices and decisions and where people had capacity, staff followed people's wishes. Where people did not have capacity to make certain decisions, we found assessments of people's individual capacity and records of best interests decisions had not been completed. This made it difficult to establish whether people had consented to, and received care and treatment which was in their best interest.

DoLS are safeguards used to protect people where their freedom or liberties are restricted. We found examples where people's freedom was restricted but there were no applications made to the authorising body that showed these restrictions were authorised and least restrictive.

Regular checks were completed by the registered manager and provider to identify and improve the quality of service people received. These checks and audits helped ensure actions had been taken that led to improvements. People told us they were pleased with the service they received. If anyone had concerns, these were listened to and responded to in a timely way.

You can see what action we told the provider to take at the back of the full version of the report.

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 received care from suitably qualified staff and staffing levels were determined according to people's needs. Where people's needs had been assessed and where risks had been identified, risk assessments advised staff how to manage these safely. Staff were aware of safeguarding procedures and knew what action to take if they suspected abuse. People received their medicines from staff at the required times.

Good

Is the service effective?
The service was not consistently effective.

People and relatives were involved in making some decisions about their care and people received support from staff who were competent and trained to meet their needs. Where people did not have capacity to make decisions, support was sought from family members where possible, however the provider had not assessed people's capacity and had not demonstrated decisions were made in line with legal requirements. People were offered choices of meals and drinks that met their dietary needs. There were systems that made sure people received timely support from appropriate health care professionals.

Requires Improvement

Is the service caring?
The service was caring.

People were treated as individuals and were supported with kindness, respect and dignity. Staff were patient, understanding and attentive to people's individual needs. Staff had a good understanding of people's preferences and how they wanted to spend their time.

Good

Is the service responsive?
The service was responsive.

People's relatives were involved in care planning reviews which helped make sure the support people received met their needs. Staff had up to date information which helped them to respond to people's individual needs and abilities. There was an effective system in place that responded to people's concerns and complaints.

Good

Is the service well-led?
The service was well led.

Good

Summary of findings

People and staff were complimentary and supportive of the management team. There were thorough and effective processes in place such as regular checks, meetings and quality audits that identified improvements. Where improvements had been identified we saw evidence that actions had been taken.

Westgrove House Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 5 March 2015 and 9 March 2015 and was unannounced and consisted of one inspector.

The provider had not been sent a Provider Information Return (PIR) prior to this inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed the information we held about the service. We looked at information received from relatives and other agencies involved in people's care. We also looked at the statutory notifications the manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We also spoke with the local authority who did not provide us with any information that we were not already of it.

To help us understand people's experiences of the service we spent time during the visit observing people who spent time in the communal lounge and dining areas. This was to see how people spent their time, how staff involved people and how staff provided care and support to people when required.

Most people who lived at the home had limited communication so we were only able to speak with two people to get their experiences of what it was like living at Westgrove House. We spoke with four visiting relatives, five care staff (these are defined in the report as staff). We spoke with the registered manager and one of the owners of the home. We looked at three people's care records and other records including quality assurance checks, medicines, complaints and incident and accident records.

Good

Is the service safe?

Our findings

People and relatives of people who used the service told us they felt safe living at Westgrove House. One person explained to us that they felt safe and protected at the home. They said they could lock their own door if they wanted, but they chose to leave it open because, “I don’t feel a need to lock it.” Relatives we spoke with said they felt their family members were safe. One relative said, “No money or possessions are missing, it’s all safe here."

We asked staff how people at the home remained safe and protected from abuse. All the staff we spoke with had a good understanding of abuse and how to keep people safe. Staff completed training in safeguarding people and knew what action they would take if they had concerns about people. For example, one staff member told us, “I would tell social services, the owner and report it to the manager.” We spoke with the registered manager who was able to tell us how and when referrals should be made and the actions they would take to keep people safe and protected from harm.

All of the people and relatives we spoke with told us they felt there were enough available staff to meet people’s needs. People told us if they needed assistance they did not wait long for help. One relative told us, “There is enough [staff]. There is always plenty, they seem to allocate well.” Another relative we spoke with praised the staff. This relative said, “They know my [person] and they know what my [person] needs. They [staff] always help.”

All care staff spoken with said they felt staffing levels met people’s needs. One staff member told us they had time to sit and talk with people, as well as supporting people to eat and drink throughout the day. They also told us they had time to shower or bath people whenever they wanted. Another staff member said, “We are a good team, everyone mucks in.” This comment was supported by other staff we spoke with. Our observations on the day showed staff were busy, yet staff supported people and cared for people at the pace they required.

The registered manager explained how staffing levels were organised and deployed within the home. They told us they knew people’s care needs and the capabilities of staff. The registered manager told us they had flexibility to increase staffing levels at certain times, such as supporting people and families during end of life care. The registered manager told us the home provided care to people who did not have high dependency needs so the current staffing requirements were able to meet people’s needs.

The registered manager told us they were not reliant on agency staff because they had recruited to all vacancies and had their own bank staff. They told us they were also on call and operated a 24 hour emergency call out should additional staff be required at short notice. The registered manager and staff told us they were able to cover any unplanned absences at short notice, to ensure the staffing numbers did not fall below expectation.

Assessments and care plans identified where people were potentially at risk and actions were identified to manage or reduce potential risks. Staff spoken with understood the risks associated with people’s individual care needs, for example moving and handling, risk of falling and pressure care management. However, we saw one example where a person had behaviours which required staff to be more attentive to their needs to keep this person and others safe. Staff told us they recognised certain moods or signs that suggested this person was becoming agitated, but there was no written assessment that informed staff of potential triggers. This information would help staff diffuse potential situations which may place this persons’ and other’s safety at risk. When we returned to the service on 9 March 2015 the registered manager had updated the care plan and informed staff of the information they needed to keep people safe from harm.

Records showed incidents and accidents had been recorded and where appropriate, people received the support they needed. The registered manager told us they analysed these incidents for any emerging patterns and they reviewed them on a monthly basis to ensure appropriate measures had been taken to keep people safe.

People told us they received their medicines when required. We looked at five medicine administration records (MAR) and found each medicine had been administered and signed for at the appropriate time. Staff told us a photograph of the person kept with their MAR reduced the possibility of giving medication to the wrong person and any known allergies were recorded which staff checked before new medicines were prescribed. Staff who administered medicines to people completed medication training which meant their knowledge was kept up to date

Good

Is the service safe?

to make sure they administered medicines in a safe way. The MARs was checked regularly by the registered manager to make sure people continued to receive their medicines as prescribed.

All staff spoken with told us the provider had undertaken employment checks before they started work at the home, for example, references and security checks, to make sure staff were suitable to provide care to people.

Requires Improvement

Is the service effective?

Our findings

All of the relatives we spoke with told us they were involved in making care decisions as their family members were unable to. One relative said, "[Person] can't make decisions so I am involved." Another relative said, "It was our decision to move [person], we make those decisions." We saw records that showed family members had agreed when changes in the delivery of care were required. However, these records did not show whether the people making those decisions had legal power to do so. The registered manager told us they did not have records to show if people had any legal representatives who were able to make decisions in people's best interests.

The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) set out the requirements that ensure where appropriate, decisions are made in people's best interests when they are unable to do so for themselves. We found staff had not received training on MCA or DoLS, although the registered manager told us this had been planned for April 2015. We saw staff asked people for verbal consent before supporting them with any care tasks. We also saw staff promoted people to make decisions, such as choices in food or drinks and being involved in activities. This demonstrated staff respected people's rights to make their own decisions where possible.

The registered manager had some understanding of the principles of the MCA and DoLS but they had not been put into practice. The registered manager told us all 17 people living at Westgrove House did not have capacity to make decisions for themselves. We found some decisions had been made for people without an assessment of their mental capacity being carried out. Decisions were recorded as being in the person's 'best interests' but a mental capacity assessment had not been carried out on the person to determine whether the person could make their own decision. We also found a lack of records that supported how the decisions were reached and who had been present when decisions had been made. For example, the registered manager told us a person had been moved downstairs so staff were able to observe this person to ensure their care needs were met. This person was moved into a shared room with the agreement of one family unit. However, the other person in the shared room lacked capacity and did not have any family members or advocates appointed to make decisions in their best interest. The registered manager and staff we spoke with had not completed any capacity assessments for people living at the home and were not clear who had capacity to make certain decisions for themselves.

Bedrails were in use for five people because they were at risk of falling. One person's records showed these had been in place since 2013. Although a risk assessment was in place and regularly reviewed, we could not establish whether this continued to be the least restrictive way of keeping the person safe. We were told the person did not have capacity and no DoLS referral had been made to assess if this restriction was in the person's best interests to keep them safe. The lack of consideration with regard to the MCA meant the provider was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us the service they received was good and they received care and support from staff when needed. One person told us, "The staff are very good here" and, "I don't wait long for help." Relatives told us they felt staff were knowledge about their family members' care needs and had the skills and abilities to care for them in a way that met people's individual needs. One relative told us how impressed they were when staff noticed their relatives had reddening of the skin. They told us, "The staff quickly noticed it, they were on top of it, they dressed it and I have been here when they have called the GP." Other relatives told us they felt staff were trained to meet the needs of the people they supported. One relative told us they had watched two care staff transfer someone from a wheelchair to a chair. They told us, "It seemed easy, people did not seem worried." Another relative commented about the training. They said, "They do lots of training, they seem up on that."

Staff told us they completed an induction and received training to support them in ensuring people's health and safety needs were met. This included essential training such as moving and handling, health and safety and infection control. One staff member we spoke with told us they shadowed experienced staff as part of their induction before they provided care on their own to people. Staff told us they felt they had received the necessary training to be able to support people effectively, we saw staff put this training into practice. For example, staff moved people safely and understood how to use equipment which suited people's individual needs.

Requires Improvement

Is the service effective?

Staff said they were supported to work towards additional qualifications. Some staff told us they were completing a National Vocational Qualification level two and were supported to complete level three if they wanted. The manager had an effective system in place that ensured any training updates were provided to staff that made sure their skills and knowledge continued to be updated. Where training had not yet been undertaken, training had been booked for staff to attend. Staff told us they had supervision meetings which gave them an opportunity to discuss any concerns or training opportunities they required. One staff member told us, "I get appraisals all the time. The manager gives me feedback which is positive and families have given kind comments."

People told us they enjoyed the food and we saw they were offered a variety of drinks and meals during our visit. Comments people made were, "I like Sunday roast and we get it. I have a cooked meal in the evening and I have what I like", and, "Plenty to eat and drink and two choices."

Staff told us if people did not want any choices on the menu, alternatives would be provided. The cook told us they prepared two choices per day and offered other choices if people wanted something that was not on the menu. The cook told us there was a system in place that identified who required foods in a way that supported their health needs, such as diabetic or soft food diets.

People who had risks associated with eating and drinking, had their food and drink monitored to ensure they had sufficient to eat and drink. Where risks had been identified, care plans were in place to minimise the risk and provide guidance to staff. Staff completed food and fluid charts for people who were at risk and people were weighed regularly to make sure their health and wellbeing was supported. Staff told us they knew people's individual requirements and made sure people received their food, drink and support in a way that continued to meet their needs. One staff member said, "[Person] has everything blended, if they didn't they would choke".

People who had difficulties with eating, drinking or swallowing had been reviewed by the dietician and Speech and Language Therapist (SALT). Some people had soft food to help reduce any potential risks to their health. Records showed people received care and treatment from other health care professionals such as their GP, occupational therapists, district nurses and opticians. Staff understood how to manage people's specific healthcare needs and knew when to seek professional advice and support so people's health and welfare was maintained. Relatives confirmed health professionals' advice had been sought at the earliest opportunities and advice given had been followed.

Good

Is the service caring?

Our findings

People and relatives we spoke with were happy and satisfied with the care and support they received from staff. One relative said, "The most important thing is we can wander up and see [person] in their room, because it's [person's] room. One person said, "It's quite pleasant, The staff are very good." A relative told us, "The care is superb. I would recommend them. They [staff] do care and they know how to manage." The registered manager told us they received really good feedback from relatives. They also said, "If staff aren't caring they should work elsewhere."

People told us they received care from staff who knew and understood their personal history, likes, dislikes and how they wanted to be cared for. Staff gave people choices about how and where they spent their time, for example where they wanted to sit, what they wanted to do and how their rooms were personalised and furnished. One person told us they spent some days dressing up, such as for special occasions and they told us they enjoyed this and looked forward to it. One relative told us they visited their family member every day. They said, "They [staff] know when I'm coming and they always have [person] ready. [Person] is always clean and well dressed. A lot of thought goes into that."

We spent time in the communal areas observing the interaction between people and the staff who provided care and support ,the atmosphere in the home felt calm and relaxed. Staff were friendly and respectful and people appeared relaxed in the company of staff. Staff supported people at their preferred pace and helped people who had limited mobility to move around the home. We saw staff were caring and compassionate towards people. Staff engaged them in conversations and addressed people by their preferred names.

We saw staff had a good understanding of people's individual communication needs. Staff interacted positively with people and understood people's communication methods. For example, staff looked for nonverbal cues or signs in how people communicated their mood, feelings, or choices. Some of the signs people expressed showed they may be in pain or were agitated. Staff told us they understood what to look out for. For example, a staff member told us about a person whose behaviours could put them or others at risk. They told us how they recognised signs, provided comfort and made sure other staff were present to help diffuse any potential situations. Relatives told us staff knew when their family members were not well and had taken action. One relative told us, "They know when [person] is not well as [person] complains. All staff get involved. They sit and spend time with them, talking to [person]."

We saw relatives, staff and people who lived at the home had a friendly relationship with each other. Relatives spoke with people other than their family members whichpeople seemed to enjoy, as they were relaxed and laughed with others. All of the relatives spoke highly of the service and the quality of care provided at Westgrove House. One relative told us about the staff members who supported their family member and how this support had benefitted the family unit. This relative said, "They are so caring, I can't fault it. You have that personal communication." This relative said they knew and felt staff cared for their family member. They said, "I don't have to worry, it takes a lot of the worry off me."

Relatives told us the communication was excellent and relatives told us they were always kept informed of any changes. For example, a relative told us how they were involved when their family member was going to move to a suitable room because their levels of mobility had reduced.

Staff we spoke with had a good understanding and knowledge of the importance of respecting people's privacy and dignity and we saw staff spoke to people quietly and discreetly. When people needed personal care, staff supported people without delay. Staff took people to their rooms where possible to carry out personal care needs, so that it was carried out discreetly. Staff knocked on people's doors and waited for people to respond before they entered people's rooms. Staff spoken with told us they protected people's privacy and dignity by making sure all doors and windows were closed and people were covered up as much as possible when supported with personal care.

People told us there were no restrictions on visiting times and their relatives and friends could visit when they liked. One relative said, "I know they offered some family members a room to stay in. That's caring."

Good

Is the service responsive?

Our findings

Relatives confirmed they were involved in planning their family member's care and said staff knew how to care for them. One relative said, "They always keep us involved and the communication is very good." Records showed family involvement was sought and formed an essential part of people's care planning.

We looked at three people's care files and found care plans and assessments contained detailed information and staff we spoke with said they had the information they needed to meet people's needs. The care plans we looked at had been reviewed and updated when people's needs changed. Care plans informed staff about what people liked and how people wanted their care delivered in a way they preferred. Care records included people's likes and dislikes, life histories and preferred choices. From talking with staff we found staff had a good understanding about people's needs and how they supported them to meet their needs.

Regular reviews were completed with the involvement of family members. Staff told us when people's care needs had changed, they were made aware of these changes, either by the registered manager or at staff handover. Staff told us they received a handover at the start of each shift which helped them to respond to people's immediate needs. Staff said it was useful to know if people had any concerns or health issues since they were last on shift. Speaking with staff showed us they knew people's care needs which meant they continued to provide the care and support people required.

Staff spent time involving people with their hobbies and interests. Staff told us they had people from the local community visit the home. We were told a singer visited on a monthly basis, who also supported people to exercise with music, to help keep them as mobile as possible. We were told a local dog visited the home which people enjoyed. Relatives said there was always plenty going on for people but what they liked was staff spent time talking with people. One relative said, "I know they are good, everyone [staff and manager] is involved. They spend time sitting and talking." Another relative said, "They have themed days and parties, staff help them play bingo and they take [person] outside." We saw some people kept themselves occupied during the day. For example, we saw one person spent time knitting.

People and relatives told us they were asked for their views on the quality of the service and their views were listened to and acted upon. Relatives told us they did this by attending relative's meetings and they had also been asked to provide feedback by completing an annual quality survey. We saw concerns people had raised had been acted upon. For example, people raised concerns with the quality of the decoration in the home. We spoke with one relative who said, "I have seen it grow in the last 12 months. What's most important is the improvements are on going."

People who used the service told us they had not made any complaints about the service they received. People said if they were unhappy about anything they would let the staff know or talk to the manager. One person said, "I have not made any complaints, but if unhappy I would go to the boss." Information displayed within the home informed people and their visitors about the process for making a complaint. Relatives we spoke with told us they had no reasons to make any complaints and were satisfied with the service provided. Staff said they would refer any concerns people raised to the manager if they could not resolve it themselves.

We looked at how written complaints were managed by the service. The registered manager told us the home had received three written complaints in the past 12 months. We looked at examples of these complaints and found they had been investigated and responded to in line with the provider's own policies and procedures. There was information available in the home for people and relatives about how they could make a complaint. The registered manager told us complaints were taken seriously and they were reviewed by the provider to make sure any learning to prevent similar complaints reoccurring was taken.

Good

Is the service well-led?

Our findings

Everyone we spoke with [people and relatives] wanted to tell us about the positive culture and supporting nature of the staff and registered manager. One relative told us about a situation when their relative was worried about moving to the home. They told us they discussed this with the provider and within a short time, had met them to discuss their concerns. This relative said, “Any complaints go to the manager, I know they would be resolved.”

People and relatives were pleased with the improvements made within the home environment. One relative said, “There has been lots of improvements such as the laundry, all new flooring, radiators covered and rooms decorated. Each bedroom has its own knocker which is nice. Makes it like your own front door.” We spoke with one person who told us they liked their room now the flooring had been replaced and the room had been redecorated.

We spoke with staff and asked them what is was like to work at the home. Staff were positive about the provider and the registered manager. One staff member said, “I love it here, if my nan went into a home I would be happy if it was here.” This staff member said the owner was approachable and the registered manager was, “A great boss.” Staff gave us examples of how the quality of care people received was what people expected. One staff member said, “Everyone [staff and people] here have a heart. Staff care for people and spend time with people.”

Staff spoken with said if they had any problems or concerns, the registered manager was approachable, supportive and listened to their views. Staff told us they knew about the whistle blowing policy and had no concerns raising issues that put people at risk of harm.

There were effective systems in place to monitor the quality of the service people received. We looked at the quality assurance checks that had been completed over a period of time by the registered manager. Some of these audits identified areas for improvements, for example, care plan reviews and an analysis of when people had an accident. Action plans were followed to make sure any improvements were taken so people received their care and support in a way that continued to protect them from potential risk and improve the quality of service people received.

The registered manager told us they completed a ‘daily walk around’ which identified any potential issues, but also meant people and staff had an opportunity to talk directly with the them to discuss any issues they had. The registered manager told us they also used this opportunity to carry out observed practice on staff when they provided care, or when medicines were given to people so it gave them confidence staff continued to meet people’s needs safely and consistently.

Essential checks to keep people safe were completed, such as equipment checks and fire safety checks. We looked at some examples and where checks identified improvements, such as additional maintenance and servicing, this was carried out which ensured essential equipment remained fit for use.

People’s care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential. The registered manager understood their legal responsibility for submitting statutory notifications to the CQC, such as incidents that affected the service or people who used the service. During our inspection we did not find any incidents that had not already been notified to us by the registered manager.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent We found that the registered person had not protected people because suitable arrangements were not in place to obtain and act in accordance with people's consent to their care and treatment. The provider had not followed the requirements of the Mental Capacity Act 2005. Assessments had not been undertaken to ensure that decisions were made in people's best interests. This was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.