Leyton Healthcare (No. 12) Limited

Westwood Court

Inspection report

Well Street
Winsford
Cheshire
CW7 1HZ

Tel: 01606594786
Website: www.leytonhealthcare.co.uk

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection was unannounced and took place on the 29 April 2016.

Westwood court is a care home with nursing located in the town of Winsford, which is situated in Cheshire. The service provides nursing support and accommodation to people living with dementia, and people with mental health needs.

There was a manager in post within the service, who was registered with the CQC. 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.

People were protected from the risk of abuse. Staff had received training in safeguarding vulnerable people, and were aware of how to report their concerns. The registered provider had a whistleblowing policy in place, which staff were familiar with. Whistleblowing is where staff are able to report any concerns, either to the registered provider or to an external agency, without fear of reprisals.

People told us that they felt their finances were safe. The registered manager had a robust system in place for monitoring people's finances and ensuring that it was kept secure. Where people were supported to go shopping by staff, a record of itemised receipts was kept, which were signed by staff so there was a clear audit trail to follow up on any identified discrepancies. A detailed log of money taken out and returned was also maintained as part of this process.

There were sufficient numbers of staff on duty to meet the needs of people using the service. Rotas indicated that staffing numbers were consistent, and people told us that they did not have to wait long to be supported by staff. Staff told us that they did not feel rushed, and we observed staff spending time chatting with people.

People were supported to take their medication as prescribed. Medication review records (MAR) were signed by staff to indicate that people had taken their medication. Medicines were appropriately stored in a secure room, and those medicines that needed to be kept chilled were kept in a designated medication fridge. Room and fridge temperatures were monitored to ensure that medication remained at the correct temperature.

Staff had been supported to undertake the training they needed to enable them to carry out their role effectively. Training records indicated that staff had completed training in areas such as safe administration of medication, the Mental Capacity Act 2005, infection control and moving and handling. New staff were required to complete the care certificate as part of their induction. The care certificate outlines a national set of minimum standards for care and support staff.

People received the support they needed to protect them from the risk of malnutrition. People told us that they enjoyed the food that was available, and we saw examples of staff helping people to eat their food where they needed support. Appropriate options were available to people who required a special diet, for example pureed or diabetic options. There was a menu on display in the dining area which used photographs of the food options available, to help people who could not read to make a visual choice.

Staff treated people with dignity and respect. Staff ensured that people's doors were closed whilst they were being supported to attend to their personal care needs. Some people had also been supported to put locks on their doors to ensure that their privacy was maintained. The registered manager had ensured that there was a process in place to access their room if required, for example in the event of ill health or an emergency.

People had been able to choose the décor for their rooms, or where appropriate had been supported by their relatives to do so. One relative told us that they had been given the money to choose some wall paper and a new blind. People's rooms were clean and people told us that they were comfortable.

Care records contained personalised information about people's likes, dislikes and their preferences. Records also contained detailed and up-to-date information around their physical and mental health needs. This enabled staff to get to know people they were supporting, and offer support that was appropriate to meet their needs.

People told us that they knew how to make a complaint and would feel confident in doing so. The registered manager kept a record of complaints and compliments that had been received, which evidenced that he had responded to these in a timely manner.

People, their relatives and staff told us that they knew and liked the registered manager and felt that he was approachable. The registered manager was visible and spent time talking to people using the service to ascertain their views. The registered provider had sought feedback from people and their relatives, the results of which suggested that people were happy with the service being provided.

Quality audits were carried out by the registered manager to ensure that the quality of the service was being maintained. These focussed on areas such as care records, staff conduct and people's medicines. Action was taken to follow up on areas that required attention.

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.

There were sufficient numbers of staff in place to meet people's needs.

Staff had undertaken training in safeguarding and were aware of how to report any concerns they may have. Risk assessments were in place to guide staff how to keep people safe.

People were supported to take their medication as prescribed.

Is the service effective?

Good

The service was effective.

Staff had completed training that was needed to undertake their role. There was an induction process in place for new members of staff to help them develop the necessary skills for their role.

The registered manager had made applications to the local authority for those people who required deprivation of liberty safeguards (DoLS), in line with current legislation.

Is the service caring?

Good

The service was caring.

Staff treated people with dignity and respect during interventions, and spent time making people feel comfortable and at ease.

People's relatives were made to feel welcome when visiting the service.

People's personal information was securely stored to help ensure their confidentiality was maintained.

Is the service responsive?

Good

The service was responsive.

Care records were personalised, and provided detailed information around the support that people required.

People told us that they felt that their complaints and concerns would be listened to. A record of complaints was maintained which showed that the registered manager had responded appropriately to these.

Is the service well-led?

Good

The service was well led.

People felt that the service was well led and that the registered manager was approachable.

Quality monitoring audits were carried out by the registered manager, to help ensure that the quality of the service was maintained.

Westwood Court

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.

The inspection was unannounced and took place on the 29 April 2016.The inspection was carried out by one adult social care inspector.

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

Prior to the inspection we contacted the local authority quality monitoring and safeguarding teams who did not raise any concerns.

During the inspection we spoke with four people using the service and three people's relatives. We also spoke with seven members of staff including the registered manager and two visiting professionals who did not raise any concerns about the quality of the service.

We completed a short observational framework for inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We looked at records relating to the management of the service, including records relating to monies being kept by the registered provider of people's behalf.

Good

Is the service safe?

Our findings

People told us that they felt safe within the service. Their comments included; "This is a safe place to live" and "This place is safe. My belongings are safe here too". People's relatives also told us that they felt their relatives were safe, their comments included; "I've no doubt [name] will be cared for whilst I'm away. I'm confident it's safe here", "I feel confident at night that [name] will be safe when I go home" and "[My relative's] money is kept safe here. They go down very slowly, as you'd expect". We also spoke with two visiting professionals who were familiar with the service, who told us that they did not have any concerns.

Measures were in place to ensure that people were protected from the risk of abuse. Staff had received training in safeguarding vulnerable people, and were aware of the different types of abuse that could occur, and how to report their concerns. One member of staff commented, "Abuse could include physical, emotional or financial abuse. If I had any concerns I would report to the nurse, or go straight to the safeguarding team". The registered provider had an up-to-date safeguarding policy in place, and the registered manager also held a copy of the local authority's safeguarding policy. The registered provider had a whistleblowing policy in place which staff were aware of. Whistleblowing is a way for staff to report any concerns either inside or outside the organisation, without fear of any reprisals.

The registered provider supported some people to keep their money safe. This was kept locked in a safe in the main office. The registered manager kept a robust record of money going in, and out of the safe. Where staff supported people to go shopping, a receipt was required on their return to demonstrate how much had been spent and what it had been spent on. Staff were also required to sign the back of the receipt, so that any discrepancies could be followed up with the member of staff responsible. Any change was put back in the safe, and records updated to reflect this. We looked at records for three people whose money was being held by the service and compared this with the money being kept in the safe. We found these records to be accurate.

Recruitment processes were robust, and ensured that people were protected from harm. Applicants were required to complete an application form which outlined their qualifications and previous experience, before being invited to a formal interview. New staff were required to provide two references, one of which was from their most recent employer and were also subject to a check by the disclosure and barring service (DBS). The DBS helps employers make decisions around whether people are suitable for the role.

Rotas indicated that there were sufficient numbers of staff in place to keep people safe. People told us that they felt there were enough staff. One person commented, "There seems to be enough staff here", whilst one person's relative told us, "If I ask, the carer comes to help [name] straight away". One member of staff commented; "Yes there's enough staff here. There's some new staff and it takes time to get their experience levels up, but this doesn't compromise people's safety".

A record of accidents and incidents was maintained following an incident occurring. Accident forms outlined what had happened, along with any follow up action taken. The registered manager kept a record of all accidents that had occurred on a monthly basis, which were checked to ensure that the appropriate action

had been taken to address the issue. This also allowed the registered manager to look for trends, for example where people had fallen multiple times, and to ensure that action was taken to minimise the risk of this happening again in the future.

Checks were completed on the environment to ensure that it remained safe for people. An up-to-date legionella sample had been taken to ensure that the water supply was free from harmful bacteria. Water temperatures were monitored on a regular basis to ensure that people were not at risk of scalding themselves. Checks on equipment such as hoists and slings had been carried out to ensure they were safe. Nurse call bells were checked on a monthly basis to check that they were working. Personal emergency evacuation plans (PEEPs) were also in place, which outlined how staff should support people in an emergency.

There was a robust system in place to ensure that medication was administered safely and appropriately. People were supported to take their daily medication as prescribed. A medication administration record (MAR) was used to document when this had been administered. Staff had completed training in administering medication, and had completed refresher training around this to ensure that they were up-to-date. One of the unit managers had been proactive in ensuring that appropriate information was available to nursing staff where certain medications were known to have adverse reactions with other medications. This information was available in people's medication records.

The registered manager had adapted a pain assessment tool, so that it was suitable for use with people living with dementia who could not communicate when they required pain relief. This included a scoring system based on indicators such as physical signs, or an increase in levels of agitation. This was used to determine when it would be appropriate to give PRN ('as required') pain relief. Where PRN medication was given to people this was recorded on the MAR chart, which included the time it was given, which could be used to ensure that the next dose was not given too soon.

People's medication was stored safely in a locked room. Those medicines that needed to be kept cool were stored in a locked fridge. The temperature of the room and the fridge were monitored to ensure that medicines were stored at a suitable temperature, in line with guidelines, to ensure that the medicines remained effective.

Good

Is the service effective?

Our findings

People's relatives told us that they felt staff were good at their job and provided appropriate support to their relatives. Their comments included; "They do well with their caring role. They always try their best" and "The quality of the care is good".

Staff had been supported to complete training in a range of areas, such as moving and handling, infection control and food hygiene. They had also been supported to gain further qualifications in health and social care, including levels 1, 2, 3 and 5. Staff were also in the process of completing level two training in mental health awareness. After completing training, the in-house trainer would carry out spot checks on people's knowledge to ensure that staff had sufficiently retained the information.

New staff were required to complete a thirteen week induction, during which they shadowed existing members of staff to gain experience. They also completed training that the registered provider had determined to be mandatory, which included those areas outlined above. New staff were required to complete the care certificate, which outlines the basic knowledge and standards expected of care staff. This ensured that staff had the necessary skills and knowledge to carry out their role effectively.

Records indicated that staff received supervisions and appraisals on a regular basis. This enabled staff to discuss areas of training and development. One member of staff told us that they had been supported to move to a different unit to gain further experience in mental health as it was their ambition to train as a nurse. Supervisions also allowed the registered manager to discuss any issues around performance, to ensure that the professional standards of the service were maintained.

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 can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met, and found that they were. The registered manager had appropriately applied to the local authority for deprivation of liberty safeguards for people who required them. This information was also available within people's care records.

People were able to come and go from the service where it had been assessed as safe for them to do so, and where they had been assessed as having the mental capacity to identify the risks associated with this. The registered manager ensured that where appropriate people were provided with the key code to leave the premises. The key code was changed periodically to maintain the security of the premises. This ensured that

their freedom was not unnecessarily restricted. This demonstrated that the registered provider did not restrict people's liberties where there was no cause to do so.

Records indicated that best interests meetings had been held with other professionals such as the GP or social worker, to determine actions that were in people's best interests, where they lacked the capacity to make decisions for themselves. For example, records were available to demonstrate where people required covert medication, this had been discussed with the GP to ensure it was a suitable option. Covert medication is where medication is administered without the person's knowledge because they may be resistant to taking it. However, mental capacity assessments had not been completed to demonstrate that people's ability to make decisions had been formally assessed, as required by the MCA. We drew this to the attention of the registered manager, and following we saw evidence that this was being rectified.

Staff had completed training in the MCA and were aware of their roles and responsibilities in relation to this. One member of staff commented, "People should be given the chance to make decisions independently. Where they can't do this, that may be where a deprivation of liberty is needed". People told us that they were free to make decisions independently. One person commented; "I am able to make my own food and I do my own washing". Training in the MCA had also been made available to people's relatives in an effort to raise awareness around people's mental capacity.

People told us that they liked the food that was available. Their comments included; "The food is good" and "The food here is not bad. They make me a banana sandwich if I want one". During lunch time people were able to choose the option they preferred and, where they did not like the option they were given they were able to select something else. There was a menu on display in both dining areas within the service. Photographs of the different options were also used to help people who could not read to make a visual selection. Care records contained information around people's dietary requirements, for example if they needed a soft or diabetic option. Information on people's dietary needs was kept by kitchen staff so they knew what options to provide.

Good

Is the service caring?

Our findings

People told us that staff were kind and caring towards them. Their comments included; "It's alright here. There's nice staff and a nice manager", "This place feels like home" and "Yes this is a nice place to live. Staff are nice and respectful".

People's preferences were promoted within the service. The registered manager showed us that people had been supported to choose the décor for their own rooms, or where they had been unable to do so, family members and significant others had been invited to give their input. People's relatives told us that they had been given money to go and choose materials, which had then been used to decorate the rooms with. One person's relative told us, "We had the opportunity to pick the wall paper, curtains and blind". People had personalised their rooms by including items of interest or photographs.

Staff were respectful towards people using the service, speaking kindly to them and offering support where it was required. During meals times we observed staff interactions with people and saw examples where staff were patient, and explained things clearly to people. One member of staff spent a lot of time talking to the person they were supporting to ensure that they were at ease and relaxed. One person who was unable to leave their bed looked comfortable and well presented. The person was supported to wear clean bed clothes and had cushions placed about them to help maintain their pressure areas. This person's relative told us, "They do a good job here".

People's privacy and dignity was respected by staff. Some people had requested to have locks placed on their doors in an effort to maintain their privacy and security. In appropriate circumstances the registered manager had respected this wish, whilst ensuring that people were in agreement that during periods of sickness or ill-health staff would be able to access the bedrooms to check on them. Staff gave appropriate examples around how they would ensure people's privacy and dignity was maintained. For example covering people up during personal care interventions or ensuring that doors were closed. During our observations we saw staff ensuring people's bedroom doors were closed in an effort to maintain people's privacy.

Relatives told us that they were made to feel welcome when they visited the service. Some relatives had been given the opportunity to do jobs around the service. One relative commented, "I help out on a daily basis. It's been a bit of a life saver since [name] had to move in here". Relatives were given the option of having a meal for a small fee. One relative commented, "They don't half make a fuss of you when you visit. I have the option of having food here".

People's care records contained advanced decisions around their end of life choices. Where people had wished to participate in this discussion, important information about where they would like to be buried, along with any religious or spiritual needs were documented. In some cases a 'do not attempt resuscitation' (DNAR) order had been authorised by the GP. These are put in place where people have chosen not to be resuscitated in the event of their death, or in cases where they cannot make this decision themselves, where the GP and other individuals with legal authority have made this decision in a person's best interests. Where

a DNAR was in place, this was clearly displayed at the front of people's care records. This information was also highlighted on the handover sheet completed by staff at the beginning and end of each shift. This made it clear to staff what action to take in the event of a person's death.

People's religious and spiritual needs were met by the registered provider. One of the local churches visited the service on a regular basis to give people communion. Discussions had also been held with one person's family around helping them to celebrate culturally significant events.

Records and documentation containing people's personal information was kept in locked offices, and secured in locked cupboards. Electronic systems were password protected to prevent unauthorised people from accessing personal information. This helped ensure that people's confidentiality was maintained.

Good

Is the service responsive?

Our findings

People told us that they received care and support that was well suited to their needs. Care records were kept up-to-date, and staff had a good understanding of people's needs and how to support them. Records indicated that where appropriate, people had been supported to access support from a range of health and social care professionals, for example their GP, optician or social worker. One person's relative commented; "[Name] has been supported to eat really well. If there's any weight-loss they get support from the GP or dietician who ensures they get a fortified diet".

Care records contained detailed and up-to-date information around the care and support people required from staff. This included information around mental and physical health needs, and detailed what staff needed to do to ensure people's wellbeing was maintained. For example information around pressure care and people's nutritional needs were clearly documented. Risk assessments had been completed around these areas, and detailed whether further action needed to be taken, such as referring to the dietician or introducing regular pressure relief through the day or night. Care records were reviewed on a regular basis to ensure that information remained up-to-date.

Additional information relating to people's needs was also included in care records where it was determined that it would be of benefit for staff to have access to this. For example, supplementary information had been included in one person's care records around one of the medicines they were prescribed. This was because there were a number of possible side-effects associated with this medicine, which could be harmful. This ensured that staff had access to relevant information that would enable them to respond appropriately to meet people's needs.

Monitoring charts were completed by staff to evidence that people had been given the required support. In one example, we saw that an innovative approach had been taken by adapting a pain assessment tool, so that it was suitable for use with people living with dementia who could not communicate when they required pain relief. This included a scoring system based on indicators such as physical signs, or an increase in levels of agitation. This was used to determine when it would be appropriate to give PRN ('as required') pain relief. This ensured that people received the care and support they needed.

Daily notes were maintained by staff which outlined the support that had been given to people, and issues that had arisen, for example people feeling unwell, or having to be seen by their GP. This ensured that up-to-date information was available to staff.

Care records contained details about people's personal preferences, for example where people preferred to sit and eat their meals, or the types of clothing they felt most comfortable in, for instance, one care record stated; "[Name] prefers to wear loose, comfortable clothing". Care records also contained information around people's personal histories. This enabled staff to become familiar with the people they were supporting, and helped facilitate positive discussions between people and staff. One person told us that they felt comfortable living within the service, and commented; "This place is homely. It feels like my home".

There was an activities co-ordinator working within the service who had developed an activities plan for the coming month. This outlined activities which included entertainers, 'relax time' in the sensory room and quizzes. A record of the activities completed was maintained by the activities co-ordinator. These outlined the activities completed by each person using the service on a daily basis. A short film on youtube also showed that the garden was used for people who enjoyed spending time outside. The activities co-ordinator had introduced the use of a 'therapy doll' to help calm and soothe people living with dementia. There was a robust risk assessment in place around the use of the doll, which focused on ensuring that it was used appropriately and treated with respect. This aimed to minimise the risk of people becoming upset if the doll was handled in a rough manner. The activities co-ordinator had a strong presence within the service and engaged people sensitively and with skill.

People told us that they would feel confident in raising any concerns they may have with the registered manager. One person told us, "Yes I would complain to the manager", whilst another person's relative commented; "I would feel confident in making a complaint to the manager. He is approachable". We looked at the complaints record which indicated that where a complaint had been made, appropriate prompt action had been taken to remedy the issue. Documentation outlining the response and the actions taken was also maintained.

Good

Is the service well-led?

Our findings

There was a registered manager in post within the service. People and their relatives told us that they knew and liked the registered manager. Their comments included; "The manager is always nice to me. We have a laugh and a joke", "The manager is nice", "The manager is quite good really, he responds to any concerns" and "The manager is approachable". Staff also made positive comments about the registered manager, their comments included; "The manager is responsive and enthusiastic. He's approachable and understanding", "I really get on well with the management team" and "The manager is approachable. I can go to him with any issues".

The registered manager spent time engaging with people throughout the service, and it was clear from his interactions with people that they knew who he was, and that they had a good rapport. The registered manager had a good understanding of people's needs and was enthusiastic about providing good care to people. In one example we saw that the registered manager had recently attended dementia awareness training, following which he had ordered coloured plates for people to eat their meals off. This is because people living with dementia are more likely to be able to see their plate, where there is a colour contrast between the plate and the table. This indicated that the registered manager was keen to make the appropriate resources available to maintain people's wellbeing.

Staff had a good understanding of their roles and responsibilities, and people reported that they did their work to a high standard. Staff supported people in a way that was in line with the values of the registered provider, which sought to promote people's dignity and independence. We saw examples where people were able to access the community independently, and saw that staff interactions with people were respectful.

The service engaged positively with the local community. A report in the local newspaper had outlined how the registered manager had successfully petitioned the local council to erect signs warning drivers to slow down. This reduced the risk of older people becoming injured whilst crossing the road, and made the community safer for them to live in. Some people's relatives had also been given the opportunity to be volunteers within the service. One relative commented, "I help out on a daily basis. It's been a bit of a life saver since [my relative] had to move in here". Volunteers had been subject to appropriate checks to ensure they were able to work with vulnerable people. This impacted positively upon the lives of both people using the service and their relatives.

The service was part of the GP nursing home scheme. This was where a GP visited the service on a weekly basis so that the people could access their support. If the registered manager or staff had any concerns about people they could raise this and ensure that they got the support they needed. This supported a transparent and open way of working in partnership with GPs in the local community.

The service had shown initiative when assessing the needs of people using the service. The registered manager showed us a piece of work that had been carried out around assessing and monitoring people's experiences of pain. Management had adapted a pain assessment tool to incorporate non-verbal signs for

people who cannot communicate how much pain they are in. Following the inspection we spoke with a trainer from the End of Life Partnership who told us that this assessment tool had been incorporated into their training, and was used as an example for other care services on how to monitor pain for people living with dementia.

Team meetings were held with staff on a regular basis, during which information around changes in people's needs were shared and discussed. Areas for team development were also considered, and in one example we saw that a discussion around recent events within the service had been shared with the team to promote learning and best practice. This ensured that staff were aware of relevant updates and information.

The registered manager completed audits around care records, accidents and incidents and complaints. These identified any issues at the service, and the follow up actions that had been taken to remedy these. In one example the audit process had picked up an area of concern around the safety of one of the people within the service. The registered manager had acted quickly notify both the safeguarding teams and the CQC to ensure that similar situations did not occur again. Learning from this event had also been discussed with staff during team meetings.

A robust record of people's finances was maintained to ensure these were protected. The registered manager ensured that staff followed the correct process when supporting people with their money. People's finances were audited to ensure that the correct amount was kept and that staff were following the correct procedure. Audit processes helped ensure that the quality of the service was being maintained.

Spot checks had been completed by the management team during the night to ensure that staff remained awake, and were carrying out their roles and responsibilities appropriately. The registered provider had a disciplinary procedure in place, and we saw examples where this had been used appropriately by the registered manager. This helped ensure that staff conducted themselves in an appropriate manner within their role.

An annual questionnaire was sent out to people using the service and their relatives to ascertain their views on the service. The results of this had been collated and made available to people, and also placed on the service notice board for people to access. The 2016-2017 survey highlighted that overall people were happy with the service being provided.

The registered provider is required by law to notify the CQC of specific events or incidents that occur within the service. The registered manager had appropriately informed the CQC of these events. A discussion with the local authority prior to the inspection also indicated that the registered manager was forthcoming in making any safeguarding concerns to them, and would approach them if with any queries if he was uncertain. This ensured that appropriate action could be taken in response to incidents, to ensure that people's wellbeing was maintained.