

Methodist Homes

Westbury Grange

Inspection report

Westbury Lane
Newport Pagnell
Buckinghamshire
MK16 8JA

Tel: 01908210322

Website: www.mha.org.uk/ch44.aspx

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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

Westbury Grange provides care for up to 45 people who have advanced dementia or other conditions which require nursing. It is purpose built over two floors. At the time of our inspection 42 people were using the service.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

People using the service felt safe. Staff had received training to enable them to recognise signs and symptoms of abuse and felt confident in how to report them.

People had risk assessments in place to enable them to be as independent as they could be in a safe manner. Staff knew how to manage risks to promote people's safety, and balanced these against people's rights to take risks and remain independent.

There were sufficient staff, with the correct skill mix, on duty to support people with their needs. Effective recruitment processes were in place and followed by the service. Staff were not offered employment until satisfactory checks had been completed. Staff received an induction process and ongoing training. They had attended a variety of training to ensure they were able to provide care based on current practice when supporting people. They were supported with regular supervisions.

Medicines were managed safely. The processes in place ensured that the administration and handling of medicines was suitable for the people who used the service.

People were supported to make decisions about all aspects of their life; this was underpinned by the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff were knowledgeable of this guidance and correct processes were in place to protect people. Staff gained consent before supporting people.

People were enabled to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were able to make choices about the food and drink they had, and staff gave support when required to enable people to access a balanced diet. Drinks and snacks were available throughout the day.

People were supported to access a variety of health professional when required, including opticians and doctors, to make sure they received continuing healthcare to meet their needs.

Staff provided care and support in a caring and meaningful way. They knew the people who used the service well. People and relatives, where appropriate, were involved in the planning of their care and support.

People's privacy and dignity was maintained at all times.

People were supported to follow their interests and join in activities.

People knew how to complain. There was a complaints procedure in place which was accessible to all. Complaints had been responded to appropriately.

Quality monitoring systems were in place. A variety of audits were carried out and used to drive improvement.

Further information is in the detailed findings below

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Westbury Grange

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 comprehensive inspection took place on 08 March 2017 and was unannounced.

The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection the 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. We checked the information we held about this service and the service provider. We also contacted the Local Authority. No concerns had been raised and the service met the regulations we inspected against at the last inspection which took place in March 2015.

During our inspection we observed how staff interacted with people who used the service. We observed lunch, medication administration and activities.

We spoke with eight people who used the service, two relatives of people who used the service, the registered manager, a senior care assistant, three care assistants, two housekeeping staff, one kitchen assistant and the chef.

We reviewed five people's care records, six medication records, six staff files and records relating to the management of the service, such as quality audits.

Is the service safe?

Our findings

People told us they felt safe. One person said, "I feel safe here definitely, I couldn't be better looked after." Staff told us, and records showed, they had received appropriate training with regards to safeguarding and protecting people. One staff member said, "Any concerns I would report to a senior or a nurse. Basically it is making sure that we are protecting someone." Another said "Well safeguarding is our priority –make sure everything is safe for the residents. Safe even in their beds –make sure that they are alright –even when hoisting."

People had individual risk assessments to enable them to be as independent as possible whilst keeping safe. These had been developed with input from the person, staff and other professionals if required. They covered a variety of subjects including, moving and handling and tissue viability. Risk assessments were used to promote and protect people's safety in a positive way. Staff told us, and records showed they were reviewed on a regular basis and updated when required.

The provider had a business continuity plan. This was to ensure people would still receive the care and protection they required in the event of evacuation.

Staff were recruited following a robust procedure. One staff member said, "I had to get references and checks before I started." Documentation showed this had been carried out for all staff before they started. Rotas we viewed showed there was enough staff with varying skills on duty to provide the care and support people who used the service required.

People's medicines were managed safely. We observed medication being administered. This was carried out correctly and records were completed. Medicines were stored correctly in locked trollies.

Is the service effective?

Our findings

People received care and support from staff who were knowledgeable and had the required skills to carry out their roles. One staff member said, "We have emails to tell us which training needs doing." Documentation we saw confirmed all staff had completed training appropriate to their role.

Staff told us they were well supported by the registered manager. One said, "We can go to her if we have a problem, we can also go to managers above her." Another said, "She has supported me with some personal problems recently." We saw records which showed staff received regular supervisions and competency observations.

We observed staff gaining consent throughout the inspection. For example people were asked if they wanted assistance, were ready for their medication or wanted their meal. People had also signed consent in their care plans for care, medication administration and taking of photographs.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People told us they enjoyed the food. One person said, "We get good food and we get a choice at lunchtime for example, soup, casserole, homemade sweet – I can't fault it." A relative said, "Food seems ok – she has put on a bit of weight since she came in here I think."

The chef told us there were always two main course choices at lunch time but they would do anything else if someone fancied it. On the day of our inspection we observed breakfast and lunch. The chef knew who required a specialist diet and who needed their meals fortifying. They had a file of individual's food likes and dislikes.

Is the service caring?

Our findings

It was obvious from our observations that people were treated with kindness and compassion. One person said, "They are very nice people – lovely girls." One relative said, "Oh it's very good here. All in all it's a good place." Staff were able to tell us about each individual, for example their likes and dislikes, background and family. We saw that staff spent time with people, either sitting chatting or whilst carrying out tasks.

One person we spoke with told us they and their family had been involved in planning how they wanted their care to be carried out. Care records we viewed showed the person or relative if appropriate had been involved.

The provider told us that there was an advocacy service available for anyone who needed it.

Staff we spoke with understood about confidentiality. They told us they would never discuss anything about a person with others, only staff, but in a private area so they would not be overheard. Files were kept in a locked cabinet in the office.

We saw people's privacy and dignity was kept at all times, for example being spoken to appropriately and when being assisted with meals or care. Staff had an understanding of privacy and dignity. One staff member said, "Shut the door, close the curtains and ensure if washing them on the bed that they are covered with towels. Undress them in the bathroom and already run the bath before I take them down. Cover them with towels as much as possible."

We saw people visiting throughout the day. Visitors were made to feel welcome. All of the people we spoke with reported that their relatives could come and visit them at any time. One visitor said, "I come twice a week and sit with her. My children and my sister also visit – we do our bit. They will offer me a drink but I don't usually have one."

Is the service responsive?

Our findings

Care plans we viewed showed a full assessment had been completed prior to admission. These had been followed by a complete care plan which showed people's strengths as well as the support required, life history completed with the person and family where appropriate and likes/dislikes. Care plans had been written in a personalised way for each individual and were reviewed regularly.

Two activity staff had recently been recruited. Activities planned were displayed on a notice board. We observed staff doing a jigsaw puzzle with one person, who was very pleased when they were able to complete it.

There was a complaints procedure in place. Everyone we spoke with told us they had not had cause to complain but would do so if they thought it necessary. We saw past complaints had been responded to following the correct procedure.

The provider used annual questionnaires to gather people's views. We saw the results for the previous year. Where comments had been made the provider had responded.

Is the service well-led?

Our findings

Staff told us they were involved in the development of the service. At the time of the inspection they were in the middle of some refurbishment. Units had been repainted and new carpets were being laid. This had been done one unit at a time to minimise disruption. Staff told us they were supported by the registered manager and the provider and could speak with them openly.

Staff meetings had been held on a regular basis. One staff member said, "We have regular meetings where we can raise issues. We are listened to." They also said they had very good handovers between shifts and worked in a supportive team environment.

There was a registered manager in post who met their CQC registration requirements. 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.

The registered manager was aware of the day to day culture of the service. Staff told us they worked alongside them if they were needed and they knew all of the people who used the service. They also told us the provider visited on a regular basis and was very involved in the running of the service.

A number of quality audits had been carried out. These included care records, medication and maintenance records. The provider had carried out regular inspections of the service and reports for these were seen. Where issues had been found action plans were in place.