

Westminster House Residential Care Limited

# Westminster House Residential Care Limited

## Inspection report

41 Westminster Drive  
Westcliff On Sea  
Essex  
SS0 9SJ

Tel: 01702333034

Date of inspection visit:  
10 July 2019

Date of publication:  
23 July 2019

## 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

### About the service

Westminster House is a residential care home providing personal care without nursing for up to twelve people. At the time of inspection twelve people were using the service. The service is set over two floors in a residential area.

### People's experience of using this service and what we found

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. There were systems in place to minimise the risk of infection and to learn lessons from accidents and incidents. People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed. Medication was dispensed by staff who had received training to do so.

People were cared for and supported by staff who had received the appropriate training. The registered manager had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported to eat and drink enough to ensure they maintained a balanced diet. People's health was monitored and referrals to other health professionals was made when required. The environment was well maintained and suitable for people.

Staff cared for people in an empathetic and kind manner. Staff had a good understanding of people's preferences of care. Staff worked hard to promote people's independence through encouraging and supporting people to make informed choices.

People, their relatives and advocates were involved in the planning and review of their care. Care plans were reviewed on a regular basis. People were supported to follow their interests and participate in social activities. The manager responded to complaints received in a timely manner. People were supported to make plans for the end of their life.

The registered manager had systems in place to monitor and provide good care and these were reviewed on a regular basis.

Rating at last inspection: The last rating for this service was Good (last report published 9 July 2017).

Why we inspected: This was a comprehensive inspection.

Follow up: We will continue to monitor information we receive about the service until we return to visit as

per our re-inspection programme. If we receive any concerning information we may inspect sooner.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Westminster House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Westminster House Residential Care Limited

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team consisted of two inspectors.

#### Service and service type

Westminster House Residential Care is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a register manager who was registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

Before the inspection, the provider completed a Provider Information Return (PIR). We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed previous reports and notifications that are held on

the CQC database. Notifications are important events that the service must let the CQC know about by law. We also reviewed safeguarding alerts and information received from a local authority. We used all this information to plan our inspection.

#### During the inspection

We used the 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 spoke with five people and one relative and observed interactions with staff. We spoke with the registered manager and two care workers. We reviewed two care files, medication records and information held in relation to the running of the service such as audits, training matrix, meeting minutes and a staff file.

#### After the inspection

We contacted healthcare professionals who have people placed at the service and the local council for their feedback on using the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they were happy living at the service.
- Staff knew how to keep people safe and protect them from safeguarding concerns. Staff were trained and able to identify how people may be at risk of harm or abuse and what they could do to protect them.
- Staff knew how to raise concerns with the registered manager or to outside organisation such as social services.
- The registered manager was very passionate about people being looked after safely and being protected from harm. They worked openly and transparently with social services to investigate any concerns raised.

Assessing risk, safety monitoring and management

- Staff undertook risk assessments to keep people safe. These assessments were person centred and aimed at maintaining people's independence.
- People had risk profiles and risk management plans in place for issues such as verbal aggression, pressure area care and nutritional needs. These provided clear guidance to staff on how to support people to minimise risk, and keep them safe.
- Each person had a personal evacuation plan in place, so staff knew how to support them in an event of a fire at the service.
- The registered manager employed maintenance people to carry out any repairs at the service to ensure the safety and welfare of people living, visiting and working in the service

Staffing and recruitment

- The registered manager had a consistent staff team working at the service and did not need to use agency staff. This meant people were supported by staff who knew them well.
- Staffing numbers were adjusted dependent on the dependency needs of people. One member of staff said, "We always have enough staff and work well together as a team."
- We noted staff on duty had time to spend with people without being rushed and staff also supported people to go out on community trips.
- The registered manager had an effective recruitment process in place which ensured staff recruited were suitable for the role they were employed for.

Using medicines safely

- Staff received training to support people with medication. One person said, "[staff name] helps me with my medication."
- The registered manager had put systems in place to closely monitor medication to ensure people received

their medication safely. Medication charts we reviewed were in good order.

- Medicines were received, stored, administered and disposed of safely.
- The registered manager sought support from the pharmacy provider to ensure medication was managed safely. People had regular medication reviews from their GP or hospital consultants.

#### Preventing and controlling infection

- Staff had received training in infection control and had access to personal protective equipment (PPE) such as gloves and aprons.
- Cleaning schedules were in place and the premises appeared clean throughout.

#### Learning lessons when things go wrong

- The registered manager had systems in place to learn from risks, significant incidents or accidents at the service.
- Incidents were fully investigated and learning points were discussed at staff meetings and staff handovers. The registered manager told us all staff were notified immediately of changes implemented with peoples care or routines at the service.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were consistently assessed and reviewed to ensure the care they received met their choices and needs. Care was managed and delivered within lawful guidance and standards, relating to the care of older people .
- People, their relatives and advocates were involved in reviewing their care with staff to achieve effective outcomes.

Staff support: induction, training, skills and experience

- New staff were given a full induction to the service. This included spending time shadowing more experienced staff and receiving regular supervision meetings with a senior care worker to discuss their progress during their probation period.
- Staff were supported to receive the training they needed to perform their role. Training was delivered face to face and through some e-learning. One member of staff said, "We have lots of training I have done dementia awareness right up to level 3."
- The registered manager told us staff had attended training courses provided by the local council and from the care home training team on such things as nutrition and hydration, catheter, and constipation. Staff had also been trained to monitor people's blood glucose levels to help support and monitor diabetic conditions.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they enjoyed the meals. One person said, "I like the food especially the chicken curry." We saw people were supported to have enough to eat and drink throughout the day.
- Staff monitored people's weight and nutritional needs, where necessary they were referred to the GP for review. The registered manager told us where appropriate people were supported with special diets such as fortified food, soft diet and diabetic diet.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The registered manager worked with the local authority and other healthcare professionals to ensure consistent care was provided for people when they came to live at the service. Staff visited people more than once so that they could start to get to know people or people were invited to spend time at the service.
- People were supported to access healthcare support from GPs, psychiatrists, community mental health team, district nurses, occupational therapist, physiotherapist, dentist and opticians.
- A healthcare professional who visits the home told us, "They are a small friendly home and are able to provide the necessary care and support."

Adapting service, design, decoration to meet people's

- The service was delivered from a large residential house. The premises were spacious with different areas where people could spend their time. Each person had their own large room which had been decorated how they chose. One person said, "I am very happy with the television they bought me." There was also an enclosed patio where people could sit if they wished in the warm weather.
- Since our last inspection the service had been refurbished this had included redecoration and new furniture had been purchased. The registered manager told us that people were involved in choosing colours of their rooms. The refurbishment was on-going, and the registered manager told us they were continuing to improve the environment and were going to replace flooring next and radiator covers.

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Staff had received training in MCA and DoLS. Staff knew how to support people in making decisions and how to facilitate giving them choice over day to day decisions and activities.
- Appropriate applications had been made to the local authority for DoLS assessments. The registered manager supported people to access advocates, these are independent people who support people to ensure their rights and best interests are being protected.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People's equality and diversity needs were identified and recorded in care plans to ensure their individual preferences and needs were being met.
- We saw people had good relationships with staff. They were smiling and happy around staff, we observed one person say to a member of staff, "You have been brilliant to me."
- A relative said, "I am happy with the care, staff are good and very friendly."

Supporting people to express their views and be involved in making decisions about their care

- People and relatives were involved in planning their support needs. Care plans were very person centred and provided staff with all the information they needed to support people.
- Each person was allocated a member of staff as a key worker to support them and work with them to ensure they were comfortable and had everything they needed.
- Care plans were regularly reviewed with the involvement of people, relatives and other stakeholders such as social workers and advocates to ensure people were receiving the right level of support.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and treated people with dignity and respect. We saw staff knocked on doors before entering rooms and addressed people how they preferred to be addressed. Each person had their own large room that they could access at any time. People chose if they wished to have a key to their rooms and two people told us they had their own keys and liked to keep their rooms locked.
- People's rooms had been adapted to help them maintain their independence. For example, some rooms had en-suites added during the refurbishment. One person who had difficulty locating the toilet had a brightly coloured toilet seat in place to help them locate the toilet during the night.
- Staff told us they promoted people's independence. One member of staff said, "People are safe and cared for here."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Before people came to live at the service a full assessment was completed to ensure their needs could be met.
- Care plans were person centred and included information on people's background, hobbies and interests, likes and dislikes and preferences on how they wished to receive their care and support.
- Care plans were regularly reviewed to ensure staff had the most up to date and relevant information to support people.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People communication needs were care planned and staff knew the best way to communicate and interact with people.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain contact with friends and family. Families and friends were able to visit people when they chose and if needed people were supported to talk with relatives by telephone. One relative told us, "I visit every day for a few hours."
- Each person had their own interest and activities they enjoyed doing. One person told us, "I went to a festival recently and I like going out to buy clothes."
- Staff supported people to have trips out to places that interested them. We saw staff supporting one person to go out to buy a watch and another person going out independently for their daily walk.
- We observed staff sitting with people giving them hand and arm massages and painting the nails of those who wished to have them painted.
- The registered manager told us they supported one person to get a walking frame with a seat as they like to go out independently and they can sit and rest when they need to.

Improving care quality in response to complaints or concerns

- There was a complaints system in place which was accessible for everyone. One relative said, "I don't really have any complaints but if I did I would discuss them with the manager."

#### End of life care and support

- Staff had received training to support people at the end of their life. We saw from care plans staff had discussed with people and families what support they would like at the end of their life.
- The registered manager had good links with the palliative care team to support people when needed.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff placed people at the centre of the service. All care delivered was person centred and aimed to promote people's happiness and independence.
- People were supported to achieve any goals or wishes they had, to make their life enjoyable and fulfilled. A relative said, "You get plenty of staff interaction here, more than at other homes."
- Staff knew people well and we observed staff throughout the day being respectful of people's wishes and opinions.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There was a positive management structure in place which was open and transparent. Staff told us they felt very supported by the registered manager. One member of staff said, "The support is good from [manager's name] I can go to them for anything."
- People benefited from a staff team that worked together and understood their roles and responsibilities. Staff told us they worked well together as a team to support people. They had handover meetings every day and had staff meetings which included discussing people's care needs and progress.
- The registered manager understood their responsibility under duty of candour to be open and honest if things go wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were actively involved in improving the service they received. Each month people and staff met to discuss the running of the service and any issues they wished to raise. We saw from minutes of meetings staff discussed with people such things as meals and activities.
- The provider also asked for feedback from people, relatives, staff and other health care professionals through questionnaires to gain views and opinions across all their services. We saw one relative's feedback said, 'My mum is treated with compassion by staff.'

Continuous learning and improving care; Working in partnership with others

- The registered manager had quality assurance processes in place. Regular audits were completed on all aspects of the service, however the action plans needed to be more detailed.

- The registered manager also had a yearly independent audit completed of the service and had a yearly audit completed by the pharmacy provider.
- The registered manager supported staff to continuously learn and develop their skills. One member of staff said, "We have plenty of training here."
- Other health care professionals such as district nurses worked closely with staff at the service to monitor people's healthcare needs to provide prompt support when needed.