

West House Carehome Limited

West House Care Home Limited

Inspection report

West House
Waldrige Road
Chester Le Street
County Durham
DH2 3AA

Tel: 01913871533

Date of inspection visit:

31 May 2018

04 June 2018

Date of publication:

18 July 2018

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

This inspection took place on 31 May and 4 June 2018. The first day of the inspection was unannounced. This meant the staff and provider did not know we would be visiting.

West House Care Home Limited is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

West House Care Home Limited accommodates 26 people in one adapted building, across two floors. At the time of the inspection, there were 23 people using the service. Some of the people were living with a dementia type illness.

This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. Like 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.

We last inspected the service in October 2015 and rated the service as 'Good' overall. At the inspection in October 2015 we identified a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 9 (Person-centred care) and rated the Responsive key question as 'Requires improvement'. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key question Responsive to at least good. At this inspection we found improvements had been made in the areas identified at the previous inspection and the service met all the fundamental standards we inspected against.

Accidents and incidents were appropriately recorded and risk assessments were in place. The registered manager understood their responsibilities with regard to safeguarding and staff had been trained in safeguarding vulnerable adults.

Appropriate arrangements were in place for the safe administration and storage of medicines.

The home was clean, spacious and suitable for the people who used the service, and appropriate health and safety checks had been carried out.

There were sufficient numbers of staff on duty in order to meet the needs of people who used the service. The provider had an effective recruitment and selection procedure in place and carried out relevant vetting checks when they employed staff. Staff were suitably trained and received regular supervisions and

appraisals.

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 protected from the risk of poor nutrition and staff were aware of people's nutritional needs. Care records contained evidence of people being supported during visits to and from external health care specialists.

People who used the service and family members were complimentary about the standard of care at West House Care Home Limited.

Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible. Support plans were in place that recorded people's plans and wishes for their end of life care.

Care records showed that people's needs were assessed before they started using the service.

The provider had recently converted to an electronic care records system but some information was still paper based. The electronic records provided evidence that people and family members had been involved in planning their care. However, the records could be more detailed and person-centred. Person-centred means ensuring the person is at the centre of any care or support plans and their individual wishes, needs and choices are taken into account. The registered manager told us they were awaiting an upgrade to the system that would enable more information to be included on the electronic records.

Activities were arranged for people who used the service based on their likes and interests and to help meet their social needs.

The provider had an effective complaints procedure in place and people who used the service and family members were aware of how to make a complaint.

The provider had an effective quality assurance process in place. People who used the service, family members and staff were regularly consulted about the quality of the service via meetings and surveys.

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 remained Good.

Is the service effective?

Good ●

The service remained Good.

Is the service caring?

Good ●

The service remained Good.

Is the service responsive?

Good ●

The service improved to Good.

Is the service well-led?

Good ●

The service remained Good.

West House Care Home Limited

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.

Inspection site visit activity started on 31 May 2018 and ended on 4 June 2018. It included a visit to the care home on both these dates to speak with the registered manager and staff, to carry out observations and to review care records and policies and procedures. The first day of the inspection was unannounced. One adult social care inspector carried out the inspection.

During our inspection we spoke with four people who used the service and five family members. We looked at the care records of three people who used the service and the personnel files for three members of staff.

Before we visited the service we checked the information we held about this location and the service provider, for example, inspection history, statutory notifications and complaints. A notification is information about important events which the service is required to send to the Commission by law. We contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff. We also contacted Healthwatch. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work. Information provided by these professionals was used to inform the inspection.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

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.

Is the service safe?

Our findings

At the last comprehensive inspection, we found the service was safe and awarded a rating of Good. At this inspection, we found the service continued to be safe.

People we spoke with told us they felt safe at West House Care Home Limited. People told us, "Safe? Yes" and "No concerns, there are plenty of staff." A family member told us, "Yes, she's safe. There haven't been any incidents. I don't worry."

There were sufficient numbers of staff on duty to keep people safe. People and family members we spoke with did not raise any concerns about staffing levels and our observations confirmed staff were always available when people required support.

The provider had an effective recruitment and selection procedure in place and carried out relevant security and identification checks when they employed new staff to ensure they were suitable to work with vulnerable people. These included checks with the Disclosure and Barring Service (DBS), two written references and proof of identification. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and prevents unsuitable people from working with children and vulnerable adults.

Accidents and incidents were appropriately recorded and analysed monthly to identify any trends or lessons learned. Risk assessments were in place, which described potential risks and the safeguards in place to reduce the risk. This meant the provider had taken seriously any risks to people and put in place actions to prevent accidents from occurring.

A monthly infection control audit was carried out and the home was clean and free from unpleasant odours. We observed staff using appropriate personal protective equipment (PPE).

Monthly health and safety audits were carried out and ensured records such as electrical testing, gas servicing, portable appliance testing (PAT), checks of the premises and fire safety had been carried out. We saw records that confirmed these checks were up to date.

Records showed some hot water temperatures were above the 44 degrees maximum recommended in the Health and Safety Executive (HSE) guidance Health and Safety in Care Homes (2014). We discussed this with the registered manager who told us they were aware of this and action was being taken to remedy it as part of the home's refurbishment programme. We saw this was in progress.

We found the registered manager understood safeguarding procedures and had followed them, statutory notifications had been submitted to CQC and staff had been trained in how to protect vulnerable people. The provider also had an appropriate whistleblowing policy in place so staff could report concerns without fear of reprisals.

We found appropriate arrangements were in place for the safe administration and storage of medicines.

Is the service effective?

Our findings

At the last comprehensive inspection, we found the service was effective and awarded a rating of Good. At this inspection, we found the service continued to be effective. People who used the service received effective care and support from well trained and well supported staff. A person who used the service told us, "I'm well looked after." Family members told us, "Yes we are very happy. She's well looked after", "[Name] has thrived since she came in here. She's put weight on" and "She has improved since she came in here. If you could see the difference in her."

Staff were supported in their role and mandatory training was up to date. Mandatory training is training that the provider deems necessary to support people safely. New staff completed an induction and were enrolled on the Care Certificate. The Care Certificate is a standardised approach to training and forms a set of minimum standards for new staff working in health and social care.

People's needs were assessed before they started using the service and continually evaluated in order to develop support plans.

People were supported with their dietary needs. Monthly nutritional audits were carried out and people were appropriately referred to dietitians and speech and language therapists (SALT) as necessary. We observed lunch in the dining room and saw it was a relaxed atmosphere with staff on hand to encourage and support people who needed assistance. No-one was kept waiting for their meal, people were given plenty of time to finish and were offered drinks throughout their meal.

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 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). 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. We found the provider was following the requirements in the DoLS, staff had been appropriately trained and mental capacity assessments had been carried out and documented when required.

People had access to healthcare services and received ongoing healthcare support.

The premises were appropriately designed for the people who used the service. Recent refurbishment work had been carried out and was ongoing. For example, some carpets and flooring had been replaced and others were planned. All the vanity units in people's bedrooms were in the process of being replaced.

Communal bathrooms and toilets were clearly signed and there were no obstructions that could present a danger to people mobilising around the home.

Is the service caring?

Our findings

At the last comprehensive inspection, we found the service was caring and awarded a rating of Good. At this inspection, we found the service continued to be caring.

People we saw were well presented and looked comfortable in the presence of staff. We saw staff speaking with people in a polite and respectful manner and staff interacted with people at every opportunity.

The provider had a 'Preservation of dignity and maintenance of privacy' policy. We saw staff knocking on bedroom doors and asking permission before entering people's rooms. People's care records described how staff were to respect people's choices and preferences, and promote their dignity. For example, "Staff to ensure [name]'s hair is combed", "[Name] likes to have either a bath or shower every five days" and "[Name] likes to be up and ready before 09:00 and back up [to bed] by 21:00." Our observations confirmed staff treated people with dignity and respect and care records demonstrated the provider promoted dignified and respectful care practices to staff.

Care records described how staff were to support people to maintain their independence. For example, "[Name] is able to wash her hands and face herself but requires the assistance of one member of staff to wash the lower part of her body", "[Name] requires assistance to dress and undress, both morning and night" and "[Name] to be encouraged to wash his own hands and face to maintain maximum independence." This demonstrated that staff supported people to be independent and people were encouraged to care for themselves where possible.

People had communication support plans in place that described their communication needs. These included their preferred language, how they wished to, or were able to, communicate, and guidance for staff. For example, "[Name] is able to communicate well most of the time, occasionally using certain words in the wrong context." Their support plan provided additional information for staff such as their speech was occasionally slurred, and how they had a "dry sense of humour."

People were supported with their religious needs. One person who used the service had specific religious needs. They were supported to attend religious services and received visitors and literature from their religious denomination.

We saw that records were kept securely and could be located when needed. This meant only care and management staff had access to them, ensuring the confidentiality of people's personal information as it could only be viewed by those who were authorised to look at records.

Advocacy services help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities. We discussed advocacy with the registered manager who told us none of the people using the service at the time of our inspection had independent advocates.

Is the service responsive?

Our findings

At the last comprehensive inspection we found the provider did not have in place personalised activity plans that met people's needs and reflected their preferences. At this inspection we found detailed activity plans were in place and described what people enjoyed doing, what they had taken part in and the level of assistance required from staff. For example, one person enjoyed visits to a local pub with staff. Another person had enjoyed an active lifestyle in the past and now liked to take part in group activities within the home.

A monthly activities audit was carried out. This ensured a meaningful activities plan was completed for each person and had been planned with them, people were given the opportunity to, and were encouraged to engage in, activities of daily living, cultural, religious and spiritual needs were being met where applicable, and the activities programme was displayed inside the home.

During the inspection we observed people singing and dancing in the lounge with staff. We saw recent events had included a royal wedding tea party and a church service. This meant the provider protected people from social isolation.

Care records were reviewed monthly and were up to date. The provider had recently converted to an electronic care records system but some information, such as staff handover records, were still paper based. We discussed with the registered manager that although the electronic records provided evidence that people and family members had been involved in planning their care, they could be more detailed and person-centred. Person-centred means the person is at the centre of any care or support plans and their individual wishes, needs and choices are taken into account. The registered manager told us they were awaiting an upgrade to their Wi-Fi and information technology (IT) system that would enable more information to be included on the electronic records.

Support plans assessed people's level of need and described what they could do for themselves and what support they required from staff. For example, one person required the assistance of two members of staff for all moving and positioning. Their support plan described the actions staff were to take and what equipment was to be used.

Care records described whether people had expressed preferences regarding end of life care. For example, one person had not expressed any wishes regarding their end of life care. However, staff were advised to, "Take time in talking to [name] when he wishes to talk about his end of life wishes and any needs or fears he may have."

The provider had a complaints policy and procedure in place. This provided information on how to make a complaint and how long it would take for a resolution. We saw no formal complaints had been recorded in 2018. We viewed a sample of complaints from the previous year and saw they had been appropriately dealt with and responded to. People and family members we spoke with did not have any complaints about the service.

Is the service well-led?

Our findings

At the last comprehensive inspection, we found the service was well-led and awarded a rating of Good. At this inspection, we found the service continued to be well-led.

At the time of our inspection visit, the service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. They had been registered since July 2015. We spoke with the registered manager about what was good about their service and any improvements they intended to make in the next 12 months. They told us the refurbishment of the premises was ongoing and included new dining room and lounge furniture, and new carpets for the corridors. The registered manager also told us of their plans to introduce a new electronic medication system, once their IT system had been upgraded.

The provider was meeting the conditions of their registration and submitted statutory notifications in a timely manner. A notification is information about important events which the service is required to send to the Commission by law.

The service had good links with the local community. Children from a local school visited the home to sing to the people who used the service. Local church groups and choirs were regular visitors, and local entertainers visited the home.

The service had a positive culture that was person centred and inclusive. Staff we spoke with felt supported by the management team. A staff member told us, "I love my job" and "They [provider] are really great to work for." Another staff member told us, "We get lots of support." Staff meetings took place regularly and an annual staff satisfaction survey was carried out.

We looked at what the provider did to check the quality of the service, and to seek people's views about it. The registered manager had a monthly audit checklist that was used to ensure all audits were completed and up to date.

The registered manager conducted a formal, monthly walkabout of the home. This recorded any issues with the general environment, communal bathrooms and toilets, the standard of care, privacy and dignity, infection control, staffing and welfare. No issues were recorded during the most recent walkabout.

An annual survey of family members and people who used the service was carried out. The results were analysed but no issues had been raised in the most recent survey. Family members' meetings took place but were not well attended. The registered manager told us the reason for this, and the low number of complaints, was because they were based in the main foyer and "not hidden away." People and visitors came to see them if they had any concerns, meaning issues were dealt with straight away. Family members confirmed this.

This demonstrated that the provider gathered information about the quality of their service from a variety of

sources.