Westcroft Nursing Home Limited

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 16 August 2016 and was unannounced.

The service was registered to provide accommodation for 28 people who require nursing or personal care. People who used the service had physical health needs and/or were living with dementia. At the time of our inspection 26 people were living in the home.

The service had a registered manager. 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.

Medicines were not always managed safely and correctly as records showed that stock levels were incorrect.

The least restrictive route to keep some people safe and manage their risks had not been considered. This meant that the service could not be sure they were acting in accordance with the MCA.

We saw that systems were in place to monitor the quality of the home; however these were not always effective as they had not identified issues found during the inspection.

Care plans were not detailed so that staff had the information they needed to be able to provide support to meet people's needs and requirements around behaviours that may challenge. However, people received support from staff that met their individual needs and preferences and they were provided with opportunities to participate in activities that interested them.

People felt safe and staff knew how to protect people from avoidable harm and abuse. People's risks were assessed and managed to help keep people safe. There were enough staff to meet people's needs. People told us and we saw that requests for support were responded to promptly by staff.

Staff were able to meet people's needs and were supported and supervised to help them deliver the care and support people needed

People were provided with enough food and drink to maintain a healthy diet. People had choices about their food and drinks and were provided with support when required to ensure their nutritional needs were met.

People's health was monitored and access to healthcare professionals was arranged when required.

People were treated with kindness and compassion and they were happy with the care they received.

People were encouraged to make choices about their care and their privacy and dignity was respected.

People and their relatives knew how to complain and complaints were encouraged to give feedback on the care provided. The registered manager and provider responded to feedback and changes were made to improve the quality of the service provided.

There was a relaxed and homely atmosphere at the service and people felt the registered manager was approachable.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe

Medicines were not managed safely to protect people from the risk of harm.

People's risks had been identified, but not managed effectively to keep people safe.

People felt safe, staff and the registered manager knew how to protect people from avoidable harm and abuse.

There were enough staff available to meet peoples' needs.

Is the service effective?

Requires Improvement

The service was not consistently effective

Staff understood how to support people to make decisions and when they were unable to do this, support was given; however, the provider did not consistently follow the principles of the Mental Capacity Act 2005 (MCA).

People's nutritional needs were met and people had support to eat and drink enough to maintain a healthy diet.

Is the service caring?

Good

The service was consistently caring

People were cared for by staff who were kind, considerate and compassionate.

Peoples' choices, preferences and wishes were respected.

People's privacy was respected and staff provided care in a dignified way.

Is the service responsive?

Good

The service is consistently responsive

People received personalised care to meet their individual needs from staff that knew them well.

People had access to activities that they were interested in.

People and their relatives knew how to complain, and were encouraged to provide feedback.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Quality checks were in place to regularly assess and monitor the quality of the service provided, however did not always highlight medication discrepancies and information lacking in care plans.

Staff told us they felt supported by the registered manager.

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Detailed findings

Background to this inspection

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

This inspection took place on 16 August 2016 and was unannounced. It was undertaken by one inspector.

We reviewed information we had received about the service from members of the public and the local authority. We also reviewed notifications we had received from the provider. A notification is information about important events which the provider is required to send us by law.

We spoke with three people who used the service and four relatives. We spoke with three members of staff, the registered manager and the managing director. We used our short observational framework for inspection (SOFI) tool to help us see what people's experiences were like. The SOFI tool allowed us to spend time watching what was going on in the service, helped us to record how people spent their time and the support that was given to them by the staff.

We looked at three people's care records to see if they were accurate and up to date.

We also looked at records relating to the management of the service. These included quality checks, three staff recruitment files, staff rotas, medication records and other documents to help us to see how care was being delivered, monitored and maintained.

Requires Improvement

Is the service safe?

Our findings

Peoples' medicines were not always managed safely. We saw some instances where stock levels held within the service were not always recorded correctly. For example there were instances where some medicines had either more or less tablets left in packets than records showed. No daily stock check records were in place which made it difficult to determine if recording errors had occurred, or if people had missed doses or had too much of their medicine. This meant that we could not be assured that people's medication was being stored safely. People were at risk of becoming unwell if they were not having their medicines as prescribed. We discussed this with the registered manager who immediately implemented a plan to address the issues to include a new daily stock check of all medicines and re-training for all nurses.

People were supported to take their medicines safely. One person told us, "The nurses make sure I have taken my tablets, they take them out of the packet for me and then I take them". We observed that medication was administered in a safe and person centred way allowing each person time to take their medication before moving onto the next person. We saw that people's preferences for taking their medicines were listed in their medication file, such as they liked blackcurrant juice after their tablets were given, and we saw a member of staff offer this. We observed that people were offered pain relief medication as stated in protocols that were in place for people who were prescribed 'as and when required' medicines. This meant that people had their medicines when they needed them.

We saw that risks had been identified for people. Some people who used the service were living with dementia and became agitated at times when staff were trying to support them. Staff told us how they managed these situations by using their knowledge of the person and what types of things would help to distract the person. We observed that staff knew people well and were easily able to start conversations with people who were becoming anxious. However, care plans did not contain this information or other detailed guidance for staff to follow when they supported people. This meant that staff did not have information to refer to support people safely.

We saw that where people had been assessed as requiring support with mobilising around their home that equipment was in place. For example we saw that some people required walking frames and another person required two members of staff and the use of a hoist to be able to transfer from their wheelchair onto a seat. However for one person who was at risk of falls all suitable methods of mobilising had not been considered and they had been supported in their bed for a long period of time. The registered manager deemed the risk of this person falling, when not in bed, too high and had not fully explored all options for this person. This meant that risk assessments did not always consider least restrictive options for people and this resulted in this person not having their right to freedom respected.

People who used the service told us they felt safe. One person said, "They always make sure I'm safe in my chair as they don't want me to fall". And a relative told us, "I never have to worry I know [relative] is safe here, I've even been able to get a break away this year as I felt [relative] was being well looked after". There were enough staff to meet the needs of the people who used the service. A relative said, "There's always plenty of staff around, the level of care is absolutely wonderful" We saw that people's needs were met and when

people asked for support to go to the bathroom, these requests were responded to promptly. The managing director told us that staffing levels were based on the needs of people who used the service and that reviews of staffing levels took place when required. The registered manager said that the managing director was responsive to requests for additional staff if and when required.

People told us they Staff knew how to protect people from avoidable harm and abuse. They were able to explain the different types of abuse that may occur, how they would recognise signs of abuse and how they would report any concerns. One staff member said, "I'd report any concerns to the manager, but there's information in the office about who to report things to if we needed to do it ourselves" and another staff member told us, "It's about keeping people safe and giving them the best care we can".
We saw that concerns had been reported to the local authority when required, in line with local procedures.

Staff were recruited using safe recruitment procedures. Staff told us and we saw that safe recruitment practices were followed. Staff files included application forms, and appropriate references from previous employers. Records we viewed showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure staff were suitable to work with vulnerable adults.

Requires Improvement

Is the service effective?

Our findings

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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We saw some good examples of where the MCA was being followed, for example where best interest decisions had been made in consultation with the person's family and GP around covert medicines and end of life care. However, one person who lacked capacity to consent was being cared for in bed and the registered manager told us this was due to a change in their health needs. The manager told us that due to high risks this person had that he made the decision for them to be cared for in bed to mitigate these risks. He also told us that this decision had not been discussed with the person's family or any professionals involved in the persons care. This meant that the MCA had not been followed to ensure that this decision was in the person's best interests. Following the inspection the provider informed us that a social services assessment had been arranged for this person and some equipment was being sought that may assist them.

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. The application 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 we saw applications for DoLS authorisations had been submitted by the registered manager. Staff we spoke to told us they had received training around MCA and knew about asking people for consent, but were not clear about DoLS and the types of restrictions that can be in place for people living in the home. This meant that the training on these subjects had not been effective. The registered manager stated that staff receive spot checks and complete competency assessment sheets, but we discussed that these are not effectively highlighting competence following staff attending training. Following the inspection, the managing director informed us that all staff had been informed which people living in the home were subject to a DoLS authorisation and training is on going.

We saw that people were asked for their consent before they were supported by staff. For example we heard a staff member asked a person who required support to eat, "Is it ok if we start your lunch now, I'll put some on the fork and see how we get on, okay". And we saw that the staff member waited until the person turned their head towards them before starting to assist them. One staff member told us, "I always ask people before I do anything as I wouldn't like anyone doing something to me or for me without asking me first".

Staff told us they had the training they needed when they started working at the home, and were supported to refresh their training regularly. Staff stated they had received training about dementia but they would benefit from training in how to support people with behaviour that may challenge to help them support those people better. One staff member said, "It would be nice to have some training a bit more specific to each person". A relative told us, "We can see the staff are trained, and there's always new training dates being put up on the managers' door saying when the next training is".

Staff told us they had supervisions where they were able to discuss any training needs or concerns they had. One member of staff told us, "We discuss how I'm doing, and any problems I might be having". Staff told us that they have a verbal handover and also read nurses notes before starting their shift and that they have staff meetings where they discuss any issues or ideas for improving the service.

People told us they liked the food and were able to make choices about what they had to eat. One person we spoke with told us, "We can get up when we like and have breakfast; we get a choice of what we want". At breakfast time we saw a staff member asked if a person was okay as they were not eating their breakfast, the person said they had changed their mind and wanted toast and we saw the staff member got this for them. We viewed the menu and could see it changed on a rolling four-weekly basis and also stated choices for people who needed a specialist diet. At lunchtime we saw that where people required a specialised diet such as pureed meals that these were provided. This meant peoples' food and drink choices were catered for. A relative told us, "The food always looks nice here, and they make such an effort when it's someone's birthday with the spread of food they put on and they get them a cake".

People were assessed to check whether they were at risk of dehydration or malnutrition. Food and fluid monitoring took place where assessments had identified people were at risk; and weight checks were undertaken to see whether weight was increasing. We saw that people were referred to the GP or speech and language therapist for further advice when required. One person told us, "They're very good here; they check on you and will get the doctor out to you if you need them to". A relative told us, "The manager always keeps me informed about [relatives] health, and always asks if I want to go to hospital appointments with them so that I'm involved".

Good

Is the service caring?

Our findings

People told us and we saw that staff treated them with kindness and compassion. One person said, "We're spoilt here, they spoil us they really do". Relatives comments included, "You just can't fault the care here, the staff are very friendly and caring. They'll do anything the residents ask, nothing is too much trouble".

We saw that positive, caring relationships were developed between staff and people who used the service. A relative said, "The staff are just wonderful, so caring and kind" We saw that when one person dropped their doll that they had been holding and appeared distressed, a staff member picked up the doll and returned it to the person and said, "Not to worry, she's not hurt, she'll feel better if you give her a cuddle", and we saw that the person appeared reassured by this. Many people with dementia find holding and caring for a doll beneficial and this is called doll therapy.

We observed that people were offered choices of where to sit, what to eat and how to spend their time. We observed a member of staff asked a person if they were coming to the table or to sit in the lounge for lunch. The person said they wanted to stay where they were sitting. The staff member stroked their hand and chatted with them and said for them to let them know if they needed anything else. They respected their choice not to have lunch in the communal areas and said to let them know if they wanted to move and they would come back to help them.

Staff told us they always made sure that people were given choices and they knew how to give support to people to make their own choices when this was required. One staff member said, "I always try to help people to choose, sometimes you can just tell if someone is okay with something by their facial gestures or noises they make". This meant that staff have built up a good relationship with the people they support and use communication methods relevant to each person.

We saw that people's dignity was respected. We observed a member of staff quietly asked a person if they needed to use the toilet as they had noticed them becoming restless in their chair. We saw two staff members hoisted a person from their wheelchair to their seat and saw that they made sure the person's skirt was pulled over their knees during hoisting and they made sure the person's clothes were straight before leaving.

A relative told us that their relative always likes to look smart and was pleased that whenever they visited they looked well-kept and their nails were always clean. This showed the person's preferences to look nice were valued by staff who ensured they were cared for in the way they liked, to promote their dignity.

We observed two staff members walked with a person using a walking frame. They did not rush the person and spent time with them encouraging them to walk independently whilst supervising them for safety. We heard the staff say, "There's no need to rush, just take your time" This showed that people were supported to be as independent as possible without rushing or restricting them.

Good

Is the service responsive?

Our findings

Some people were able to tell us how they liked to spend their time. One person said, "I'm happy to watch TV, but I do like it when we have the singers come in". Another person told us, "We had a man come in with snakes and lizards, it's a good day, and I like the plants and vegetables outside; it's nice out there on a sunny day". Relatives told us they were free to visit and one relative told us, "The staff always make me feel welcome when I visit. They always try to give us some alone time together". We observed that staff had asked if the visiting relative would like to sit outside with their relative as it was a nice day and we saw they were sat outside chatting. This meant that staff understood privacy and encouraged relatives to visit.

During the inspection we saw staff members chatted with people and discussed the Olympics that was on the television. A relative told us, "When I come to visit it's nice to see the staff just sitting and talking to them (people who used the service)". Staff told us that there was an activity co-ordinator that worked in the home two days per week and organised activities for people to take part in. We saw records that confirmed group activities took place and also one to one sessions for people where they looked at reminiscence photographs and did activities they enjoyed such as listening to music. We saw that some people enjoyed doing 'housework' and were folding tea towels and dusting throughout the inspection, and saw that staff spent time chatting with people and encouraged activities. This meant that people were able to maintain hobbies and interests, with staff providing support as required.

Relatives told us that they had been involved in the assessment prior to their relative moving into the home and were kept informed of any changes. We saw that care plans contained brief information for staff to refer to and reviews of care were hard to read due to unclear handwriting. Staff told us that they had a verbal handover at every shift change to discuss any changes in people's health and general well-being and said they felt this was adequate to allow them to get enough information about each person. We observed that staff knew people well and people told us they were happy with the level of support they got, however we discussed with the registered manager that the level of detail within the care plans would make it difficult in relation to any new staff that may come into the service.

People and relatives told us they knew how to complain if they needed to and felt able to do this if required. One person told us, "I've got nothing to moan about I've got everything I need here, the girls would be able to tell if I wasn't happy. They'd sort anything out for me if I needed them to". A relative told us, "I've always been very pleased with the care here, I've never needed to complain but the manager always comes to speak to me when I visit and the activity lady asks us if everything is okay as well. We do get invited to the residents meetings, but I've never needed to raise anything". We saw that there was a complaints procedure in place; however no complaints had been received.

Records showed that resident's meetings were held and that feedback was encouraged and responded to. The registered manager stated that there usually wasn't very good attendance at the meetings despite them being discussed prior to the date and being advertised in the home's newsletter. The registered manager stated this was due to the home's 'open door' policy, whereby he always asked relatives to inform him of any issues, and also that the activity co-ordinator regularly asked the people who used the service and their

relatives for any feedback.

We saw that requests from residents meetings and other feedback had been acted upon. For example, some relatives had mentioned that the steps to the door were hard to negotiate, so the registered manager made sure a sign was put up and all visitors reminded that a disability entrance was available. And we saw that some people had said they would like fizzy drinks, and these were now offered as an alternative for people instead of juice. We also saw that annual surveys were sent out to the people who used the service, their relatives and professionals. The results from these were positive and displayed in the hallway of the home. This meant that the views of people and their relatives were taken into account.

Requires Improvement

Is the service well-led?

Our findings

We found the registered manager had not recognised the least restrictive way to reduce the risk of a person coming to harm, and had not involved relatives or other professionals in decisions around this person's care. This meant the registered manager had not fully understood the principles of the MCA to ensure that people's legal and human rights were respected.

Quality monitoring and auditing systems were in place, these included audits of falls that had occurred, infection control, medication, care plans and monitoring of food and fluid charts. However they did not always allow the registered manager or provider to assess, monitor and improve the quality and safety of the services provided. For example, we saw the care plan reviews that had been completed had not identified details were missing regarding the specific support that people required. Staff told us that some people could sometimes be resistive to support and told us different ways they used to encourage the person, and we saw staff using these methods during the inspection. However we saw that care plans contained brief information about each person and did not contain detailed guidelines for staff to use to help them support people who could display behaviours that may challenge. We saw each person had a pictorial overview of their care needs in their bedrooms, however these were not detailed.
We saw that care plans were reviewed on a regular basis; however information was very difficult to read due to the handwriting. We asked members of staff to tell us about some of the updates from a recent review; however they were unable to tell us and had to check with the registered manager. The medication audits that included medicine opening dates, 'as required' protocols and medication administration records (MAR) did not identify the discrepancies found with medication stock balances highlighted during the inspection. This meant that these audits were not robust enough to ensure people received their medicines as prescribed

The registered manager had informed us of significant events in line with their registration with us; however they were not aware we needed to be notified of DoLS authorisations when these had been authorised.

All staff and relatives that we spoke with told us that felt supported by the registered manager and they could approach the management team with any issues. One relative said, "The manager is very good, he's very hands on, doesn't expect the staff to do anything he wouldn't do'. He always asks if everything is okay". Another relative said, "There's always a relaxed atmosphere here, the staff and the manager all seem to get on well". A staff member told us, "I know I could go to the manager with any issues and he'd sort them".

The managing director told us of plans to improve the quality and safety of the service. They had embarked on a plan of refurbishment within the home that had included recent decorating of communal areas, updating of the quiet room and improvements to the garden and outdoor seating area. This was in response to comments received from the annual surveys where some people had stated that the home would benefit from some redecoration.

We saw the registered manager completed supervisions with staff, and the nurses were responsible for completing spot checks and observations of practice to ensure that care staff were providing a quality

service. Staff were given feedback on this to enable them to learn and improve their practice when required. We saw that staff meetings took place and included discussions around health and safety, upcoming training and whistle blowing. Staff we spoke with knew about whistleblowing procedures and said they would feel confident to use them if required.