Westview Lodge Limited

Westview Lodge Care Home

Inspection report

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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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 7 March 2016 and was unannounced. This meant the provider did not know we would be visiting. A second day of the inspection took place on 10 March 2016 and was announced.

We last inspected the service in March 2014. At that inspection we found the service was meeting all the regulations that we inspected. Westview Lodge is a 74 bedded purpose built residential care home situated over two floors. It provides residential support for older people and people living with dementia care needs. The home also provides a transitional service for people recuperating from a hospital admission and preparing to return home. At the time of the visit 71 people were living at Westview Lodge.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 home was clean and had recently been decorated throughout. The enclosed garden had been designed and created by people living at the home, staff and the support of the local Dementia Friends group.

People, relatives and staff we spoke with told us that there were enough staff on duty. Staffing numbers were sufficient to ensure people received a safe level of care.

Where risks were identified they were assessed and managed to minimise the risk to people.

Staff had a good understanding of safeguarding and were clear on what actions to take if they had concerns about a person's welfare or safety.

The provider had an effective recruitment process in place which included ensuring appropriate checks were undertaken prior to an applicant commencing work.

Medicines records we viewed were up to date and accurate. This included records for the receipt, return, administration and disposal of medicines.

Staff understood and applied the principles of the Mental Capacity Act (MCA), and supported people to make individual choices and decisions.

People were supported during meal times and wherever possible were encouraged to be independent.

Staff had completed mandatory training the provider had deemed required to perform their role. Supervisions and appraisals were not conducted in line with the provider's programme.

The home had a good working relationship with external professionals visiting the service. We saw evidence in care plans of cooperation between care staff and healthcare professionals including, occupational therapists, nurses and GPs.

People were treated with dignity and respect. Staff had a sound knowledge of the people they supported.

Where people had no family or personal representative the registered manager advised the home would assist people to obtain support from an advocacy service.

People were able to take part in a range of activities including bingo, crafts, gardening, baking and going on outings. Staff supported people to maintain family relationships and links with the local community.

Care plans were detailed and reflected people's individual needs. Reviews were regularly completed.

The home had a happy atmosphere. Staff told us they enjoyed working at the home and they felt supported by the registered manager and senior staff.

A grab bag containing people's personal emergency evacuation procedure (PEEP), torches, emergency blankets and the provider's business continuity plan was accessible to staff in the event of an emergency.

The registered provider had developed a range of systems to monitor and improve the quality of the service provided. An electronic feedback point was available in the foyer of the home. People who lived at the home, relatives and staff were encouraged to provide constant feedback.

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.

Care workers demonstrated a good knowledge of safeguarding and whistleblowing processes. Safeguarding referrals were made in a timely manner.

Medicines records were up to date and accurate, with medicines stored and administered safely.

The registered provider had a robust recruitment and selection procedure in place.

Is the service effective?

Good

The service was effective.

87% of staff had completed the registered provider's mandatory training.

Staff understood and applied the principles of the Mental Capacity Act and consent.

People were supported in maintaining a healthy diet.

Care plans reflected the co-operation between support workers staff and external healthcare professionals to ensure people received effective care

Is the service caring?

Good

The service was caring.

People were treated with respect and their independence, privacy and dignity were promoted.

We observed staff were thoughtful, kind, and compassionate towards the people they supported. Relatives we spoke with told us staff were always respectful.

Staff were knowledgeable about the people they supported. They were aware of their preferences, interests and family

structure.

Is the service responsive?

Requires Improvement

The service was responsive.

Care plans were individualised and contained personalised information about the person and their preferences.

The home provided a wide range of activities and maintained links to the local community.

The provider had a complaints policy and procedures in place

Is the service well-led?

Good

The service was well led.

People living at Westview Lodge were positive about the service they received and the management of the home.

The registered provider had a comprehensive range of systems to monitor and improve the quality of the service provided.

Feedback was sought from people, relatives and staff in order to monitor and improve standards.

Westview Lodge Care Home

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 over two days. The first visit was on 7 March 2016 and was unannounced which meant the provider and staff did not know we were coming. Another visit was made on 10 March 2016 which was announced.

The inspection team consisted of two adult social care inspectors and a specialist advisor in nursing care.

Prior to the inspection we reviewed information we held about the home, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We also contacted the local authority commissioners for the service and the local authority safeguarding team, the local Healthwatch and the clinical commissioning group (CCG). None of those organisations raised any concerns about the home.

During this inspection we spoke to 10 people who live at Westview Lodge, two family members, two external professionals, the registered manager, the regional manager, four senior care workers, six care workers and three support staff.

We carried out an observation using the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We undertook general observations of how staff interacted with people as they went about their work.

We looked at eight people's care plans and five people's medicines records. We examined six staff recruitment files and all staff records relating to training and development. We also reviewed other records relating to the management of the home.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe at Westview Lodge. One person said, "I have no worries the staff are here to help me." Another said, "They look after me well."

The provider had a thorough recruitment and selection process. We examined six staff recruitment files. Each record held an application form, including employment history, record of the interview held, completed reference checks and a Disclosure and Barring Service (DBS) check dated prior to their start date. DBS checks help employers make safer decisions and help to prevent unsuitable people from working with vulnerable adults.

Care workers we spoke with demonstrated a good awareness of safeguarding and whistleblowing. They were able to express key issues to consider in relation to potential abuse by either staff or family members, or potentially raising issues with the registered manager regarding standards of care. One care worker told us, "It's making sure that the needs and wellbeing is a priority that people are protected and feel safe." Records showed 95% of staff had completed safeguarding vulnerable adults training.

We noted the registered manager had made safeguarding referrals to the local authority where required. For each safeguarding record we saw appropriate information was recorded, including the people involved and whether any further action was required.

Staff and relatives of people using the service told us there was enough staff to meet people's needs. Staffing levels varied on the four units within the home in line with people's requirements. We reviewed the rotas for a three week period and noted staffing numbers remained consistent. The registered manager told us they used a staffing tool called CHESS (Care Home Equation for Safe Staffing), which calculated staffing levels based on a dependency score for each person.

Throughout the day people's call bells could be heard going off and some appeared to take a while to be answered. However, people using the service and their relatives did not raise any concerns. People we spoke with told us staff were quick to respond to them calling for assistance. One person said, "They do come quickly." Another said, "I never have to wait."

Care workers we spoke with told us they felt there was enough staff on duty. One care worker said, "We work together." Another told us," Yes, I think there is enough staff." The registered manager said, "Staffing is across the whole home, staff support each other."

The home was in the process of transferring care records over to a new system and this meant that some people had risk assessments and plans in a different style to others. The new care plan templates included a comprehensive risk assessment for each aspect of the person's care and covered areas such as falls, moving and handling and choking. The risk assessments viewed contained information on how to manage the risk and support the person.

We reviewed accident and incident records. The registered manager advised that all the information was stored electronically on the registered provider's data system called Datix. We saw information was collected, including types of incidents and times they occurred. They outlined how the information was analysed by head office and they were alerted of any trends or contributory factors which may require further investigation. They told us, "As soon as staff put the information in Datix I'm alerted and I deal with it if it needs an urgent response."

Medicines were managed safely and recorded properly. We examined medicines administration records (MAR) for five people using the service. Each person had a photograph as part of the medication record to prevent confusion and allergies were noted on the same sheet. A sample of signatures of care staff administering medication was in place for identification and was up to date.

MAR sheets we reviewed were completed accurately and any omissions were recorded on the rear. There was clear individual guidance (within the MARs folder) on the administration of 'as and when required' (PRN) medication which describes the circumstances in which it can be administered and the amount that can be administered.

Medicines for each unit were stored in a central 'Clinic Room'. The room was spacious with space for the medicine trolleys, and had work-surfaces, and adequate cupboard storage space. The room was clean and had hand-washing facilities. Room and medicine refrigerator temperatures were regularly checked, these were up to date and within the prescribed ranges.

The home used a monitored dose system (MDS), with medicines contained in a four week cycle blister pack on three units. A senior care worker advised us due to the rapid turnover of people living in the Jubilee Unit boxed medicines were used. The registered provider had a detailed policy in place which covered all aspects of safe storage and administration of medicines which staff adhered to.

The registered manager told us each senior in charge of a shift was responsible for checking for any errors or omissions which may have been missed by the previous shift. A daily audit of medicines was undertaken, which highlighted any refusal/omission or medicines which could go out of stock. A further weekly audit was conducted.

We noted checks were in place to ensure the safety and security of the home and equipment. We saw records for fire alarms, fire equipment, lifts, hoists, water temperatures and gas safety were completed and up to date.

We asked the registered manager what emergency evacuation procedures were in place for people who used the service. We saw each person had a personal emergency evacuation plan (PEEPs) which detailed the method of assistance and equipment to be used in the event of an emergency. This information was present in people's care records and also within a grab bag which was situated in the entrance of the home. The bag also contained the provider's business continuity plan, emergency blankets and torches.

Good

Is the service effective?

Our findings

The home was clean, spacious and well decorated. It consisted of four units, Marina, Croft, Jackson and Jubilee. Marina Unit provides care for older people requiring general support and personal care. The Croft unit provides care for older people living with dementia. The Jackson unit provides care for younger people who have early onset dementia. The Jubilee unit works in partnership with the local council and provides transitional and rehabilitation care for those leaving hospital before either returning to their own home or an alternative care setting.

The building was well lit, with a significant amount of natural daylight which is particularly beneficial for older people living with dementia. On Croft and Jackson Units there were examples of tactile areas and rummage articles, as well as having photos of actors from the 1950s and old LP record covers as reminiscence prompts.

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. 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 whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager told us 21 people were subject to DoLS and a further four applications were in process. We noted mental capacity assessments and best interests of the individuals had been considered prior to the application. The provider's electronic record system monitored people's DoLS to ensure reviews were conducted at the appropriate time.

Staff we spoke with had a good understanding of the MCA and DoLS and how the principles of the legislation applied to people who used the service. They described how to support people to make choices and decisions. We saw from the training records 94% of staff had completed MCA training and 100% DoLS training. One care worker said, "It's making sure residents, choices are met."

We noted in one person's care records reference was made to relative's having Power of Attorney but no further documentation was present in the file. We asked the registered manager to view the legal document. They advised they did not have a copy. On the second day the registered manager had contacted the person's relatives and obtained the legal documentation. They had also produced a letter which asked relatives to bring in Lasting Power of Attorney authorisation which was to be sent to all current relatives and

implemented a process for new people coming to live at the home.

One person was receiving medicines covertly. We saw a mental capacity assessment had been carried out to determine if the person had the capacity to make an informed decision to refuse their medication and a best interest meeting was held which involved the person's GP and relatives and care staff.

The provider had a comprehensive training programme which included 17 mandatory courses such as fire safety, first aid awareness, infection control, food safety and moving and handling. We noted all mandatory training was completed on 'Soar" the provider's eLearning system. However a number of courses also included practical and classroom based work, for example moving and handling. The registered manager told us, "Training is monitored, all staff are encouraged to complete their training. The training can be accessed online out of service to make it easy for staff."

Staff told us there were also additional training opportunities available. One care worker told us they had recently undertaken a 'Train the Trainer' event in relation to sensory deprivation and aspects of dementia, which they will be undertaking sessions with colleagues to cascade this information.

The registered manager told us they had noted on their arrival at the home in April 2015 that appraisals and supervisions had lapsed. We noted in the last three months 10 appraisals and 28 supervisions had been conducted. They advised they had initially wished to complete all appraisals themselves however have recognised the necessity of using support from senior care staff in delivering the supervision and appraisal programme. Staff we spoke to told us they had received an appraisal. One care worker told us, "I have had a chat with the manager about my progress." The registered manager showed us a plan for supervisions and appraisals for the year ahead.

We observed the lunch time meal in three of the four units during our visit and noted that this was a pleasant dining experience. Tables were set with a table cloth, paper place settings, napkins, cutlery and condiments. Music played in the background and the atmosphere was relaxed and unrushed. Croft unit's dining room was called 'Alice's tearoom' and was decorated as a tearoom with bright coloured table cloths and flowered bunting.

We saw support aids were available for people with eating and drinking. We observed one person had a plate guard which was used at lunch time and cutlery which was easier to grip. One person we spoke with said, "I can have anything I wish, you can even get room service." The cook said, "I always say to them if there's anything you fancy if I haven't got it in, I'll go and get it."

In each dining room a pictorial menu board detailed the menu for the day. A four week menu planner was available to view in the entrance of the home. We observed care workers ask people what they would like in the morning. One person told us, "They ask me in the morning what I want for dinner but I can always change my mind." A tea trolley was available throughout the day offering hot drinks with a choice of biscuits. We noted fresh fruit and juice stations were available in the lounges.

The cook was clear about all the dietary requirements for people living in the home and was able to describe people's needs. For example, one person had blended food and they were able to explain that it was put in the blender with gravy to make it easier to swallow. 93% of staff had received training in allergen awareness as part of their mandatory training.

The registered manager advised the home was taking part in a local NHS pilot scheme with a regular GP clinic once a week to carry out reviews with the additional support of a GP on Sundays. They told us, "The

scheme was introduced to try and prevent hospital admissions. It can only benefit residents to be part of such a scheme."

We saw evidence in care records of cooperation between care staff and healthcare professionals including community nurses, occupational therapists and GPs to ensure people received effective care. For example, one person had difficulty with swallowing and a referral had been made to the Speech and Language Therapy Team (SALT). One person, "If I feel poorly I let them know and they contact my doctor."

Good

Is the service caring?

Our findings

People told us they were treated with respect and dignity. One person told us, "Great staff, they will do anything for me they are like mates." Another said, "The staff are kind and the manager is lovely."

Throughout the two days of inspection we witnessed a happy, peaceful atmosphere and people and staff were happy, laughing and joking with each other. Care workers included people in all conversations, chatting in a respectful and caring way. People were asked what they preferred and staff were seen to be giving people choices. One person told us, "It's not a bad place, they look after you, some things are very personal, I find it acceptable."

We observed interactions between staff and the people who lived at the home. It was clear by the interactions staff knew people well and had a bond with them. Staff addressed people living at Westview Lodge in a friendly manner and used people's preferred names. Over lunchtime one person brought a photograph and a care worker instigated a conversation ensuring no one was left out. Care workers were respectful and asked permission before providing support.

Staff were knowledgeable about the people they supported. All staff we spoke to described people in a fond and caring way and were able to discuss a person's life history and their family. Staff ensured people maintained links to the local community with visits to the local pub, church and community events.

People were supported to be as independent as possible. We observed staff prompting and encouraging people at meal times. Care workers asked people if they needed support and were diligent and never intervened without the request of the person. Explanations were given when staff were attending to personal care, serving meals and administering medication, and interventions were unhurried

Staff respected privacy by knocking on people's doors before entering rooms and closing doors on toilets and bathrooms when supporting people.

We observed on two units care workers sitting down and talking to people and at one stage an impromptu sing along took place whilst people were waiting for lunch. People were smiling and enjoying the singing.

We noted a number of people had chosen to stay in their own rooms. People were not left isolated as care workers repeatedly checked on people and offered a drink. One person told us, "I like staying in my room but they pop in and wave as they pass." Another said, "If I need anything I just ask." People also spent time in the lounges watching television or taking part in an activity. Whilst care workers were busy people were not left without support for long periods. We noted support staff going about their duties also engaged with people, enquiring what was on the television or who was coming to visit that afternoon.

Relatives told us they were always made welcome by the registered manager and staff. We saw staff chatting with relatives and clearly had knowledge of the people important to the people they supported.

We asked the registered manager if anyone received support from an advocacy service. We noted no information was available on display within the home on how to access an advocacy service. The registered manager advised no one used the service currently and information was available within a 'residents pack' which people received when they first moved in to the home.

Requires Improvement

Is the service responsive?

Our findings

Care plans we examined were comprehensive and up to date Each held a photograph of the individual for identification purposes, personal information, risk assessments, care support plans, visiting professional's information, daily records and a booklet which contained details about a person's choices, sleeping and dressing preferences. We saw a personal social history in the form of 'This is me' which presented a brief pen picture of the individual's life, likes and dislikes.

Care support plans were thorough and covered such areas as moving and handling, nutrition, continence, hygiene, dressing and cognition. These were person centred and detailed. For example, "Staff are to ensure [person] has glasses near and all conversations are face to face." We noted reviews were carried out monthly. There was evidence of care plans being reviewed on a regular basis, although there was no immediate evidence of individual or family involvement taking place.

We saw in one person's care records a choking assessment which indicated 'staff to be made aware of the potential risk of choking.' This information had not been transferred into the person's support plan placing them at risk of harm. The assessment had been reviewed four times and this matter was not identified. We raised this issue with the registered manager and they were unable to explain why the error had not been picked up and addressed the matter immediately.

DNAR (Do Not Attempt Resuscitation) records were reviewed within appropriate timescales and people, relatives and care staff had been involved in the decision.

The provider had a complaints policy and procedure in place. We looked at the records of formal complaints received and saw they had been responded to within the agreed timescale, investigated and the complainant had been advised of the outcome. Records of each complaint were kept with a summary of the outcome. There were a total of five in the last year and the last recorded complaint was in August 2015.

The registered manager said, "We don't get many complaints because we encourage people to use of the quality of life programme for their views on an ongoing basis which allows us to deal with things immediately." They advised complaints were recorded electronically and if required could be analysed by the provider. We noted information about issues raised and actions taken was posted up in the main entrance hall for people to view.

The home had two personal activity leaders (PAL) who delivered activities throughout all four units. Activities included crafts, bingo, films and visits by a mobile library and a mobile shop and trips to the nearby coast and the pub. The PAL we spoke with was clearly passionate about the role they performed. They told us, "It's important residents maintain their links to the community. We are near the Headland and use the facilities at a local community centre and have developed links with a local church." They advised, "As Crufts started today we have got the dog therapy coming in and its national pie week so we are making pies later." We saw people enjoy the visit by the therapy dog. One person told us," I had a lovely dog so it's nice to see one." Another said, "I like to watch TV in my room but they always ask if I want to take part."

The registered manager told us the garden was designed and created by people who lived at the home with the help of staff and the local Dementia friends group. We saw the garden had raised flower beds painted in bright colour selected by residents and a pathed area with access to a sitting area. One PAL told us, "[Person] used to live on a farm so they help us with how to look after the plants." They also told us they had recently took part in training with the provider's Resident Experience Team who are implementing the Dementia Framework within homes. The training involved seeing poor practice and the influence of positive practice on people's experience. The provider was implementing a Dementia Framework across all its homes which involved the creation of dementia friendly environments, specialist training for staff and the introduction of a specific dementia resident tracker.

Good

Is the service well-led?

Our findings

The provider had a comprehensive process for monitoring the quality of the service which included care plans, incidents and accidents, safeguarding concerns and medication. The registered manager advised they submitted a weekly report to the regional manager as part of the quality monitoring program, it covered areas such as DoLS, accidents and incidents and safeguarding incidents. The regional manager told us, "The system was set up so we can easily find and fix issues quickly."

We looked at what the provider did to seek people's and relatives' views about the quality of the service. The registered manager told us the provider had an electronic system called 'Quality of Life.' We noted an IPad feedback point was located in the entrance of the building. They told us all visitors including relatives and external professionals were encouraged to give feedback every time they visited the home. We questioned the accessibility of the iPad for people using the service. The registered manager told us, "The PALs use other IPads and support people to use them. I can also print a copy if residents preferred to give written feedback."

The programme provided the provider with continuous and current feedback. The registered manager advised negative feedback was immediately forwarded to them on their IPhone and if a certain category was met the matter was forwarded to the regional manager. This allowed the provider to take prompt action and resolve the issue. For example a person did not like the meals a meeting with the cook was arranged to discuss the person's preferences.

The registered manager told us, "I encourage everyone who visits the home to review us either on the quality of life system or on carehome.co.uk or come directly to me." 'Carehome.co.uk' cards were available in the foyer of the home.

We asked people and relatives for their views on the service they received. One person told us, "The staff are lovely, they think about everything." Another told us, "I've lived here a while now and love it." One relative told us, "[Person] is so happy here."

Staff had opportunities to give their views about the service people received. The registered manager told us the home had a target of five members of staff a day who had to complete a review on the quality of life programme. We saw regular team meetings were held within each unit.
One care worker told us, "We all have to use the Quality of Life and I speak to [Senior] if I have any issues." We noted the last care staff meeting was held in August 2015 and seniors meeting in November 2015. The registered manager advised the frequency of staff meetings was an area to be addressed.

Morale appeared high amongst staff at Westview Lodge. Staff expressed their happiness at working at the home. We observed staff worked well as a team supporting each other when required. One care worker said, "I feel supported by the manager." And, "We all work as a team looking after each other." Another care worker said "We're a good team, [Senior] always makes sure we're well organised and we have our breaks. [Senior] likes everything to be organised, communication is the key we always tell each other what's going

on and where we're going to be."

Care workers told us the registered manager was approachable and visible around the home. One said, "Good manager, getting things done". Another said, "[Registered manager] is very approachable." The registered manager demonstrated knowledge of the needs of both staff and people who lived at Westview Lodge.

The registered manager told us, "My door is always open, I moved my office so people entering the home could see I was here and they can come and see me at any time." One external professional told us, "I'm supported, I have a good relationship with the staff."

The home had adopted a concept from a sister home where a notice board detailed 'Know how we are going' which displayed outcomes relating to the service. The month of February reported on falls, pressure ulcers and weight loss. The registered manager told us, "It's about being open and transparent; relatives do come and ask me about things." They advised, "The three local homes work together, we share our knowledge." They also told us, "I am supported by [the regional manager] and all the staff they do a great job and always put the residents first."

The registered manager told us residents and relatives meetings were held every three months due to poor attendance. They said, "I am happy to have discussions with relatives and residents at any time."

The registered manager had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities.