

Sunquest Homes Limited

Westerley Care Home

Inspection report

Westerley Care
Chorleywood Close
Rickmansworth
Hertfordshire
WD3 4EG

Tel: 01923775789

Website: www.westerley.co.uk

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 13 and 14 July 2016 and was unannounced.

Westerley Care Home provides care and support for up to 30 people who are physically and mentally frail; some of whom may be living with dementia. There were 30 people living at the service when we visited.

The service has 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.

People felt safe living at the service. Staff were aware of the processes in place to report incidents of abuse; and had been provided with training on how to keep people safe from abuse and harm. Processes were in place to manage identifiable risks and to promote people's independence and safety.

The service's recruitment procedure was robust to ensure that staff were suitable and fit to be employed. Systems were in place to ensure people's medicines were managed safely and given at the prescribed times.

Staff were provided with induction and essential training to keep their knowledge and skills up to date. They had regular one to one meetings to support them in their roles and yearly appraisals.

People's consent to care and support was sought before any care was provided. This was in line with the requirements of the Mental Capacity Act (MCA) 2005. They were supported with food and drinks to maintain a balanced diet. When needed, staff supported people to access health care facilities.

People had developed good relationships with the staff team who treated them with kindness and compassion. Systems were in place to ensure that their views were listened to; and their privacy and dignity was upheld.

Before coming to live at the service people's needs were assessed. This was to ensure that the care provided would be responsive to their needs. The service had a complaints procedure which was accessible to people and their relatives.

There was a positive, open, inclusive and transparent culture at the service. Arrangements were in place for the service to maintain links with the local community. There was a quality assurance system in place to monitor the care provided and to drive continuous improvements.

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

Systems were in place to keep people safe from avoidable harm and abuse.

There were risk managements plans in place to protect and promote people's safety.

Suitable staff were employed to meet people's needs.

People's medicines were managed safely.

Is the service effective?

Good ●

The service was effective

Staff were trained to carry out their roles and responsibilities appropriately.

People consented to be supported with their care and support needs in line with current legislation.

Staff supported people to eat and drink and to maintain a balanced diet.

When needed, people had access to healthcare facilities.

Is the service caring?

Good ●

The service was caring

People had developed positive and caring relationships with staff.

Staff ensured people's views were acted on.

People's privacy and dignity was promoted.

Is the service responsive?

Good ●

The service was responsive

Prior to coming to live at the service people's needs were assessed.

People were able to join in with activities of their choice.

Information on how to raise a complaint was available to people.

Is the service well-led?

Good ●

The service was well-led

The culture at the service was open and inclusive.

Links with the local community were fostered.

The service had quality assurance systems in place which were used to drive continuous improvements.

Westerley 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.

The inspection was unannounced and was carried out on 13 and 14 July 2016 by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We checked the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

As part of this inspection we spent time talking with people who use the service. We also observed how staff interacted and engaged with them during individual tasks and activities. This enabled us to understand their experience of using the service.

We spoke with 10 people who used the service and three relatives. We also spoke with five care workers, one senior care worker, one team leader, one domestic, the chef and the activity co-ordinator. In addition we spoke with the registered manager and three health care professionals.

We looked at four people's care records to see if they were up to date. We also examined three staff recruitment files and other records relating to the management of the service including quality audit records.

Is the service safe?

Our findings

People who used the service were protected from abuse and avoidable harm. They told us they felt safe living at the service; and had not experienced any bullying. One person said, "I feel absolutely safe." A relative of a person who used the service said, "My [name of person] is safe from pressure and the staff are caring." All the people we spoke with made similar positive comments.

Staff were aware of their roles and responsibilities in relation to protecting people from harm. They had a good understanding of the signs of abuse and how to report it. They were confident if they reported any concerns about abuse or the conduct of their colleagues, the registered manager would take the appropriate action. The registered manager told us that safeguarding was a regular agenda item at staff meetings and during one to one supervision. We saw evidence which confirmed this.

We saw training records to confirm that staff had been provided with safeguarding training. There was also information on safeguarding and whistleblowing displayed on a notice board. This was to remind people and staff about the process. We saw evidence that the service had policies and procedures in place to protect people from harm and abuse and the staff worked in line with these procedures.

People had risk management plans in place to promote their safety. Staff told us that the plans provided clear guidance for them to follow; and to promote people's safety. We saw assessments had been undertaken to identify risks in relation to personal care, mobility, moving and handling, skin integrity, falls and the environment. Where risks had been identified, guidance was in place for staff to follow. We saw that risk assessments were reviewed monthly or as and when people's needs changed. For example, in instances where people had sustained a fall. This was to minimise the risk of recurrence and to maintain individuals' independence and safety.

Staff told us that there were plans in place for responding to emergencies or untoward events such as fire, gas or electrical failure. We saw each person had a Personal Emergency Evacuation Plan (PEEP) in place and fire drills were carried out regularly. This was to ensure that staff were familiar with the action to take in the event of an emergency. A list with the names of the utility providers and senior managers who staff were able to contact in the event of an emergency or for advice and support was available. We saw in the event of the service having to be evacuated in an emergency, arrangements had been made with two care homes in the area where people would be transferred to until alternative arrangements were made. This ensured people's safety was carefully considered and promoted. We saw evidence that equipment used to assist people with their care, as well as gas and electrical equipment was serviced regularly to ensure they were safe to use.

People told us that the staffing numbers were sufficient; and their call bells were answered within a reasonable timescale. One person said, "There is enough staff here." Similar comments were made by people and their relatives. Staff told us there were sufficient staff available to meet people's needs and they did not feel under pressure or rushed when supporting people with their care needs. One staff member said, "There is enough staff working here and we never use agency workers." The registered manager told us that

the staffing numbers throughout the day consisted of six staff members and this included the team leader who led the shift. In addition there was one domestic, a laundry person and the chef on duty daily. The number was reduced at night to one senior carer and two care workers.

We looked at the staffing rota for the previous and current week and the following two weeks; and found that it was consistent with the number of staff on duty on the day of our inspection. Throughout the inspection we observed that staff assisted people in an unrushed and safe manner.

Safe recruitment practices were in place. The registered manager told us that staff were subject to a face to face interview and scenario questions were asked. If found suitable to be appointed staff would be required to provide the appropriate documentation such as, references, proof of identity and a Disclosure and Barring Service (DBS) clearance before taking up employment. In the staff's files we examined we found that the appropriate documentation was in place. Staff confirmed that their recruitment process was thorough. We saw evidence that there was a high retention of staff. This ensured continuity of care for people who used the service.

There were systems in place to manage medicines safely. People told us they received their medicines at the prescribed times. One person said, "I get my medication when I want it." Another person commented and said, "I get my medicines twice daily." Staff told us they had to undertake training in the safe handling of medicines and deemed competent before they were allowed to administer medicines. We saw evidence that staff were provided with yearly updated training.

We saw medicines were dispensed in a Monitored Dosage System (MDS) and were stored in a locked trolley. Medicines stored in a non-monitored dosage system were checked regularly to ensure that the balance in stock corresponded with the medicine record. There was an audit trail of medicines entering and leaving the service. The refrigerator temperature along with the room temperature where medicines were stored were checked twice daily. This was to ensure that medicines were stored in the appropriate conditions.

We observed that people's Medication Administration Record (MAR) sheets were fully completed. Each record contained a photograph of the person it related to, which ensured that the medicine was given to the right person. There was a specimen list of staff signatures to ensure that any discrepancies could be identified and rectified quickly. We saw that advice provided by the visiting pharmacist had been acted on. For example, people who had been prescribed for medicines to be given when needed, (PRN) had protocols in place to guide staff. This was to ensure that they were administered safely in line with best practice guidelines. A homely medicine policy had also been developed. Where people lacked capacity we saw that best interests decisions had been made for their medicines to be administered in line with the Mental Capacity Act 2005. The GP, pharmacist, relatives and staff had been involved in any decisions that had been made. This ensured that people's best interests were promoted.

Is the service effective?

Our findings

Staff told us they had received the appropriate training to carry out their roles. They explained when they started working at the service they completed an induction and were provided with essential training. This included safeguarding, fire awareness, health and safety, moving and handling, food hygiene, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The registered manager told us that new staff were provided with four days induction training and worked alongside an experienced staff member until they felt confident to work alone. If staff did not have a national recognised qualification they would be expected to complete the care certificate. (The care certificate is the new minimum standards that should be covered as part of the induction training for new care workers.) We saw evidence within the staff files we examined that demonstrated staff had been provided with induction and ongoing training. In addition we saw that updated training for all staff had been booked and was imminent. Some staff had also completed nationally recognised qualifications in health and social care at levels three and five. This demonstrated that staff were supported to develop themselves in their roles.

There was a supervision and appraisal framework in place. Staff told us they were supported and provided with regular supervision and an annual appraisal of their work performance. One staff member said, "We get bi-monthly supervision which is useful and enables us to resolve any issues straight away." We saw evidence which confirmed that staff were provided with supervision and appraisal.

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. We saw evidence that 25 people had DoLS in place which had been approved by the supervisory body in line with the current legislations. The registered manager told us that work was in progress for a further three applications to be submitted to the statutory body.

Staff told us they always gained people's consent before supporting them. One staff member said, "We always explain to the residents what we are going to do and seek their permission." We saw evidence that people or their relatives had given written consent to be supported. During our inspection, we observed staff gained consent from people. For example, when assisting people with personal care and at meal times. We saw evidence that staff had been provided with training in the Mental Capacity Act (MCA) 2005 and had a good understanding of the DoLS procedure.

People were supported to maintain a healthy diet. One person said, "The food is generally good and we get

two choices at lunch." Another person commented and said, "I like the fish and chips and fish pie." Other people and relatives made similar comments.

Staff told us people were provided with choices and if they did not wish to eat what was on the menu an alternative would be provided. The chef was made aware of each person's dietary requirements. This was to ensure that people's food choices were known. We saw that menus were displayed within the dining area. These were rotated every four weeks and changed every six months. People living with dementia were provided with picture cards of food to enable them to make choices. We observed lunch and found it to be a relaxed activity. Staff interacted with people and where needed, provided prompting and assistance. Throughout the inspection we saw staff offering people hot and cold drinks as well as snacks. For example, we saw that people were offered fresh fruits and those who had difficulty with swallowing the fruits were pureed with cream to enable them to have their dietary needs met. We saw people's weights were monitored regularly to ensure they remained within an appropriate range. If there was a significant reduction of weight loss staff made a referral to the GP.

There were systems in place to ensure that people had access to healthcare services if required. Staff told us that people were supported to see their GP, optician, dentist or other health care professionals. We saw evidence that the district nurses visited people on a daily basis to administer treatments. Other health care professionals such as the community psychiatric nurses visited the service to provide support and advice to the staff team. Health care professionals confirmed that there was good liaison between them and the staff team. Any advice provided in relation to promoting people's health and well-being was acted on. Staff confirmed if there was a change in a person's condition this would be reported to their GP who would ensure that specialist treatment was sought. We saw evidence that some people had been referred to specialists such as, a dietician and the speech and language therapist.

Is the service caring?

Our findings

People and relatives made positive comments about the care and support they received. They told us that staff treated them with kindness and compassion. One person said, "The staff look after me superbly." One relative said, "They look after [name of person] well and are wonderful." Staff told us they enjoyed caring for the people who used the service. One staff member said, "I can have a chat and a laugh with the residents. We are like family." We observed staff sitting with people and explaining matters about their care and support to them in a way that they could understand. We saw that people looked at ease in the company of staff.

Staff told us they worked to ensure that positive relationships were developed between them and the people they supported. They explained that it was important for them to get to know people's histories and background. This enabled them to provide care and support in the way that people wanted. We saw in people's bedrooms there was a list of their likes and dislikes and how they wished to be cared for. This demonstrated that people were supported to feel that they mattered and were listened to.

We found that the staff team was stable; the majority of the staff had worked at the service for a long time and knew the needs of the people really well. The continuity of staff had enabled people to develop meaningful relationships with staff and have confidence in the care that was being provided.

Arrangements were in place for people to express their views and be involved in making decisions about their care and support. For example, we saw evidence that the registered manager held regular meetings with people to discuss the food menus and activities of their choice. People were consulted and involved in any refurbishment work at the service and were given the opportunity to participate in choosing colour schemes and new furniture. There was a suggestion box available at the service. This enabled people and their relatives to make suggestions on the care provided.

The registered manager told us that there was no one using the services of an advocate. This was because family members were advocating on people's behalf. She told us if a person wished to be supported by an advocate there was a procedure in place and a referral would be made to social services for an advocate to be sourced. (An advocate supports people to have a stronger voice and to have as much control as possible over their own lives.)

People told us that staff treated them with respect and dignity. Relatives made similar comments. One person said, "The staff are very good and very nice and absolutely treat me with respect." Another person said, "The staff are very good and preserve my dignity; there's one I would give 100%." Throughout the inspection we observed that staff were discrete when assisting people with their personal care. People were addressed by their preferred name and enabled to choose their attire which was colour co-ordinated and accessorised. This ensured people were supported to maintain their appearance.

People were assured that information about them was treated confidentially. The registered manager told us that information about people was shared on a need to know basis and with their permission. We found

that the computers were password protected and files containing information about people were locked away in filing cabinets. We observed handovers took place in private and staff spoke about people in a respectful manner. This ensured that confidentiality was upheld.

People's relatives and friends were able to visit without any restrictions. The registered manager told us, "I tell family members to treat this place, as if it was their parents' homes. There are no restrictions on visiting." Staff told us that relatives were made to feel welcome and provided with refreshments. One staff member said, "We encourage relatives to have a meal with the residents. One of the relatives often visits and has a meal with their family member." This ensured good relationships with family members were fostered.

Is the service responsive?

Our findings

The registered manager told us before a person was admitted to the service a pre-admission assessment was completed with the person, their family and relevant professionals. People would be invited to visit the service for lunch or tea and meet the people living there and staff. This ensured that the placement would be appropriate and they would fit in with the people already living there. We found that the information gathered at the assessment process was used to inform the care plan. It provided detailed information to guide staff and to ensure that care was provided in a consistent manner.

We saw that people's care plans were computerised and written in a personalised manner to meet their individual needs. They contained information on their strength, independence, mobility, likes and dislikes, medical and social history and communication skills. They were regularly reviewed to ensure that the care provided was current. Staff maintained daily records about people's care, including how they were in mood. The support provided by staff was responsive to people's changing needs. Staff liaised with the community psychiatric nurse for support and advice if they felt there was a change to a person's mood and behaviour.

People were supported to follow their interests and take part in activities of their choice. One person said, "I play dominoes when they organise it." A relative of a person who used the service commented and said, "[Name of person] likes to have her nails done." Staff told us that people were consulted regularly to find out what they would like to do. We saw a variety of activities were on offer daily, including Saturday and Sunday. These included events such as manicures, hair-dressing, sing-alongs, board games, skittles, films, aerobic exercise and arts and crafts. On the day of our inspection people participated in a quiz game and bingo session. We saw that themed events were regularly held around times of the year such as Easter and Christmas. Summer parties and barbecues were organised and people's birthdays were celebrated.

We saw evidence that the staff team supported people to promote their religious beliefs. People were supported to attend church on Sunday if they wished to. Once a month a church service was held at the service and Holy Communion was offered.

People's concerns and complaints were listened to. People were aware of the service's formal complaints procedure. One person told us, "I've nothing to complain about, I can't grumble." The registered manager told us that she viewed concerns raised as part of driving improvements. We saw that each person had a copy of the complaints procedure displayed in their bedroom. We looked at the complaints folder and saw that there was one complaint recorded. Documentation seen demonstrated that the complaint had been dealt with in line with the provider's procedure and to the complainant's satisfaction.

The registered manager told us that yearly quality questionnaires were sent to people, their relatives, staff and professionals. This enabled them to comment on the quality of the care provided. We saw feedback from the surveys was positive. Where areas had been identified as requiring attention action plans had been put in place to demonstrate how they would be addressed.

Is the service well-led?

Our findings

There was a positive, open, inclusive and empowering culture promoted at the service. People told us they were happy with the care they received and felt that the registered manager involved them in discussions in relation to the care provided. One person said, "The place is properly run, I can complement the manager." A relative of a person who used the service said, "I've seen four care homes before this and this one has a different atmosphere and is more family friendly." All the people and relatives we spoke with made similar positive comments.

There was a culture of support and transparency at the service. Staff told us they felt supported by the registered manager and enjoyed working at the service. One staff member said, "[Name of manager] is a good manager and her door is always open to us." The staff member commented further and said, "She makes me feel valued, she says thank you and is really appreciative of how we support the residents." This demonstrated that staff felt valued and able to approach the registered manager for support if required.

Strong links were maintained with the local community. Staff told us that the service had connection with the local churches in the area and the local school. At festive times such as Easter, Harvest and Christmas the children would visit the service bearing gifts and would entertain the people who used the service with their singing. People were also invited to attend concerts at the school. This showed that community involvement was fostered.

Staff described the registered manager as an excellent role model and led by example. They told us that she was passionate and enthusiastic to ensure that people received a quality service. One staff member said, "She listens to suggestions made. For example, we suggested purchasing new equipment for the residents and this was acted on." We saw evidence that regular meetings took place and suggestions put forward by the staff had been acted on. Staff were aware of the service's vision and values and this was underpinned by best practice

Staff told us they understood their responsibility to share any concerns about the quality of the care at the service. They were aware of the whistleblowing procedure and were confident if they had to raise a concern the registered manager would take the appropriate action. We saw evidence that feedback was sought from staff through staff meetings, supervision and personal review meetings.

The registered manager told us that she was committed to providing high quality care. We saw that the service had a five star Food Standards Agency (FSA) hygiene rating. This was the highest rating awarded by the FSA and showed that the service had demonstrated very good hygiene standards. The service was a member of the local care home provider association. The organisation supported their members and provided advice on how to create a better led skilled and valued adult social care workforce. It was evident that the service worked effectively with external agencies to provide a quality service.

Information held by the Care Quality Commission (CQC) showed that we had received all required notifications. A notification is information about important events which the service is required to send us by

law in a timely way.

The service had a variety of quality monitoring processes in place and regular audits were undertaken by the registered manager, local authority commissioners and an independent monitoring consultant employed by the provider. We saw records relating to health and safety, medication, care plans, infection control and accidents and incidents. Where areas had been identified as requiring attention action plans had been put in place to support how improvements would be made.