

M and M Care Home Ltd

Westdene Residential 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?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Westdene Residential Home is a residential care home that was providing personal care to 38 people aged 65 and over at the time of the inspection, some of whom were living with dementia. The service can support up to 40 people.

The care home accommodates people in one adapted building that has been extended over the years and is on two floors. Bedrooms are mainly single occupancy, some with en-suite facilities. People share the lounges, dining rooms, activity rooms and gardens.

People's experience of using the service and what we found

People were safely supported in terms of managing risks, staffing, safeguarding incidents, the suitability of the premises, handling medicines and maintaining good standards of hygiene.

Effective systems were operated for supporting staff with their care skills, training and supervision. The service was effective at offering people choice in their lives, good nutrition and hydration and support with their health care needs. The service was proactive when working with other agencies and ensuring appropriate premises design. People had maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The staff in the service were caring, understanding and treated people well. They understood about people's diversity and individual needs and respected their privacy, dignity and independence. People expressed their views about their care and these were listened to.

People were supported in a person-centred way and had their individual communication needs assessed and met. They were encouraged to establish and maintain relationships with friends and family and had ample opportunity to engage in activities, pastimes and being occupied. Complaints were satisfactorily addressed and managed. People received responsive and compassionate care at the end of their lives.

The culture of the service was positive and lively. Staff understood about the effects of maintaining a quality service and managed risks well. The provider met their registration responsibilities and requirements, engaged and involved people well and looked for ways of improving the quality of care. They also worked well in partnership with other organisations and professional bodies.

For more detail, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 2 July 2018 and this is the first inspection following a change of registered provider.

Why we inspected

This was a planned inspection.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

Westdene Residential Home

Detailed findings

Background to this inspection

The inspection

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

Inspection team

One inspector carried out this inspection.

Service and service type

The service is a 'care home' that provides personal care and support to older people who may be living with dementia.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We looked at information we held about the service. We used the information the provider sent us in the provider information return (PIR). This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed other information we held about the service, such as details about important events that happened there, which the service is required to send us by law. We received feedback from the local authority contract monitoring and safeguarding teams prior to our visit.

During the inspection

We spoke with three people who used the service and five relatives. We spoke with the registered manager, one of the directors, four care staff and a trainer. We looked at a range of documents and records related to people's care and the management of the service. We sampled different documents from eight people's care records and looked at a selection of medication records. We looked at three staff recruitment and induction files, training and supervision information and a selection of records used to monitor the quality and safety of the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse. People and their relatives told us, "I feel safe living here", "Everyone is well cared for", "My relative is as safe as they can be" and "Staff make sure people are kept safe."
- Systems were in place to manage safeguarding incidents and staff were trained in safeguarding procedures.
- Staff demonstrated knowledge of their safeguarding responsibilities and knew how to refer incidents to the local authority safeguarding team.
- Notifications were sent to us of events and incidents the provider was legally required to send.

Assessing risk, safety monitoring and management

- People were protected from risk. Staff monitored people's support needs and put risk assessments in place for using equipment, evacuating the building or receiving support to reduce the risk of harm. Risks were reviewed monthly or as required.
- Accidents and incidents were monitored and analysed for trends to reduce their reoccurrence.
- The premises were safely maintained and documentation and certification supported this.

Staffing and recruitment

- Staff were screened for suitability and security checks were completed before they worked at the service.
- There were enough staff employed to support people with their needs.

Using medicines safely

- People received their medicines safely, as prescribed. There were robust systems for the ordering, storage, recording, administration and disposal of medicines. Medication administration records were accurately completed and accounted for the stocks held and how they were handled.
- Staff who supported people with medicines received training and checks of their competence.

Preventing and controlling infection

- Staff received guidance about infection prevention and control. They used personal protective equipment when required, such as disposable gloves and aprons. This helped to prevent the spread of infection.
- The environment was clean. Staff promoted, monitored and audited infection prevention and control.

Learning lessons when things go wrong

- Accidents and incidents were recorded. Investigations into each incident were fully completed and reviewed by the registered manager. Appropriate and responsive action was taken to reduce the risk of re-occurrence. Opportunities were maximised to learn from incidents that occurred.

Is the service effective?

Our findings

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

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- The provider effectively assessed people's needs, to ensure they could provide an appropriate service for them. This was in line with legislation and best practice to maintain an effective service.
- People and relatives told us, "Staff know and meet my every need", "It's very good here", "I knew I'd like it here for my relative because I was able to just turn up and look around. Everyone was so relaxed" and "People here get 'bespoke' support from the staff."
- The management team worked well with other organisations to ensure people's transition between services was effective.

Staff support: induction, training, skills and experience

- The provider supported the staff team to maintain a good quality of life for people. The support people received was appropriate. People said, "The standard of care is very good here" and "Everything I want and need is brought to me by the staff."
- Staff undertook an induction and received training to prepare them for their role. They were formally supervised and had their performance assessed. Staff confirmed all this took place.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- Staff assessed people's nutrition and hydration needs and monitored these needs as required. Information about people's dietary requirements and preferences was included in their records and this information was made available to the catering staff.
- People were offered a choice of meals and the mealtime experience was calm, well organised and a social event. Relatives were always offered meals if they visited at those times.
- People's comments included, "The food is very good", "I like almost everything they offer me" and "We get some nice meals and there is always plenty to eat." Relatives said, "I often get lunch. It's always good" and "If I need lunch I can have it. The provider is very generous."
- People had access to health care professionals, and staff sought specialist advice where required. A nurse trainer also worked at the service. They provided up-to-date information on many health care areas and monitored staff performance.

Adapting service, design, decoration to meet people's needs

- The premises were suitable for purpose. People were involved in decisions about the environment and any adaptations to make their lives more comfortable.
- The service supported people's independence using technology and equipment, where higher levels of

supervision were needed. Risks in relation to premises and equipment were identified, assessed and well managed.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The provider assessed people's capacity to make specific decisions and had made DoLS applications where required. We found conditions on people's DoLS were adhered to.
- People confirmed staff asked their views and sought consent before supporting them. We observed people being asked by staff to give consent and make choices and decisions throughout the inspection.

Is the service caring?

Our findings

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- Our SOFI observations showed staff supported people effectively and respectfully.
- We received positive feedback from people and relatives about the caring approach of staff. They said, "Staff have been very kind to me", "I feel very happy living here", "I found the staff to be extremely caring and thoughtful towards my relative" and "My relative is treated with respect."
- Staff were kind, caring, thoughtful and helpful. People were interested in each other's conversations and the visitors that came to the service. Staff used everyday conversation to check on people's satisfaction.
- People were comfortable and confident asking staff for support or speaking with them. They were engaged with the activities taking place and interested in leading busy lives.
- People were encouraged to be independent whenever possible, with daily living needs.
- Staff understood their responsibilities to promote people's difference while maintaining the delivery of a service that was equal for all.
- Staff provided good examples to demonstrate how they maintained people's dignity when providing them with personal care.

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

- People confirmed staff respected their wishes and views. We saw staff offered choices and encouraged people to make decisions, such as what they wanted to do or eat and where they wished to spend their time.
- There were resident meetings and a provider newsletter to keep people updated about issues affecting the service.
- Relatives confirmed they had been involved in decisions about people's care.
- Some people had advocates or representatives who supported them with decision-making.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

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

- The provider responded well to people's needs. People's support plans were individually developed with information on different aspects of their care. These were kept up to date as people's needs changed.
- People and relatives told us staff were responsive and acknowledged their preferences. They said, "I am well looked after and rather like it here", "Staff encourage me to pull the call bell if I want some support. They respond quickly when I do", "Staff have always met my relative's needs and promptly" and "Whatever my relative asks for is met, for example, a shower every day." Staff were attentive to people's needs and requests.

Meeting people's communication needs.

From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- We saw evidence people's information and communication needs were assessed, identified and well met. These needs were recorded in support plans.
- People had large print, audio and other communication aids if they needed them. Staff understood and adhered to the Accessible Information Standard.

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

- People were fully supported with relationships and joining in with pastimes. Visitors to the service were frequent and numerous. They told us they felt very comfortable being a part of their relatives' lives.
- People had excellent opportunities to take part in organised activities. An activities coordinator asked people what they wanted to do, planned events and checked if people were satisfied with them and how successful they had been. People had individual activity plans in their bedrooms showing group and personal events to attend. One relative said, "The really good thing about Westdene is their vibrant community. It is always busy with activities."

Improving care quality in response to complaints or concerns

- The provider effectively managed people's complaints. Systems included a policy, a procedure, records of complaints made to the service and responding to people in writing once an investigation was complete.
- People who used the service told us they knew how to complain if they needed, but they had made none

themselves over the last year. They said, "I've no complaints" and "I'd speak with the manager if I was unhappy about anything." Relatives told us, "Any problems and the provider is happy to listen" and "I can speak to the provider or manager any time I wish and they listen."

End of life care and support

- The staff and management team were responsive to people's end of life needs. Support was sensitive and drew on healthcare professional's support. People's families had sent cards and letters of thanks about the support their relatives had received.
- Medicines were in place where required to keep people comfortable. Information about people's requirements and preferences was recorded in their support plans, which included their preferred place of care.

Is the service well-led?

Our findings

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider promoted a positive, open and person-centred culture. The expected values and behaviours of the service were known and signed-up to by staff.
- Staff worked well as a team and were proud of their performance in maintaining a good quality service.

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

- The registered manager in post managed the service well.
- The registered manager and the staff were clear about their roles. Delegation and sharing responsibilities helped with this.
- Quality performance was monitored. The provider's quality assurance system was consistently operated to identify any shortfalls in service delivery and make improvements to it. Risks were understood and mitigated.
- The registered manager met the requirements of their own and the provider's registration. They sent CQC notifications of events that happened in the service in a timely manner. They understood the responsibilities of the 'duty of candour' regulation: to act in an open and honest way.

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

- People and their relatives were engaged and involved in the running of the service. They completed satisfaction surveys. People and relatives had opportunities to attend meetings to air their views.
- People confirmed they contributed. They said, "I can speak as I find about things" and "We are asked our views about most things."
- Staff told us they were well supported by the registered manager.
- The registered manager and staff gave examples of how people were supported in ways that were anti-discriminatory and considered their equality characteristics. Age was no barrier to people engaging in a fulfilling lifestyle. Religion, culture and race were recognised and encouraged. Disability was not seen as a restriction. Disability aids were acquired to enable people to lead a normal life.

Continuous learning and improving care

- The provider and staff learned to make improvements to the service from information they received about their performance and trying out new ways of supporting people.

- The view among staff was there was always room for improvement. They did not wish to stand still. Some of this was channelled through the activities coordinators who looked for new pastimes and ways of occupying people. Care staff looked to help make people's lives more comfortable and improve their health.

Working in partnership with others

- The provider worked very effectively in partnership with other organisations, established good relationships and built useful links in the community.
- Staff worked in partnership with other health and social care professionals for the benefit of people's social and health care needs.