

Parkfield Health Care Limited

Westfield Manor

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?	Outstanding ☆

Summary of findings

Overall summary

About the service

Westfield Manor provides accommodation and nursing care to a maximum of 25 people living with dementia and/or mental health needs. The home is in quiet location close to the church in the Idle area of Bradford. The accommodation offers 21 single rooms and two double rooms and there are two small communal lounges and a dining room where people are able to spend time. At the time of this inspection 23 people were using the service.

People's experience of using this service

Everyone we spoke with told us the service was exceptionally well led. Relatives praised the service and the impact it was having on people. We saw many examples of the positive impact the leadership and compassionate ethos at the home had on people's wellbeing. The service had a welcoming, homely feel which met people's individual sensory needs.

People told us they felt safe at Westfield Manor. Staff were aware of their responsibilities if they were concerned a person was at risk of harm. Care files contained detailed individual risk assessments to reduce risks to people's safety and welfare.

An effective system was in place to ensure medicines were managed in a safe way. Sufficient staff were deployed to meet people's assessed needs and staff recruitment was safe. Staff had undertaken training relevant to their roles and there were clear lines of communication and accountability within the home.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Mental capacity assessments and best interest decisions were completed when decisions needed to be made.

Most people told us they enjoyed their meals and we saw people received support with meals and drinks when required. There was clear and consistent working with other professionals who supported people.

People and their relatives told us staff were very caring and supported them in a way that considered their dignity, privacy and diverse needs. Care plans were detailed and based on robust assessments of need. People were supported with activities and interests to support them to lead fulfilling lives.

Detailed information documented people's advanced care plans if people wanted to record their future wishes.

People told us they knew what to do if they had any concerns or complaints about the service and the management team were very accessible. People who used the service, staff and relatives were asked for their views about the service and these were acted on.

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

Rating at the last inspection:

At the previous inspection (published 1 March 2017) the service was rated good.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor the service and re-inspect in line with the current rating. If we receive any concerning information 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 exceptionally well-led

Details are in our Well-Led findings below.

Outstanding ☆

Westfield Manor

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection took place on 9 and 10 September 2019 and was unannounced on the first day and announced on the second day. The inspection was conducted by one inspector and one assistant inspector on the first day and one inspector on the second day.

Service and service type

Westfield Manor is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

What we did before the inspection

Prior to our inspection we reviewed all the information we held about the service. This included information from notifications received from the registered provider, feedback from the local authority safeguarding team and commissioners. We reviewed all the information we had been provided with from third parties to fully inform our approach to inspecting this service.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

Some people who used the service used non-verbal communication methods. As we were not familiar with their way of communicating we used different methods to help us understand people's experiences. We spent time in the lounge areas and dining rooms observing the care and support people received. We spoke with three people who used the service and four of their relatives. We spent time looking at two people's care plans and other records. We looked at two records relating to staff recruitment, supervision and training, and various documents relating to the service's quality assurance systems. We spoke with the registered manager and the clinical support manager, one nurse, one senior support worker, one laundry/lunchtime supervisor, the cook and two visiting community professionals.

After the inspection

Following our inspection, we received written feedback from a fifth person's relative.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I feel safer with an alarm on my door. It's a bit loud but he's [the manager] looking into it. They [staff] handle me well. They're not rough with you. I've got sensitive skin and they don't bruise me." Relatives told us they felt their family member was very safe.
- Staff knew how to ensure people were safeguarded against abuse and the procedure to follow to report any incidents.

Assessing risk, safety monitoring and management

- Risks were minimised by detailed risk assessments, with clear directions for staff. They included use of bed rails and equipment, falls, mobility, nutrition and hydration, choking, medicines and specific health conditions. People had been involved in decisions about risk and their safety, for example whether to use bedrails. Individual risk assessments were reviewed and updated regularly to ensure they remained current.
- Staff knew how to support people if they experienced behaviours that may challenge others and how to prevent this from occurring through diversions and proactive person-centred support.
- The premises and equipment was safely managed and maintained. The registered manager told us flooring had been replaced and we saw the décor and condition of the building had been updated. The five-year electrical installation check on the building and asbestos check required renewal and this was evidenced following our inspection.
- Fire safety measures were in place, and staff were aware of the procedure to follow in the event of the need to evacuate the building. One fire door did not close during a drill on the day of our inspection and this was rectified on the same day.

Staffing and recruitment

- There were sufficient staff to meet people's assessed needs. One person said, "They [staff] work very hard. I have a buzzer and it lights up. I've got a small one here (in handbag) for when I need it. I push the button and they come." Each individual living at the service was assessed for their dependency level and this helped inform staffing levels. Rotas confirmed staffing levels were consistent. One relative said, "I have never been in the lounge without a staff member being there. If they are down on staff they get agency in. There are always plenty downstairs."
- Recruitment procedures were safe.

Using medicines safely

- People were protected against the risks associated with medicines because the provider had appropriate arrangements in place. Medicines were stored and administered in line with good practice.

- Each person had a detailed medicines care plan, including for 'as required' medicines, such as Paracetamol. One 'as required' medicines protocol for an emergency medicine was not available in the medicines file and was not contained in the person's care plan. This protocol was located during our inspection and placed in the medicine's administration record file.
- Nurses received training and observations to ensure they remained competent to administer medicines.

Preventing and controlling infection

- The service was clean, fresh and well maintained. People were protected from the spread of infections by good staff practice and there was a supply of personal protective equipment available.

Learning lessons when things go wrong

- The registered manager demonstrated learning from incidents and proactive action to embed the prevention of future risks. For example, regularly reviewing all falls and linking these where appropriate to infections and other factors that could be identified in falls prevention.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Physical, mental health and social needs had been assessed. Care plans included guidance and information to provide direction for staff and ensure care was provided in line with current good practice guidance.

Staff support: induction, training, skills and experience

- Staff were provided with an induction, training, supervision and appraisal to ensure they were able to meet people's needs effectively. One member of staff said, "I enjoy the training because I think things change so much in such a short space of time. It's really good."
- Staff completed training including mental health awareness, pressure area awareness, dementia awareness, diabetes and wound management. Epilepsy training was planned. Nurses completed observations in areas such infection control and medicines administration. Staff told us they felt supported by senior staff and had regular supervision and an annual appraisal.

Supporting people to eat and drink enough to maintain a balanced diet

- People's individual dietary and cultural requirements were catered for and healthy eating was promoted.
- Nutritional and hydration needs were carefully monitored by staff and every opportunity was used to support people to keep hydrated with 'hydration stations' in every room, including out on the patio. Snacks were available throughout the day.

Staff working with other agencies to provide consistent, effective, timely care

- The service promoted good relationships with community professionals to achieve best practice and help people to achieve good outcomes. We saw the advice of professionals was included in people's care plans.

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

- The registered provider had adapted and improved the home to meet the needs of people living with dementia or sensory needs. Blue handrails contrasted with the décor to support people living with a visual impairment. Easy read signs were on toilets and bathrooms.
- Sensory items, such as a bubble lamp and neon lights were in place in one room, however the TV and radio were simultaneously playing. This was rectified straight away.

Supporting people to live healthier lives, access healthcare services and support

- The service was proactive in identifying people's health needs and promoting healthy lifestyles. One relative said, "If the doctor comes, they're straight on the phone. They pick up on [my relatives] chest infections. The doctor is here straight away. They get the medication in." One community health

professional said, "Staff seem to know people well. They don't leave everything for us, they are proactive."

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

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 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.

- We found DoLS had been applied for where appropriate with no conditions in place. Staff had a good understanding of the Mental Capacity Act and it was clear from observations and records people's autonomy, choices and human rights were promoted.
- People had their capacity assessed where required, to determine their ability to provide lawful consent and best interest decisions were recorded.

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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

- There was a strong person-centred culture and we observed staff consistently treated people in a kind and compassionate manner. People told us staff were caring. One person said, "Yes, they [staff] are just people that care. It's what they are."
- Relatives comments included, "Absolutely No worries. Staff and management are lovely. You know [my relative] is in good hands." "Excellent. [My relative] is well looked after and clean. The staff are very friendly. It's just the right size home." "The staff are very nice, very good." "[My relative] is snug as a bug. Yes, staff are caring, it speaks for itself. Best thing about the home? It's everything I could expect it to be."
- We saw lots of laughter and joking between people and staff; with people's faces lighting up when staff entered the room. Staff told us they enjoyed working with people who used the service. One member of staff said, "I like working here. I'm a caring person. If the care is not right it makes me upset."
- Staff knew how to support the cultural needs of people from different ethnic and religious backgrounds.

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

- People told us they made decisions about their care and were involved in planning their own support. We saw from care records this was the case. People chose the décor of their bedrooms and some communal areas. Staff were aware of how to access advocacy services for people if the need arose. An advocate is an independent person who supports someone so that their views are heard, and their rights are upheld.
- Staff demonstrated a detailed knowledge of people's individual mannerisms and people's communication methods, and how to interpret these. This had resulted in a clear understanding of people's likes, preferences and goals.

Respecting and promoting people's privacy, dignity and independence

- Staff were fully aware of people's right to privacy and autonomy. There was space for people to spend time alone, but people were also able to easily socialise with others, including using the accessible patio and secure garden.
- People's confidential information was usually kept securely. The registered manager's office door was not always kept locked when unattended and contained some confidential information. This was rectified on the first day of our inspection and an improved lock put in place.
- Each person had an individual detailed pain or distress assessment detailing what to look out for and preventive action. One person said, "They come and sit with me when I'm down. They know when I'm a bit down." When people became distressed staff stepped in appropriately, making adjustments to the sensory environment or interacting with the person with good effect.

- Staff treated people with dignity and respect. One member of staff said, "They need respect and dignity. They need treating how they want to be treated." Staff knocked on the door before entering people's bedrooms and supported people discreetly when in communal areas.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. This key question has remained good. This meant 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.

- Staff had an in-depth knowledge of the people they supported. Staff were fully familiar with people's likes and preferences including the music they liked to listen to, signs of distress or pain and people's individual lifestyle choices. We observed staff using this knowledge to make people comfortable, have fun and reduce any distress. One relative said, "[My family member] is totally dependent on staff but I can't praise them enough for individualising the care."
- People received well-planned and co-ordinated person-centred care. We looked at two people's care plans and found they were person-centred and explained in detail how people liked to be supported.
- People or their representatives were involved in regular reviews and care plans were updated regularly, or when needs changed. One relative said, "They involve us in care plans and ring us up and chat about it. We are kept informed all the time." A second relative said, "I have not looked at the care plans. I rely on these people and they are very good at it. They will involve me if needed."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service met the AIS. People's communication needs were recorded in care plans and Information was provided using photographs, large print and symbols should this be required. Some staff members spoke community languages which enabled people and their relatives to converse in their first language if they wished to.
- Assistive technology was used to good effect, for example with motion sensor equipment. People had access to WIFI if they wished to, for their phones or computers.

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

- Staff encouraged and supported people to attend the activities available within the service. A program of musical entertainment, movement and music and musical therapy was provided every day during the week.
- During our inspection people were enlivened by live music in the lounge and some people woke up to sing along with familiar songs. A relative said, "There is plenty of entertainment. [My family member] enjoys those. They gave [my family member] an instrument. Lady with a guitar and one with ukulele. It's unbelievable how people sing to the music when they can't speak."
- People's sensory needs were met in innovative ways. A large screen in the dining room played a relaxing

scene of a waterfall gently falling. Scent diffusers were used in communal areas for an additional sensory element. Large murals were painted on walls in some communal areas and bathrooms. Music speakers in the corridor played sounds of a Bradford street and the décor matched.

- People experienced an accessible garden area where they grew flowers and vegetables. This was created partly to support a particular person who found gardening therapeutic and the outcome was improved wellbeing and less incidents of behaviour that may challenge others. One person, who used to be a rabbit breeder, kept pet rabbits with staff support. The owners dog spent time at the home and people told us they enjoyed this.
- Staff supported people to maintain relationships that were important to them. Relatives told us they were always welcome to visit. One relative said, "They always make us feel welcome, we can visit any time."
- Sensitive emotional support was provided for people with complex emotional needs in line with multi-disciplinary care plans.

Improving care quality in response to complaints or concerns

- No one we spoke with had any complaints or concerns. One relative said, "The complaints procedure is on the board. If I had a complaint believe me I would complain. I know [my family member] is being looked after properly with their conditions." One person told us they had made a complaint in the past and they were happy with the outcome. The management team created an open culture, where complaints and concerns were welcomed and learned from. Compliments were recorded and shared with staff.

End of life care and support

- We saw detailed information documented about people's end of life care and advanced care plans were in place if people wanted to record their future wishes.
- An end of life care champion attended meetings with the local end of life care link nurse and staff had received training from the community palliative care team.
- Recent compliments had been received from relatives where the home had supported people with end of life 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

At the last inspection this key question was rated as good. At this inspection this key question had improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- People and relatives told us the service was exceptionally well led. One person said, "[Name of registered manager] he's just been this morning and he comes nearly every day. He's lovely. He's caring."
- Relative's comments included, "Yes, it's well led. [Name of registered manager] sits there and [supports people to eat]. There is always a manager here you can speak to. You can always speak to a nurse. I would recommend it to other people. I admire them. It's a family-oriented home. [Name of owner] is one of the most caring people." "I am still really pleased with the home after 5 years. I would definitely recommend it to anyone else. The management is good, the owner is brilliant." "[Name of registered manager] has got the attitude of if there's any problems; don't walk out the door, say something before you go. Don't go away thinking there's something wrong, we'll put it right. It instils confidence." "The manager is a smashing bloke."
- Staff praised the registered manager for positive high-quality leadership and support. One staff member said, "I think the management is really good. It's all been positive. They're trying to make the place look better and they're always open to ideas. When we have staff meetings, he'll ask if there's anything we want to bring up."
- We observed an extremely person-centred, warm and inclusive atmosphere within the service. The registered manager told us their main focus was to improve people's lives. Their core values included passion, determination and respect. It was clear staff and the registered manager were extremely dedicated and passionate about people.
- Everyone received well-planned and co-ordinated person-centred support that was unique to and inclusive for them. The registered manager provided many examples of people with complex nursing or mental health related needs whose outcomes had significantly improved since moving to the service. Two people who came to the service for end of life care had improved to the point of being able to rise from bed every day with improved weight and skin integrity and no longer required end of life support.
- One relative told us their family member was losing weight due to positioning issues related to their specific condition in a previous service. Since moving to the home, with community professional input, the service had carefully followed the positioning guidance, which enabled the person to take more food each day and their concerning weight loss was reversed.
- The registered provider had a robust system to manage and reduce incidents and was aware of the duty of candour.

Managers and staff being clear about their roles, and understanding quality performance, risks and

regulatory requirements

- Good governance was embedded into the running of the service. The quality assurance officer and management team completed audits and inspections of each service within the group and ensured actions were followed up.
- There was a strong focus on learning from incidents and adverse events. Reflective practice was recorded, and lessons learned were shared with the staff team to prevent future incidents. This included effective action to prevent falls related to infections. For example, a lunchtime staff huddle was held to ensure each individual was on course to achieve their fluid intake targets for each day.
- The registered manager had a plan in place in relation to Brexit to reduce any risks that may be presented to business continuity.

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

- The registered manager had an in-depth knowledge of the needs and preferences of the people they supported and made adjustments for people's equality characteristics, such as disability. For example, the registered manager personally attended hospital with one person who was refusing to go for treatment, which enabled them to receive treatment and begin their recovery.
- The provider sought feedback from people, relatives and community professionals and the responses were all positive. People were involved in the service through regular quality questionnaires and meetings and action was followed up.
- Relatives felt the staff treated them as true partners. Relative's meetings had been held with low attendance and relatives suggested a monthly newsletter could replace these. The "Westfield Times" started in May 2019 to share news and good practice, such as hydration stations and staff changes.
- The registered manager held regular staff meetings. A staff survey had been completed and feedback was all positive.
- People were supported to use local community facilities to promote good community relationships, equality and inclusion. One person supported the maintenance officer with their work in other homes. The service held fairs, parties, and barbeques for relatives and members of the public to attend.

Continuous learning and improving care; Working in partnership with others

- The provider reviewed information to improve quality in the service. Improved outcomes were driven by the registered managers modelling of person-centred care and compassion, combined with improvement initiatives. For example; A reduction in infections had been achieved through a program of improving infection, prevention and control(IPC), hydration, nutrition and timely access to health care.
- A series of champions were in place including 'React to red' pressure care champion and oral health champion, as well as a resident's champion.
- The registered manager completed a development action plan each month to ensure outcomes were improving for people.
- Strong partnerships had been developed with community healthcare professionals, for example, ensuring best practice in falls prevention, specific conditions and end of life care.