

# Mrs Vivien Perry

# Westholme

## 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?

**Requires improvement** 

### Overall summary

Westholme is registered to accommodate 26 people some of whom were living with dementia. The home is located near to the centre of St Annes, close to local services and amenities. The property is large, with accommodation spread over three floors. A lift provides access to the upper floors. At the time of our visit, there were 17 people living at the home.

The service has a registered manager, and they have managed the service for 10 years. 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 and associated Regulations about how the service is run.

We saw that records of incidents and accidents were kept. The registered manager told us that these were monitored and reviewed in order to identify areas of concern and improvement. We found documentary evidence to show that risk assessments and safety plans were in place relating to different aspects of the home. For example: care planning, treatment, infection control, medication, healthcare, environmental safety and staff

# Summary of findings

training. Personal Emergency Evacuation Plans (PEEPs) in the event of a fire, had not been drawn up for each individual living in the home. However, these were put into place within 24 hours of our visit to the home.

We found written evidence to show that the registered manager had a system in place used to assess and monitor the quality of the service. The registered manager explained that they were involved in auditing different aspects of the service provided. We saw evidence of these audits, and saw that the system had flagged up areas of concern, and minor issues relating to care delivery and service provision. These issues had been actioned, and dealt with appropriately. A referral to the Speech and Language Therapy (SALT) team for the person who had had difficulty in eating should have been made following a choking incident. However, this was done within 24 hours of our visit to the home, and the service provider was advised by the SALT team that a referral was not needed in this instance.

The registered manager explained that the staffing numbers and arrangements were reviewed routinely, sometimes on a daily basis, in response to the needs of people who lived at the home. The systems relating to the safe recruitment of staff were found to be appropriate. Safe and effective procedures were followed for all staff, including temporary and agency staff. Information held with the personnel records showed that the service had assessed the character of applicants during an interview process, and had undertaken appropriate safety and employment checks to ensure people were either clear to work in care, or unsuitable for employment. The processes for the safe and secure handling of medicines were found to be appropriate.

We found documentary evidence to show that on-going assessment, planning and monitoring of nutritional and hydration needs and intake took place. We observed staff offered support and to enable people to eat and drink when necessary. This was found to be documented within the individualised care plans.

The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensure where someone may be deprived of their liberty, the least restrictive option is taken. We found that action had been

taken by the service to assess people's capacity to make decisions. We found written records to show that considerations had been made to assess and plan for people's needs in relation to mental capacity. The registered manager had a good understanding of MCA and DoLS. We found documentary evidence to show that the systems operated within the home relating to consent to care and treatment took into account both local and national official guidance.

Information held within the personnel records showed that there were processes in place to assess if the staff were competent to deliver care and support to people living in the home. The registered manager explained that the supervision arrangements in place involved not only discussion with staff about their role and work, but the identification of their learning and development needs. The records showed that mandatory training was discussed and planned for, and if staff needed to update their skills, then arrangements were put into place.

Feedback from people about the attitude and nature of staff was positive. Comments included, "They are great staff", "They are lovely and you can have a chat with them". Staff showed they cared for people by attending to their feelings. For example, one person was distressed and a care worker responded to the person. They talked with the person and asked how they were. They gave time for the person to talk and engaged with them.

We looked at the ways in which people were supported to understand the choices they had that are related to their care and support, so that they can make their own decisions. We spoke to four people at the home who said they were comfortable when expressing decisions about their care. Relatives told us that they could approach the staff or manager to discuss issues such as the food, clothing and medication.

Information held within the care plans showed that people had been involved in their assessment of need to lesser and greater degree, depending on their capabilities. This process helped to identify their individual needs and choices, and was based on information supplied by social workers or healthcare staff.

Following our visit, we sought assurances from the service provider and registered manager regarding the

# Summary of findings

action that had taken to address the issues we identified during the inspection. They supplied the Commission with documentary evidence to show the action they had taken to address and remedy the issues.

We found a breaches of the HSCA 2008 (Regulated Activities) Regulations 2014 during this inspection in relation to 'Good governance'.

You can see what action we took at the end of this report

# Summary of findings

## 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.

Although risks were identified and control measures were put in place, some were ineffective. Where hazards had been identified, appropriate referrals to healthcare professionals had not taken place. However, this was done within 24 hours of our visit to the home, and the service provider was advised by the SALT team that a referral was not needed in this instance.

Fire evacuation plans were not in place for everyone living at the home. However, these were put into place within 24 hours of our visit to the home.

People were protected from abuse by systems in place: staff understood how to respond to allegations or suspicions of abuse.

The provider had robust recruitment procedures in place, with a sufficient number of staff and skill mix.

People medicines were managed by staff who had the competency and skills to administer medication safely. There were medication audit trails.

Good



### Is the service effective?

The service was effective..

People were given choices about food and received a balanced diet. Drinks were available, and support was given when required.

Staff were trained and effectively supported. Induction procedures for new members of staff were robust and appropriate.

Staff understood how to support people who did not have the capacity to make decisions for themselves.

Good



### Is the service caring?

The service was caring.

Caring relationships were developed; people were treated with kindness and respect.

Staff interacted well with people living at the home, and people were observed to engage with others in positive ways.

People were able to express their views by being involved in discussions, with staff and family members.

Staff had a good understanding of needs of people in relation to their end of life care.

Good



# Summary of findings

## Is the service responsive?

The service was responsive.

People had access to activities that reflected their interests.

People knew how to make a complaint and told us they would be comfortable to do so. People knew how to raise concerns and they were good systems in place to deal with concerns in a timely manner.

**Good**



## Is the service well-led?

The service was not always well-led

There were quality assurance systems in place which monitored people's well-being and safety, however, in some instances, these were ineffective, and therefore, people were put at risk. The registered manager needed to ensure the she kept up to date with changes in legislation or regulations that govern care services.

There was an open and friendly atmosphere which enabled people to raise issues and make suggestions.

**Requires improvement**



# Westholme

## Detailed findings

### Background to this inspection

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

This inspection took place on 23 July 2015 and was unannounced. It was carried out by the lead social care inspector for the service, and a Specialist Professional Advisor with a background in the care and support of older people.

We reviewed the records we held regarding the operation of the service prior to our visit. We found that the service provider notified the Commission of events such as accidents and incidents as required by regulation. We also reviewed the information we held about safeguarding incidents in the home, and found that there were no on-going safeguarding incidents.

During this inspection we spoke with five people who lived at the home, one visitor, five members of staff and the registered manager. Throughout the day we observed care practices in communal areas and saw lunch being served in the dining room. We looked at a number of records relating to individual care and the running of the home. These included four care plans, medication records, three staff personnel files and quality assurance files.

# Is the service safe?

## Our findings

We spoke with three people who lived at the home. All of them said they were happy living at the home, and said that they felt safe. A number of the people living at the home had difficulty expressing themselves when we asked them about safety concerns, so we spent some time observing people's engagement and interaction. People looked content and happy, and were seen to move around the home freely without coming to any harm.

We found written records to show what the arrangements were to provide safe and effective care in the event of a failure in major utilities, or other types of emergency. Equipment had regular safety checks and there was a quality monitoring system in place. Records held within the home showed that the fire alarm system had been tested and that staff had taken part in regular fire drills.

However, under current fire safety legislation it is the responsibility of the registered manager to provide a fire safety risk assessment that includes an emergency evacuation plan for all people likely to be on the premises in the event of a fire. In order to comply with this legislation, a Personal Emergency Evacuation Plan (PEEP) needs to be drawn up for each individual living at the home. Information held within the care records showed that PEEPS had not been completed. The registered manager explained that she was aware of the need for PEEPS to be in place, and agreed to ensure this process was completed as a matter of urgency. We explained that this was particularly important, taking into account the fact that one of residents at the home, who was a smoker, had been assessed as high risk, as they had a tendency to smoke in their bedroom. Control measures were in place to minimise this risk but they were ineffective, as on the day of our visit, we found the resident to be smoking in their bedroom. However, PEEPs were put in place within 24 hours of our visit to the home.

We checked the care records of one person living at the home, and found they had recently been observed to be choking whilst eating their meal. Staff at the home responded quickly, and performed an abdominal thrust procedure (an emergency technique for clearing a blockage from the airway of an adult), also known as the Heimlich manoeuvre. The prompt action of the staff removed the blockage. The risk assessment for this person had been updated to show that type of food they could

and could not eat: however, a referral to a professional from the Speech and Language Therapy (SALT) team had not taken place. Doing so would ensure that proper professional advice and guidance about food intake could be sought and incorporated into the risk assessment. However, this was done within 24 hours of our visit to the home, and the service provider was advised by the SALT team that a referral was not needed in this instance.

Information held within the records showed that care workers had received training in safeguarding adults during their induction and on-going training was also provided. Staff knew the different types of abuse and were aware of the procedures in place that they should follow if they had safeguarding concerns. The processes in place within the home for identifying and responding to signs and allegations of abuse were found to be appropriate. Safeguarding information was visible in the registered manager's office and posters were displayed in other parts of the home that gave details of how to recognise potential abuse, and how to respond to it appropriately. One staff member said, "We have had training in safeguarding and protecting people from abuse, and safeguarding people from harm is a topic that we discuss at handovers and supervision." We saw records to confirm this.

Accidents and incidents were documented, and we saw that if action was needed to be taken to address issues or change practice, this was completed by the staff. We looked at the care files of four people and found that risk assessments and care plans had been updated following incidents such as falls or illness. For example, one person had experienced emotional difficulties which had led to changes in the behaviour. This had been documented, and their risk assessment updated. We spoke with two staff members about this, and they aware of the risks associated with this person, and confirmed that they had read the updated risk assessment.

The registered manager explained that the staffing numbers and arrangements were reviewed routinely, sometimes on a daily basis, in response to the needs of people who lived at the home. The registered manager explained that she did use a recognised tool to determine the staffing levels, but used the assessments of need and dependency levels of the resident group to determine the most appropriate staffing level.

The systems relating to the safe recruitment of staff were found to be appropriate. Safe and effective procedures

## Is the service safe?

were followed for all staff, including temporary and agency staff. Information held with the personnel records showed that the service had assessed the character of applicants during an interview process, and had undertaken appropriate safety and employment checks to ensure people were either clear to work in care, or unsuitable for employment. The registered manager explained that the application and interview process was in place to check that potential staff had the right skills and qualifications needed to do the job. After people were employed, the service provider had a robust procedure in place if they needed to take disciplinary action against a staff member for whatever reason. This included referrals onto other

relevant agencies be that their professional body or the Disclosure and Barring Service. We found that all disciplinary action taken against staff was well documented.

The processes for the safe and secure handling of medicines were found to be appropriate. The service was found to have a clear process in place for the handling of controlled drugs. Information held within the records showed that staff received training in the safe administration of medicines. The process in place to ensure a person's prescription was up to date and reviewed was found to be appropriate, and took into account their needs or changes to their condition or situation.



# Is the service effective?

## Our findings

People living at the home had difficulty expressing themselves when we asked them about the effectiveness of the home, so we spent some time observing people's engagement and interaction. People engaged with the staff team, and other residents at the home. The staff were seen to interact with people in positive ways, and this showed that they understood how they needed to respond to people's needs.

We found documentary evidence to show that ongoing assessment, planning and monitoring of nutritional and hydration needs and intake took place. We observed that food and hydration was provided and made available in sufficient quantities and on a regular basis, and this was supported by comments from people living at the home. We found there to be a choice of food and drink that took account of people's individual preferences. People said that they could decide when to eat and where to eat.

We observed staff offer support to enable people to eat and drink when necessary. This was found to be documented within the individualised care plans. We found information to show that some people had been assessed as being at risk of losing weight and of dehydration. Systems were found to be in place to monitor and manage these risks, and record keeping was both accurate and up to date.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensure where someone may be deprived of their liberty, the least restrictive option is taken. We found that action had been taken by the service to assess people's capacity to make decisions. We found written records to show that

considerations had been made to assess and plan for people's needs in relation to mental capacity. The registered manager had a good understanding of MCA and DoLS.

We found that the service had appropriate processes in place to ensure that people were able to give consent to their support and care. Where people lacked capacity, the staff and manager knew how to comply with the MCA. Assessment and review processes were found to be in place to ensure that staff and relatives were kept up to date with a person's situation, and to ensure that staff followed the correct procedures when supporting people who lacked capacity. We found documentary evidence to show that the systems operated within the home relating to consent to care and treatment took into account both local and national official guidance. Where needed, mental capacity assessments took place; best interest meetings were convened and referrals to the Local Authority were made if a DoLS was required. The staff we spoke with understood the need to ensure people were enabled to give consent to care, and understood the requirement to seek external advice and guidance if there were any doubts about a person's ability to make informed decisions. The training records showed that staff had either received training in this area, or were due to undertake such training.

Information held within the personnel records showed that there were processes in place to assess if the staff were competent to deliver care and support to people living in the home. The registered manager explained that the supervision arrangements in place involved not only discussion with staff about their role and work, but the identification of their learning and development needs. The records showed that mandatory training was discussed and planned for, and if staff needed to update their skills, then arrangements were put into place. If staff showed any interest in obtaining qualifications relating to care sector, then again, the records showed that arrangement were put in place to meet this need. The staff we spoke with confirmed that they had access to formal supervision and appraisals, and we found documentary written evidence to support this. Information held within individual staff files showed that the staff had received update training and appraisals.

# Is the service caring?

## Our findings

Feedback from people about the attitude and nature of staff was positive. Comments included, “They are great staff”, “They are lovely and you can have a chat with them”. Staff showed they cared for people by attending to their feelings. For example, one person was distressed and a care worker responded to the person. They talked with the person and asked how they were. They gave time for the person to talk and engaged with them. People’s bedrooms were personalised and contained photographs, pictures, ornaments and other items each person wanted in their bedroom. This showed that people had been involved in establishing their own personal space within the home.

We looked at the ways in which people were supported to understand the choices they had that were related to their care and support, so that they could make their own decisions. We spoke to four people at the home who said they were comfortable when expressing decisions about their care. One person said that they could approach the staff or manager to discuss issues such as their food, clothing and medication. A number of people were unable to express a view about their involvement in decision making, so we spoke to a visitor who was visiting their relative. They told us that they felt they could influence the care and support their relative received, and explained that they had been involved in significant decisions about their relative’s healthcare. We found documentary evidence to support this in the care plans and risk assessments.

We observed care workers knocked on people’s doors before entering rooms and staff took time to talk with people or provide activities. People were treated with dignity and respect by staff and they were supported in a caring way. Staff talked with people and involved them in activities. Care workers used people’s preferred names and we saw warmth and affection being shown to people. People recognised care workers and responded to them with smiles which showed they felt comfortable with them. Tasks or activities were seen not to be rushed and the staff were seen to work at the people’s own pace.

Staff confirmed they had received end of life care awareness training. The staff we spoke with told us that the training helped them to ensure all residents receive high quality end of life care. One said, “If someone is at the end of their life, then we make sure they are not alone. If we need an extra member of staff we can do this. It’s important for us to make the end of life a time where people feel comfortable and at ease. This is difficult, but we try our best to make sure people have a comfortable passing.”

People were involved in decisions about their end of life care. For example one person had a ‘do not attempt cardio pulmonary resuscitation’ (DNACPR) order document in place and an advanced care plan (a plan of their wishes at the end of life). We saw the person and their family were involved in this decision and the principles of the MCA had been followed.

# Is the service responsive?

## Our findings

Information held within the care plans showed that people had been involved in their assessment of need, depending on their capabilities. This process helped to identify their individual needs and choices, and was based on information supplied by social workers or healthcare staff. If the person was unable to contribute, information had been actively sought from others such as family members and friends. Written personalised care plans, which detailed people's individual needs and choices, had been put together by the staff and the person in receipt of the care where possible. The reviews showed that where possible, the person themselves had been involved, and if this wasn't possible, family members and others important had been consulted.

The staff we spoke with understood the importance of involving people in appropriate activities which helped people feel involved and valued. Staff told us activities were based on people's preferences. For example there were one to one activities such as talking about the news, reminiscence, arts and crafts. The daily notes in the care plan recorded what activities and events the person was involved in.

The home has a suitable complaints policy and procedure that is publicised in its Statement of Purpose and the documentation was provided to new people entering the home. A record of complaints was kept and examined. The registered manager explained that they had been involved in a long running complaint regarding a former resident. We reviewed the records relating to this complaint, and found that the organisation had liaised openly and honestly with the complainant, and provided them with up to date and accurate information relating to their complaint.

The home had appropriate processes in place to ensure that when people were admitted, transferred or discharged, relevant and appropriate information about their care and treatment was shared between providers and services. Information held with people's personal care records showed that liaison had taken place with other health professionals and a relative spoken with confirmed that they had been involved with the assessment process and had been kept informed at every stage. Staff at the home stated that confidential information was only shared about a person once it was established it was safe to do so. We observed this in practice when a staff member spoke to a relative over the telephone regarding a sensitive healthcare matter.

# Is the service well-led?

## Our findings

Staff confirmed that they received regular handovers (daily meetings to discuss current issues within the home). They said that handovers gave them current information to continue to meet people's needs, and updates regarding incidents, and what action to take to minimise or reduce the possibility of further accidents or incidents. The registered manager explained that they had moved the office downstairs so that they could be closer to the care being provided in the home. A staff member said that this had been a positive move, as it meant that the registered manager could be more easily consulted if needed.

We saw that records of incidents and accidents were kept. The registered manager told us that these were monitored and reviewed in order to identify areas of concern and improvement. We found documentary evidence to show that risk assessments and safety plans were in place relating to different aspects of the home. For example: care planning, treatment, infection control, medication, healthcare, environmental safety and staff training. We found written evidence to show that the registered manager had a system in place to assess and monitor the quality of the service. They explained that they were involved in auditing different aspects of the service provided. We saw evidence of these audits, and saw that the system had flagged up areas of concern, and minor issues relating to care delivery and service provision. These issues had been actioned, and dealt with appropriately. However, as previously mentioned, the quality assurance system operated at the home had not identified that

Personal Emergency Evacuation Plans (PEEPs) had not been drawn up for each individual living in the home. Although this was dealt with quickly by the Registered Manager, the systems operated in the home must be robust in order to ensure the home identifies changes that need to be made in order to ensure the service complies with all relevant legislation.

### **These issues were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

The people we spoke with (service users, staff and a relative) all said that the registered manager and management team provided good leadership. The home was well organised and we found that there were clear lines of responsibility. There were systems in place to monitor if tasks or care work did not take place. One staff member said, "The manager has done a lot of work in making sure the home is on track. She has put systems in place for checking different things such as the medication, care plans and activities."

We observed the registered manager talk to people throughout the day and they spent time ensuring people were content and happy with the service they were receiving. We found that an annual questionnaire was delivered to the people supported by the home, relatives, and local health professionals. The results of the questionnaires and any recommendations were looked at by the management team and put into action. The feedback from the latest set of questionnaires was found to be positive with no recommendations.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered manager did not have an effective system in place to ensure the quality and safety of the service was properly assessed and monitor, in order to mitigate against the risks relating to the provision of the regulated activity. The systems operated in the home must be robust in order to ensure the home identifies changes that need to be made in order to ensure the service complies with all relevant legislation.</p>