

Sanctuary Care Property (1) Limited

# Westmead Residential Care Home

## Inspection report

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

This inspection took place on 20 October 2015 and was unannounced. Westmead Residential Care Home provides accommodation and personal care for up to 35 people. There were 28 people living at the home on the day of our inspection. Westmead has 31 single bedrooms and two double rooms. Communal areas of the home consist of lounge areas, a dining room with additional seating areas. Lounge areas are available for people to use when seeing their visitors.

There was a registered manager in place on the day of our inspection. 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.

# Summary of findings

People we spoke with and their relatives told us they had no concerns about the care provided. People were confident the registered manager would take any worries or concerns about the service seriously. Staff we spoke with showed awareness and recognition of abuse and the actions they would need to take in the event of abuse taking place.

Staff were knowledgeable about people's care needs and the individual risks associated with their care. We saw action was taken following incidents within the home to prevent future similar occurrences. Meetings took place whereby staff were able to share information to ensure they were up dated and aware of people's changing needs and any risks.

People were protected against the risks associated with medicines because systems were in place to ensure they were administered as prescribed. Regular audits were carried out to ensure people had received their medicines.

Staff felt supported by the registered manager and received training to provide them with the knowledge to support people in meeting their individual care needs. We saw staff treat people with dignity and respect while supporting them. People's consent was obtained prior to the provision of care and support. The registered

manager was aware of their responsibility in assessing people's capacity were needed and obtaining authorisation from the local authority if people's liberty was restricted.

Staff knew people well and took people's individual preferences as well as their likes and dislikes into account. People were able to maintain their hobbies and interests within the home or by attending clubs within the wider community. Staff had an awareness of people's life histories which assisted them provide care specific to each individual.

People told us they liked the food available and were provided with a choice. People were supported where needed in a discreet and dignified way. People told us they had access to healthcare professionals as needed to maintain their wellbeing.

People and their relatives were involved in care plans to ensure these were kept up to date. People were involved in the running of the home and were able to express their views which were taken into account by the registered manager and acted upon.

The registered provider and the registered manager had effective systems in place to monitor and review the quality of the service provided.

# 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.

People were cared for by staff who were aware of how to keep people safe. There were enough staff to meet people's needs. People received their medicines as prescribed.

Good



### Is the service effective?

The service was effective.

People's needs were met by staff who were trained and supported. People's consent was sought before care and support was provided. People liked the food and were able to access healthcare professionals.

Good



### Is the service caring?

The service was caring.

People were cared for by staff who were kind and considerate. People were involved in how their care was provided. People's right to privacy and dignity was respected and maintained.

Good



### Is the service responsive?

The service was responsive.

People were able to make choices and engage in pastimes and hobbies. People felt listened to and believed they could raise any concerns about their care.

Good



### Is the service well-led?

The service was well led.

People who lived at the home, their relatives and staff liked the registered manager and found them approachable. People received a service which was audited through quality assurance systems so people benefited from good standards of care.

Good



# Westmead Residential Care Home

## Detailed findings

### Background to this inspection

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

This inspection took place on 20 October 2015 and was unannounced. The inspection team consisted of 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.

As part of the inspection we looked at the information we held about the service provided at the home. This included

statutory notifications. Statutory notifications include important events and occurrences such as accidents and serious injury which the provider is required to send us by law.

The provider had completed a Provider Information Return (PIR) prior to our inspection. The PIR 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 spoke with nine people who lived at the home and seven relatives. We looked at how staff supported people during the day. As part of our observations we used the Short Observational Framework for Inspections (SOFI). SOFI is a way of observing the care provided to people.

We spoke with the registered manager, five members of staff and one visiting professional. We looked at the records of two people who lived at the home. We also looked at a sample of medicine records, minutes of meetings and quality checks.

# Is the service safe?

## Our findings

Everyone we spoke with either told us or indicated from their body language they felt safe both living at the home and with the staff who cared and supported them. One person told us, “I feel safe here, I have no worries”. We saw people were relaxed when they communicated with staff members and greeted them with a smile.

Relatives we spoke with were confident their family member was safe. One relative told us they had, “Peace of mind both when visiting and when they left” as a result of the care provided to their family member. Another relative told us their family member, “Relaxes here and is well looked after”. A further relative told us their family member “Couldn’t be anywhere safer or cleaner”. The same relative added speaking about the staff working at the home, “I have every confidence in the world” and “I couldn’t look after any better”.

We spoke with staff and found they had a good understanding of their responsibilities in the event of them becoming aware of abusive practice within the home. They were able to tell us how they would respond to any concerns they had. One member of staff told us, “People are very safe here” and added, “I would report anything straight away. I would go to the manager”. Another member of staff told us, “We have safeguards in place” and “I have never seen anything whatsoever and I’m vigilant.”

We spoke with a lead care member of staff who was able to tell us of other agencies they would inform in the event of abuse taking place such as the local authority and the Care Quality Commission (CQC). The registered manager was fully aware of their responsibility and told us staff received training in safeguarding. This was confirmed by the staff we spoke with.

Staff members took part in handovers during which any concerns regarding people’s care could be discussed. We heard staff discuss people’s health and welfare to ensure all members of staff were aware of any changes in people’s needs.

Staff were aware of risks associated with the care and support they provided for people. We saw staff were mindful of these risks. For example we saw people who

were assessed as requiring aids to assist their mobility had these at hand. We saw staff assist people with their mobility. This assistance was carried out safely to prevent injury and accidents.

We saw risk assessments were in place and up dated on a regular basis or when required. We were aware of a recent incident at the home and saw amendments were carried out to the risk assessment and staff we spoke with were aware of these changes. We saw action had been taken within the home to prevent the likelihood of reoccurrence of a similar event in order to keep people safe and prevent injury.

People told us staff were available to meet their needs and confirmed they did not have to wait for staff to support them when they needed assistance. For example people told us their call bell was answered promptly. One person told us, “Staff come immediately when you ring the bell during the night”. During our inspection we heard the call bell system sound on a number of occasions. These were answered promptly. On two occasions the alarm sounded was in an emergency setting. We saw staff on duty responded well to these to ensure people were safe.

People we spoke with told us they believed sufficient staff to be on duty in order to meet their needs. On the day of our inspection four care staff were on duty to care and support people who were living there. We were informed by staff that the number of staff on duty was either four or five. In addition there were other staff such as catering and domestic staff. The registered manager told us they determined the number of staff on duty by taking into account the number of people requiring care and support and the level of needs to be met. The registered manager told us they were in the process of appointing an additional member of staff to provide five staff on duty each day. This was confirmed by the staff we spoke with. Staff we spoke with told us there would be a senior member of the care team on duty at all times to provide support and guidance to staff.

We spoke with a newly appointed member of staff who told us they did not start work at the home until relevant pre-employment checks were undertaken. These checks included a Disclosure and Barring Services (DBS) check. The DBS is a national service and holds records of any criminal convictions and is in place to help employers make safe recruitment decisions.

## Is the service safe?

We looked at how people received their prescribed medicines. We saw a senior member of staff administering people's medicines. We saw the staff member informed the person they had their medicines and check they wanted to take them. People were given time to take their medicines and were supplied with a drink. Some people were prescribed medicines on an as and when basis (PRN). We saw the senior member of staff asked people if they wanted these medicines.

Staff maintained accurate records regarding people's medicines. Protocols were in place to guide staff as to the

occasions when people may require their PRN medicines. Audits of medicines were held and the records maintained were carried out by a senior member of staff, additional audits were carried out by the registered manager. We saw records to evidence the application of people's creams and ointments were not always completed. The registered manager had identified this shortfall and had explored different methods to remind staff to complete these records. The registered manager was confident that people were having their prescribed creams and ointments.

# Is the service effective?

## Our findings

People we spoke with told us staff knew how to meet their needs. One person told us, “The staff always support you”. This was confirmed by the relatives we spoke with. One relative told us, “I couldn’t fault it (the care provided). They know my [family member] so well.

People were supported by staff who had received training and were supported in the work they did. Staff told us they felt supported by the management of the home and received regular supervision which provided them with the opportunity to discuss their work, the people they cared for and their training needs. One member of staff told us the training they had received “Makes you think about how you can improve”. A recently recruited member of staff told us they had work with experienced staff before they worked alone. They told us they had found everyone to be welcoming and this had helped them settle in.

Staff we spoke with were aware of the importance of obtaining consent from people before care and support was provided. Throughout our inspection we heard staff ask people for permission before they provided assistance with people’s care and support. For example staff were heard saying, “Can I help you?” and “Do you want me to help you cut that up (referring to the person’s meal). We spoke with staff and found they had an understanding of the Mental Capacity Act (MCA) 2005. Staff confirmed they had attended training and we saw information was available for staff to refer to. The registered manager had carried out assessments on people’s capacity where this was felt to be needed.

We also looked at Deprivation of Liberty (DoL) to ensure people were looked after in a way that did not inappropriately restrict their freedom. One person who

lived at the home told us, “You can come and go as you please”. Staff we spoke with understood the importance of this and making sure people were not unnecessarily restricted. The registered manager had submitted one application under Deprivation of Liberty Safeguards (DoL’S) and was awaiting authorisation from the local authority. The registered manager had put into place an urgent DoL’s as a result of an incident at the home. Staff we spoke with were aware of the urgent action and of the changes which had taken place as a result of this incident.

People who lived at the home told us they enjoyed the meals. One person told us, “The food is good; there is always lots of it”. Two other people agreed with this comment. A relative told us, “I have seen the meals and they look lovely. It’s like a restaurant. Anything not liked the chef will accommodate”. Before lunch people were consulted about what they would like for their meal and the menu was on people’s table for them to read and consider. Although people had already made a choice this was checked out when the lunch time meal was served in case people had changed their minds. We saw staff showed people in turn what the choice was for them to select. People were given the choice as to whether they wanted sauce with their meal or not. We saw specialist equipment was available for some people to enable them remain independent and eat their meals.

People who lived at the home told us they were able to see their doctor or a district nurse when they needed to do so. A relative told us, “If ever anything wrong they always ring me”. The same relative was comforted in their belief their family member was well looked after and that they would be informed if ever they were unwell. We saw evidence of other healthcare professionals visiting people such as dentists and opticians to maintain people’s wellbeing.

# Is the service caring?

## Our findings

People we spoke with were positive about the level of care and support provided. One person told us, “Staff are always here for you” Another person told us, “The staff are my friends”. A relative described the care provided as, “Excellent”. We saw staff engage in laughter and fun with people as appropriate and as a means of maintaining people’s wellbeing. One member of staff told us, “I like to have a bit of fun and a laugh with people. I like to bring a smile to people’s face”. Staff told us they believed they were able to improve people’s lives by providing good quality care. Staff explained to us they wanted, “People to feel at home from home” and therefore ensured the care and support people received and the environment was in line with a ‘homely approach’.

Throughout our inspection we found staff to be kind, friendly and attentive. People were seen to be assisted in a supportive way by the staff. All the interactions we heard were respectful and people were approached and treated as equals and as adults. For example one person showed signs of anxiety. This was observed by a member of staff who offered re assurance and comforted the person until they showed signs of feeling better. This was checked out by the member of staff before they carried on with what they were doing. People were given time to respond when staff spoke with them. When staff were supporting people we saw they ensured they were positioned in a way to demonstrate a caring response. For example either kneeling or sitting down to maintain eye contact.

We had a discussion with one person who shared some family photographs of when they lived overseas. Staff were also involved in the discussion and showed an interest. Staff were aware who people on the photographs were and reinforced how important these people had been to the person concerned.

One member of staff told us they involved people in their own care where possible to promote independence. The same member of staff told us they, “Give people a hand where this was needed. I don’t take tasks off people.” Another member of staff explained how they encouraged people to take part in their care such as while they provided personal care.

People we spoke with told us their privacy and dignity was respected by staff. We saw occasions when care was provided discreetly such as when people needed personal care. We saw a member of staff hand one person a paper tissue as they notice one was needed. Staff were able to describe the action they took to ensure people’s privacy and dignity was maintained. For example by ensuring doors were closed while personal care was provided.

Relatives we spoke with told us they felt welcome at the home. We saw people coming and going throughout the day. Staff knew people’s relatives and often referred to them by their first name.



# Is the service responsive?

## Our findings

People who lived at the home and their relatives told us they were involved in all aspects of care planning. Relatives told us they were involved in their family members care plan. We saw information in care plans about people's likes and dislikes as well as information on their interests and life history. Staff told us they continued to develop these plans as people's needs changed or as they became aware of additional information. Staff we spoke with were able to tell us about recent changes in people's care needs and how these were to be met.

We saw people were able to choose what they did and when they did it. For example what time they had their breakfast. One person told us what we saw on the day of our inspection was, "No different to normal". For example we saw people were offered a choice of drinks throughout the day and staff respected the decisions people made. Staff were aware of people's likes and dislikes and of what was important to them.

People were able to choose whether they engaged in social events in the home. People who lived at the home told us they spent time away from the home as they were able to continue with hobbies and interests they had. For example people were taken to clubs by volunteers. One person told us, "They (the staff) organise the transport and ensure I continue to meet my friends". This enabled people to maintain contact with others and ensured they continued with interests they enjoyed. Another person told us, "I like to walk around the garden, someone always comes with me." A relative told us their family member chose not to take part in these events but this was their choice.

The registered manager told us they had recently obtained two kittens. These were seen during our inspection and were the focus of considerable interest for people who were sat near to where they were sleeping or playing. We saw staff interacting with people showing them the kittens. We saw people smile as they either stroked or spoke to them.

The registered manager told us staff were encouraged to spend time with at least one person each day to have a

chat. This practice was echoed by staff we spoke with including the cook. It was felt this was an important element of the day and a means of engaging with people. One member of staff told us it was important to them to, "Spend time with people and make time to be with people". During our inspection we saw people engaged in pastimes such as decorating biscuits. People told us they enjoyed taking part in this.

We saw minutes of meetings involving people who lived at the home were on display. The most recent minutes showed eight people had attended the last meeting. The registered manager told us they did not attend these meetings unless invited. We saw people were reminded that if they ever felt unsafe they could speak with a member of staff.

We saw events for relatives took place such as a cheese and wine evening as a means of engaging with people's family members and as an additional way of involving people in the daily running of the home.

The registered manager described a system operated by a member of staff to seek the views of people who lived at the home. We were informed people were invited to complete a survey once a year during the week of their birthday. The vast majority of the comments we saw were favourable. The registered manager was able to tell us of examples of actions they had taken if people had felt their care and support could be improved. For example one person who asked for more to do was invited to join a day centre on the same site as the care home.

People who lived at the home were confident they could raise any worries or concerns with the staff or the registered manager. One relative told us they would have, "No hesitation" in speaking with the registered manager if they ever had any concerns about the care provided for their family member.

We were aware of one complaint made about the service provided to one person. The registered manager told us they had taken the issues raised very seriously. The complaint had been investigated fully. We saw information was available to people who lived at the home as well as visitors on the provider's complaints procedure.

# Is the service well-led?

## Our findings

Everyone we spoke with was positive about the registered manager. In turn the registered manager was positive about their job and their staff team. They told us they were, “Proud of the team work” at Westmead and, “We all work together”. The registered manager added, “We get a lot of positive feedback about Westmead”. This statement was confirmed by the feedback we received from people who used the service and their relatives who we spoke with.

Staff told us the registered manager was open and responded to any issues or concerns seriously and quickly. One member of staff told us, “I think she [the registered manager] is very good. She is willing to help”. Another member of staff described the registered manager as, “Very approachable” and, “Very hands on”. Another staff member told us, “The manager likes things to be right for people” and, “The manager has a caring ethos. I think the home is very homely due to her”. A further member of staff told us, “Management are on the ball” and described the registered manager as, “Lovely”.

Staff told us they liked working at the home. One member of staff told us, “We are like a little family” and added, “I have no concerns about the care provided here”. Another member of staff told us, “I love it here. We all support each other and we have great bonds with the residents”.

The registered manager was able to tell us about recent improvements at the home such as having an open plan reception area. We saw the registered manager spent time in this area speaking with people who used the service as they passed by as well as visitors. The registered manager was also able to describe some plans for the future development of Westmead such as the provision of a greenhouse assessable to people who used a wheelchair.

On arrival at the home we discussed the care needs of some people with the registered manager. It was evident from our discussion they knew people well. Throughout our inspection we saw people interacting with the registered manager in a meaningful way. From our observations it was evident people who lived at the home were comfortable with the registered manager. Staff we spoke with told us the registered manager assist them in providing care and support to people.

Staff confirmed they had regular meetings and were able to make suggestions regarding ways to improve the level of service provided. One member of staff told us they had suggested protected mealtimes to ensure people were not disturbed while having their meal and this was adopted within the home. We saw this was in operation during our inspection.

Systems were in place to monitor the quality of the service provided for people. This was so people were able to benefit from a well-managed service. For example regular audits were undertaken regarding people’s medicines. Care plans were audited by senior members of staff and these were also audited by the registered manager. We saw any areas needing improvement or updating were highlighted. Once the necessary changes had taken place these were recorded as part of the on-going auditing process.

We saw audits completed by the registered manager were sent to the organisations head office for others to see and check. The regional manager also carried out checks. We saw all the actions required from these audits had been undertaken.