

The Leaders Of Worship And Preachers Homes Westerley Residential Care Home for the Elderly - Grange over Sands

Inspection report

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Date of inspection visit: 2 June 2015
Date of publication: 22/07/2015

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 unannounced inspection took place on 2 June 2015. During our previous inspection visit on 3 April 2013 we found the provider met all the standards we inspected.

Westerley is a care home registered to provide accommodation for up to 27 older people, some of

whom may be living with dementia. The home is situated on the front in Grange over Sands with views over Morecambe Bay. There were 17 people living in Westerley on the day of our inspection visit.

The home had a manager in post who was recently been appointed and was in the process of applying for registration with the Care Quality Commission (CQC). He was previously registered for another service with CQC. A

Summary of findings

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 found that the service was safe and every member of staff was aware of their role and responsibility to keep people safe at all times. The provider had in place policies and procedures to protect people from harm or the threat of abuse. Staff interactions observed during the visit evidenced people were comfortable and relaxed in their surroundings. Staff had completed training in safeguarding vulnerable adults.

Medicines were well managed with records of the receipt, administration and disposal in place and up to date.

We found there were sufficient staff on duty to meet the assessed needs of the people who lived in Westerley.

People were thoroughly assessed prior to their admittance to the home.

Nutritional assessments were in place and people were encouraged to eat a healthy diet. Special dietary needs were catered for.

Health care needs were met by visiting doctors and district nurses. Mental health professionals were accessed when required.

We saw that people's privacy and dignity were maintained at all times.

There was a complaints procedure in place and people knew how to make their concerns known.

Personal care plans were in place that gave staff sufficient information to care and support people using this service.

Management arrangements ensured the home was well-run. There was an open culture in the home with the staff team supporting each other as well as people living in Westerley.

There was an appropriate and detailed internal audit system in place to monitor the provision of care 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 is safe.

Staff were recruited safely and there was sufficient staff employed to meet all the assessed needs of the people living in Westerley.

Staff had completed training in safeguarding vulnerable adults and were aware of their responsibility to keep people safe.

Medicines were stored safely and administered in line with peoples' prescriptions.

Good



Is the service effective?

The service is effective.

Staff had received training relevant to their roles to help make sure they were competent to provide the support people needed.

People had a choice of meals and snacks. Nutritional assessments were in place.

People's rights were being protected because the Mental Capacity Act 2005 Code of practice and Deprivation of Liberty Safeguards were being followed.

Good



Is the service caring?

The service is caring.

When asked people told us they received good care and support.

Staff knew people they supported very well and treated them with compassion.

People's dignity and privacy were protected at all times.

Good



Is the service responsive?

The service is responsive.

People's needs were thoroughly assessed before they moved in to Westerley.

The home worked well with external agencies to ensure a seamless provision of care.

People were able to raise complaints and concerns knowing they would be listened to.

Good



Is the service well-led?

The service is well-led.

There was a manager in place who had applied to CQC for registration.

There was an appropriate internal quality audit system in place.

All records concerning every aspect of the operation of the home were in place and up to date.

Good



Westerley Residential Care Home for the Elderly - Grange over Sands

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 checked 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 was unannounced and took place on 2 June 2015. The inspection was carried out by the lead adult social care inspector.

We did not receive a Provider Information Form (PIR) although the provider did inform us one was completed and sent to the CQC. We were unable to trace receipt of this. A 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 reviewed the

information we held about the service, such as notifications we had received from the registered provider. A notification is information about important events which the service is required to send us by law. We looked at the information we held on safeguarding referrals, concerns raised with us and checked if there had been any applications made under Deprivation of Liberty Safeguards (DoLS). We planned the inspection using this information.

During our inspection we spoke to four people who lived in the home, a visiting health care professional, the assistant manager, two support workers and the cook. We spoke to the newly appointed manager. We spoke to three people who were visiting relatives during our time in the home.

We looked at the personal care and support plans and checked the receipt and administration of medicines.

We looked at records pertaining to the safety and upkeep of the building and facilities. We looked at quality monitoring records.

Is the service safe?

Our findings

We found the home to be safe. We spoke to four people who lived in Westerly and they all told us they felt very safe. Comments included, “I have lived in this home on and off for the past five years and I wouldn’t keep coming back if I felt afraid about anything” and “I am so happy here and I have always felt safe. It is good to know there is always staff around particularly during the night”. Visiting relatives were also happy and told us they had no worries about the safety of their relatives. One relative said, “I have never felt that my relative was anything but safe living in Westerley. It has taken a weight off my mind”.

There was an incident recently when one of the people who lived in the home left through a side door of the building without telling the staff. A new policy and procedure has since been put in place requesting people and their visitors to use only the front door when exiting or entering the building. This was to ensure the safety of all the people living in Westerley.

The provider had in place policies and procedures to protect people from harm or the threat of abuse. We discussed this with staff and those we spoke to were knowledgeable about recognising any sign of abuse and reporting what they had seen or heard. Staff told us they had completed training in safeguarding vulnerable adults and the staff training plan evidenced this.

We observed staff interactions with people throughout the day and saw that peoples’ body language indicated they felt comfortable, relaxed and safe with the staff who were supporting them. We saw staff putting people at their ease when they were assisting them to move around the building.

We looked at the care and support plans for four people and saw assessments had been undertaken to identify risks to people who used this service. Where risks had been identified there were management plans in place to reduce the risk. Action plans were in place to guide staff in the best way of reducing risks associated with mobility, falls, poor nutrition and allergic reactions to prescribed medication. All risk assessments were reviewed monthly when the care plans were reviewed unless there was a change to the assessed needs when a new risk assessment would be put in place.

We looked at the procedures in place with regards to the receipt, administration and disposal of medicines. We saw all medicines were stored correctly and safely in two locked trollies which were kept secure in the senior staff office. We spoke to the assistant manager who had delegated responsibility for medicines in the home. We saw detailed records were kept of medicine audits evidencing that the records were checked for anything amiss after every medicines round. There were regular check on any medicines in boxes or bottles and homely remedies. The assistant manager explained these checks ensured there was a regular stock check and no build-up of medicines in the home. We saw the medication administration records were all completed correctly.

We looked at the handling of medicines liable to misuse, called controlled drugs. These were being stored, administered and recorded correctly. We checked the number held and found it corresponded with the number recorded in the controlled drugs register.

We looked at the number of staff on duty and found it was sufficient to meet the needs of the people who lived in the home. There were two support workers, the assistant manager, a member of staff who spent time as a domestic and activities co-ordinator, another domestic, a cook, the deputy manager and the home manager on duty at the time of our visit. The manager confirmed that as the number of people living in the home increased the number of support staff would be increased to meet peoples’ needs.

There was a robust recruitment process in place that ensured only suitable people were employed to work at Westerly. We checked four staff personnel files and saw that the checks and information required by law had been obtained before the staff were offered employment in the home.

There were contingency plans in place to manage any foreseeable emergencies and people had individual personal emergency evacuation plans in place. This was to help make sure that there was information on how to support people if the home needed to be evacuated.

Is the service effective?

Our findings

Prior to people moving in to Westerly, their health and personal care needs were comprehensively assessed to ensure the home could respond to and meet their needs in the most appropriate way.

When we spoke to people who lived in Westerley they told us the staff supported them very well. One person said, “These girls know me very well and just what I like. I like to spend some time in my room and they don’t have a problem with that”. Another person said, “I only have to mention I don’t feel very well and they ring the doctor for me”.

Our observations during the visit evidenced staff knew the people they supported very well. We saw friendly interaction and people being called by their preferred name. We asked people if they thought the staff were well trained and one person said. “These ladies know their job very well and they seem to do a lot of training”.

We looked at the staff training records and discussed the staff training programme with the deputy manager. She confirmed she accessed a lot of staff training from Age UK and also another external training provider which specialised in health and social care training courses. Age UK have a training programme in line with the new care certificate.

All the support staff had completed their qualification in health and social care to at least level two and three staff were currently working towards level five. Other staff were about to start their level three. There was a training room on site situated on the top floor with internet access to assist staff with any on line training they wanted to complete. All new staff completed an induction programme as part of their probationary period.

Staff told us they received regular supervision from their line manager. This gave them the opportunity to discuss their role and personal development. Details of the supervision meetings were held on each staff personnel file.

We examined how the service supported people to make their own decisions. People we spoke with told us that they lived as independently as possible and made their own decisions about what they wanted. One person told us, “I know my room is small but it is the one I wanted. It has a lovely view and I can spend as much time here sitting quietly as I want. The girls always make sure I am not lonely and I go downstairs for my meals”.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the Mental Capacity Act 2005 (MCA) legislation which is designed to ensure that any decisions are made in people’s best interests. We asked the manager if there had been any applications to the local authority in respect of deprivation of liberty and they confirmed this had not been necessary up to the time of our inspection. The manager had a copy of Cumbria County Council Guidance to refer to should this be necessary.

Each of the care plans we looked at contained a nutritional assessment and details of regular weight checks. We spoke to the cook who had good knowledge of peoples’ likes and dislikes with regards to their meals. We saw from the menus that good nutrition played an important part in the planning of the menus and that people were given a choice at each meal. There was always an alternative available too if anyone did not want either of the choices presented. We checked the records showing the temperature charts and saw there were cleaning schedules in place.

Health care needs were met by visits from two local GP surgeries and the district nursing service. We were able to speak to a visiting health care professional who was visiting the home on the day of our visit. They told us that the care provided was good and the staff were receptive to advice and help. They went on to say, “Communication can sometimes be a problem when there is a delay in providing items such as a footstool for people. It can take some time before the request is actioned. That said, I do always enjoy my visits here”.

Is the service caring?

Our findings

We found this service to be caring and we saw evidence of staff supporting people in a caring and patient way. We asked people about the staff and if they felt they were well cared for. The replies we received were all positive and included, “I certainly do feel well cared for” and “I love it here and wouldn’t get better care anywhere else. Of that I am sure”. Another person said, “The staff are lovely and nothing is too much trouble”. A relative said, “I cannot fault the care these staff provide. It is a very difficult job and they show an enormous amount of patience with the residents”.

We spoke to staff about their role in caring for older people some of whom were living with dementia and other complex needs. They said, “It is our role to care for the people who live in Westerley and I love my job. I can’t imagine doing anything else”.

We spent some time in the dining room during the lunch period and saw staff serving meals and assisting people in an unhurried way when they needed help. The atmosphere was calm and we saw people were chatting to the others who were sitting at the same table.

We saw, from the care plans we looked at, people were involved in the delivery of their care as much or as little as

they wanted. People who were able had signed their care plans but if this was not possible a family member had signed on their behalf. We asked the manager about relatives who had enduring power of attorney and he said all documentation regarding this was held on file.

People told us they were always asked how they wanted their care to be delivered, and where and how they wanted to spend their time. People told us they were given choices about every aspect of their care. One person said, “I like to sit up and watch television and I can always have a lie in the following day. I always have my breakfast in my room”.

It was noticeable during our visit that staff respected people’s privacy and dignity at all times. We saw staff knocking on bedroom doors and waiting to be invited in. People who had problems with verbal communication were understood by staff who looked at body language and facial expressions to communicate. We saw that people were suitably dressed and ladies had their hair and nails done if they wished.

The registered provider had details of available advocacy services if people needed someone to speak on their behalf. The manager confirmed that currently all those who lived in Westerley had relatives to assist or advise with their affairs if they needed help.

Is the service responsive?

Our findings

We found this service to be responsive to the needs of the people who lived in Westerley. We looked at four care plans in depth and saw that each person had their needs fully assessed prior to them moving in. From this assessment a plan of care and support was drawn up. We saw that preferences were documented along with likes and dislikes, details about religion, hobbies and health care needs.

Some of the care plans contained personal details and life histories and staff told us this information was important as it helped staff to know what peoples lifestyle was like before they moved in. The newly appointed manager told us that he hoped that this information could be expanded to cover all aspects of peoples' lives before they were admitted to Westerley. This was particularly useful when supporting people who were living with dementia as it gave staff pointers about past histories that could be useful with future care planning.

Westerley was currently advertising for an activities co-ordinator but in the meantime one member of staff used at least one hour a day to introduce some activities either for a group of people or on a one to one basis. One person told us, "I get a visit for a chat two or three times a

week, just the two of us and it is lovely". As this home has an affiliation to the Methodist Church there was a daily morning prayer service and a weekly evening service for those wishing to join in. Any person regardless of their religious belief was welcome to attend any of these services.

We saw from the care records that people's weight was monitored and referrals to a dietician or speech and language therapist were made if necessary. Emotional needs were recorded as well as physical needs and advice from the mental health team was accessed when required.

Visitors to the home told us, "I have no worries about the staff responding to my relative's need. Lines of communication are excellent and the senior staff keep informed about his health or any other problems all the time".

The home had a complaints policy in place and details about how to complain were on display around the building. We asked people if they knew what to do if they had any concerns and they said, "Well I would speak to any of the staff and I know they would deal with it. I haven't any complaints though as everything is lovely here". All complaints were recorded together with details of the results of any investigation

Is the service well-led?

Our findings

There was no registered manager in post on the day of our visit as the previous manager who was registered with CQC had moved to another area in the North East. In the meantime the home was managed by the deputy manager with support from the organisation's operations manager. However a new manager was recently appointed and had taken up his post some four weeks prior to the inspection. Although he was only in the process of registering with CQC in respect of Westerley he was previously a registered manager in another service. We spent some time with the newly appointed manager and deputy discussing future plans for the home and the changes that had recently been put in place.

We asked the staff about the support they received from the deputy and the new manager. All their comments were positive. They included, "The home has been very well run by the deputy manager. She has been so supportive and everything has gone really well". Another member of staff said, "I think the new manager is doing well it is not easy coming to a new job but he is making himself known"

Relatives were also very positive in their comments and opinions about the management of the service. "I have never had a problem with any of the senior staff. They all work well together. I know there is a new manager in the job now so we will see".

Westerley was part of a small group of four homes and the provider had policies and procedures in place with regards to core values, privacy and dignity, a person centred approach, quality of life and the aims and objectives of the service. Policies and procedures were kept up to date in line with current legislation.

Westerley had an in-depth procedure to monitor and evaluate the quality of the care and support provided. Regular internal audits or checks were completed by the

assistant managers who had delegated responsibility for completing these. They included monthly audits on health and safety, water temperatures, infection control, safeguarding issues, fire safety, slips trips and falls, care plans and the environment of the building. Daily checks were completed on bedrooms, medicines fridge temperatures and call bells.

Boots pharmacy had recently conducted a medicines audit which showed no recommendations or requirements.

There was a quality audit recently completed by the quality manager from the organisation's head office which showed a number of issues that required attention some of which were disputed by the deputy manager. Those issues that needed attention had since been dealt with to the satisfaction of the operations manager.

Since his appointment the new manager had completed an environmental audit which is now under discussion with the provider. Plans are in place for various improvements to be put in place. It is hoped to have internet access available throughout the home. The manager said this would be useful for people living in the home to contact families and friends who lived away.

We saw records that evidenced all the equipment was serviced under annual service level agreements. These included, gas, electricity, fire safety equipment and aid to assist people with their mobility.

We saw that all the care plan reviews were up to date as were the checks on the medicines administration records.

There was an open and friendly atmosphere throughout the home. Support staff and the senior team confirmed that they had all supported each other during the time before the new manager was appointed. They all appreciated the hard work of the deputy manager and they were now looking forward to a period of stability.