Ascot Care (Westoe Grange) Limited

Westoe Grange 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

Summary of findings

Overall summary

This inspection took place on 6 December 2018 and was unannounced. This meant the provider did not know we were coming. We carried out a further announced visit to the home on 9 December 2108 to complete the inspection.

Westoe Grange 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. Westoe Grange provides personal care for up to 40 older people some of whom were living with dementia. At the time of our inspection there were 30 people living at the home.

There was a registered manager in post. A registered manager is a person who has registered with CQC 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.

This is the first inspection of the service since the provider changed its legal entity on 8 December 2017.

People and their relatives told us that they were safe living at the home. Safeguarding and whistleblowing procedures were in place and staff we spoke with were confident in their knowledge to be able to identify and report any suspected abuse.

Risks to people were assessed as part of their admission to the service and regular reviews of risk assessments were also carried out. The provider had various environmental risk assessments in place which were reviewed on a regular basis. Regular maintenance and health and safety checks were carried to ensure that the premises remained safe. The provider had a business continuity plan in place in the event of any emergency that may arise. The home was clean and tidy and staff carried out regular cleaning of the home. Infection control policies were in place and staff were able to confidently tell us how they would follow this policy. Medicines were managed safely, including the receipt, storage, handling, administration and disposal.

Staffing levels in the home were appropriate to meet the needs of people living in the home.

The provider had a robust recruitment process in place and this included pre-employment checks. This meant that only suitable people were employed to work within the home.

People's care records held lots of detailed information including people's religious beliefs. This meant that staff knew how to care for people in the way they wished to be cared for. 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.

Staff received regular training which provided them with the skills they required to care for people safely. People and relatives we spoke with told us that staff treated people with great kindness and dignity at all times.

People enjoyed a healthy and varied diet and were able to have a choice of meals from the daily menu. People's personal dietary requirements were catered for along with any requests for items outside of the menu. People had regular access to healthcare appointments including visits from their GP, dieticians and podiatrists.

People's care plans were reviewed on a regular basis to ensure that people were receiving care that was appropriate to their needs. Activities were available for people to engage in both inside and outside of the home.

The provider had a complaints policy in place and this was available for people to access. Any complaints received were logged and actioned in line with this policy.

Staff we spoke with told us they felt supported by the registered manager. Healthcare professionals we spoke with were complimentary about the management of the home and felt that the home was well led.

The registered manager carried out monthly audits of various documents including, medicine records, care plans and health and safety records. Where any issues had been identified, appropriate action had been taken.

Regular feedback was sought from people including relatives and healthcare professionals. This was done via a yearly questionnaire and a review of the last survey results showed positive feedback.

The home had good working relationships with other healthcare organisations. This included regular engagement with various local authority teams, local GPs and local clinical commissioning groups.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Medicines were managed safely.

Recruitment practices helped reduce the risk of unsuitable staff being employed.

Regular health and safety checks were carried out of the premises.

Is the service effective?

Good

The service was effective.

Staff training records showed essential training had taken place.

Staff supported people with their nutritional and healthcare needs.

The provider was working within principles of the Mental Health Act (MCA).

Is the service caring?

Good

The service was caring.

People and relatives told us staff were very caring.

Staff were very kind and caring with people.

People were supported to be as independent as possible.

Is the service responsive?

Good

The service was responsive.

People's care plans were reviewed on a regular basis to ensure that they received care that was appropriate to their needs

People knew how to complain if they needed to.

End of life policies and procedures were in place.

Is the service well-led?

Good

The service was well-led.

Quality assurance systems were in place.

Feedback from people, their relatives and healthcare professionals were sought regarding their view of the service.

The service worked in partnership with other agencies to meet people's needs.

Westoe Grange 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 6 December 2018 and was unannounced. This meant the provider did not know we would be visiting. A second day of inspection took place on 9 December 2018 which was announced.

The inspection team was made up of one inspector.

Before the inspection we reviewed the information we held about the service. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We contacted the local authority commissioning team, CCG and the safeguarding adult's team. We contacted the local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England . This feedback was used to help with the planning of the inspection.

During the inspection we spoke with two people living at the service and three relatives. We spoke with the registered manager, two staff, the activities coordinator, one visiting district nurse and one visiting community nurse. We also had written feedback from one social worker and one visiting podiatrist.

We looked around the building and spent time in the communal areas. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We looked at three people's care records and we looked at three staff files. We also looked at other records relating to the management of the service including complaint logs,

accident reports, monthly audits, and medicine administration records.

Good

Is the service safe?

Our findings

People and their relatives we spoke with told us people were safe living at Westoe Grange. One person told us "Oh yes I feel safe. I like living here, it's good company and they look after me well." One relative told us, "I don't have any worries about [family member] living here, definitely not. Staff are excellent!" We asked one visiting professional if they felt the service was safe and they told us, "Definitely! I know that if I leave instructions for things to be done it will be passed on. Staff are very knowledgeable about the people they care for."

The provider had a safeguarding policy in place. A review of the safeguarding log showed that incidents had been logged and reported appropriately to both the local authority and CQC. Any issues which resulted from any safeguarding incidents were investigated and appropriate actions had been put in place, this included sharing any lessons learnt with staff. Staff we spoke with were able to explain to us their understanding of safeguarding along with the steps they would take if they had concerns regarding any safeguarding issues.

People's care needs were assessed and detailed care plans were in place. People received care that was appropriate to their individual and environmental needs. For example, one person who was at risk of pressure damage to their skin, had an individual detailed risk assessment in place. This included the 'pressure setting' for their mattress, along with how often the person should be 'turned' in bed to prevent any pressure damage occurring to their skin. Environmental risk assessments were in place, for example fire safety and infection control. Any identified issues were logged and actions recorded and risk assessments were subsequently updated.

The provider carried out regular premises and equipment safety checks. These checks included for example, portable appliance testing (PAT), gas safety checks and regular fire drills. Any issues identified were logged for action and were either actioned by the provider's own handyman or by suitably qualified professionals.

Sufficient levels of staff were employed to care for people. A review of staffing rotas along with observations during the inspection supported this. We asked one person if they thought there were enough staff to care for them safely and they told us, "Oh yes, they come quickly, the girls are lovely!" People's care needs were reviewed on a monthly/where necessary basis and staffing levels were amended to support any change in need. During and leading up to the inspection, the provider's lift was out of service due to awaiting the delivery of spare parts. This meant that staff were extremely busy especially at lunchtime, as staff were required to manually carry peoples' lunch up from the kitchen in the basement floor, to the ground and first floor. The provider had taken positive steps to ensure minimum impact on people and had transformed an out of use bedroom into a temporary dining room for people living on the first floor. Since the inspection the provider has confirmed that the lift has been repaired and normal service has resumed.

The provider had an appropriate recruitment process in place to ensure that only suitable and qualified staff were employed to care for people within the service. Relevant checks had been carried out prior to any new staff commencing work. These checks included obtaining two suitable references, proof of identity and an enhanced disclosure and barring service certificate (DBS). DBS checks, ensure that only suitable people are

employed to work with vulnerable people.

Daily and weekly audits were carried out of peoples' medicines. These were carried out by senior care staff, and supported by a weekly audit that was completed by the registered manager or deputy manager. In addition, a recent audit had also been carried out by a local CCG pharmacist with no issues identified. Each person had a medication administration record (MAR) in place. Where required, a topical medication record (TMAR) was in place for creams or lotions. A photograph of each person was attached to their individual MAR sheet. MAR sheets are where staff record and initial when a person has been given their medication, refused their medication or where creams had been applied.

The medication treatment room was reviewed. This room was found to be clean and tidy with a regular cleaning rota in place. A review of the treatment room log showed that both room and fridge temperatures were appropriate and were recorded each day. Medicines were administered by suitably trained staff whose competencies were reviewed every six to 12 months by a local pharmacist. Any unused medicines were logged and returned to the local pharmacy on a monthly basis.

The service was clean, free from any bad smells and cleaning schedules were in place. All staff were seen to wear personal protective equipment for a variety of tasks. A review of the laundry room showed a clean and well organised area. Cleaning staff we spoke with, were able to tell us the process they would follow to ensure that cross-infection did not occur.

The kitchen area was clean and tidy and food was stored appropriately. Fridge and freezer temperatures were recorded daily. However, a review of records showed that for one fridge (on some days) the temperature exceeded the recommended safe temperature of no more than 8 degrees. We spoke to the chef regarding this issue and they agreed to buy a more reliable thermometer.

Accidents and incidents were logged and were reviewed and analysed by the registered manager. Any incidents were reviewed and lessons learnt. This review included amending care plans where necessary to ensure that people were receiving the correct level of care and support they required.

Good

Is the service effective?

Our findings

Prior to admission to the service, people's needs were assessed to ensure that the service was able to provide the level of care and support that people required. One relative we spoke with told us, "Prior to mam coming to the service I came over first for a look around, then I brought mam over and they did a pre-assessment. Everyone was lovely and nothing was a worry. Also, when they did mam's pre-assessment they identified an issue with her medication which was wrong. The home contacted mam's surgery to sort it out. We didn't look anywhere else!"

Staff received regular training which supported them with the necessary skills to provide people with safe care. Training topics included for example, safeguarding, fire safety and mental health. Staff we spoke with told us they felt confident in their roles and they received regular training. Visiting healthcare professionals told us "The staff here have an understanding of dementia and their training is ongoing," and "Staff are lovely and quite knowledgeable, I don't have to explain to staff what things are, they know!"

People were supported to eat a healthy and varied diet. People we spoke with told us "Dinner is nice and I get more if I want" and "I am never hungry." We observed people enjoying their lunch which was a very pleasant experience. People told us that they had a choice of food and were able to request something different if they didn't want what was offered on the menu. A review of the kitchen showed well-stocked cupboards with lots of fresh products. At the time of inspection, the 'winter menu' was in place and this menu was on a four-week cycle. The chef told us that as the seasons change, so does the menu. At the time of inspection no one was on a vegetarian diet but the chef confirmed that if people did want a vegetarian diet that would not be a problem.

We reviewed people's daily fluid intake charts. We identified gaps in the recording on two people's charts, one of whom had been recommended to have a fluid intake of 1800mls per day. We spoke to the deputy manager regarding this, and they agreed to review these documents and take immediate action to address.

Files were held in the kitchen to inform kitchen staff of any special dietary requirements and people likes and dislikes. This information included if anyone required their food to be prepared in a certain way for example mashed or pureed or if anyone had any allergies to certain types of food.

A review of care plans showed that people had emergency healthcare passports in place (EHCP). These 'passports' are documents that hold important information for example, how people should be cared for, what medication they take and any known allergies. EHCPs are used in situations such as if anyone is admitted to hospital. This document would 'travel' with that person which meant that hospital staff would know how to provide a level of consistent care during their stay in hospital.

People had access to regular healthcare services for example, their GP, specialist consultants and opticians. District nurses and community nurses were regular visitors to the home. One district nurse we spoke with told us, "There is a good relationship between [registered manager] and district nurses." A community nurse we spoke with told us, "Staff are really helpful, they always ask if there is anything they can do to improve

things, to make things better for people. I know that if I ask for something to be done it will be done, staff are very pro-active in their approach."

The home had a very welcoming atmosphere, and had been decorated to support people living with dementia . There lots of Christmas decorations that were in place. including, Christmas trees in various communal areas as well as people's personal rooms. Signage was in place which assisted people with their navigation throughout the home. Corridors of the home held lots of memorabilia and ornaments for people to look at and to promote conversation. One walled area of an upstairs corridor had been named 'Then and Now' and held 'old' black and white photographs of South Shields. People's rooms were very personalised and comfortable and held lots of personal items for example, family photographs, ornaments and bedspreads. Each room also held a photograph of that person with their name, along with how they liked to be addressed.

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.

Staff had received appropriate training and staff we spoke to had a good understanding of MCA and DoLS. Staff were able to describe how they would promote and support people to have maximum choice. Decision specific mental capacity assessments were being undertaken and records of these were kept. Best interest decisions were being made which were recorded and reviewed appropriately. DoLS paperwork was in order and the registered manager had a process in place to ensure that DoLS were up-to-date along with a system of alerting them when DoLS were due for renewal.

Good

Is the service caring?

Our findings

People, their relatives and visiting professionals all told us how caring staff were at Westoe Grange. One person we spoke with told us "I like living here, it's good company. All the girls are lovely. When I came in I felt like I was coming into my family." We asked one relative if they thought staff were caring to their loved one and they told us "Yes I do, 100%!" Another relative told us, "Yes the staff are caring, they are caring with everyone, so caring." A district nurse we spoke with told us, "The staff make the home, people are always clean and comfortable. I am here quite regularly and not once have I heard staff speak inappropriately, they are very caring. Care that is provided here is exceptional!"

Throughout the inspection, we saw that staff were attentive, kind and caring to the people they cared for with lots of laughter and genuine affection. We saw that people responded to this approach and it was clear that staff knew the people they cared for very well. During inspection, one person came into the dining room and it seemed they had forgotten why they were there. A member of staff stepped in and asked "[Person's name], are you okay? Come on why don't we go and get you a nice cuppa?" They placed their arm around the person and led them off to get a cup of tea. Another member of staff who was leaving for the day passed a person who was sitting in a chair in reception. This person asked where the member of staff was going. The staff member stopped, had a chat with the person and said, "I will see you tomorrow!" They then gave the person a cuddle before saying goodbye.

Where possible people were involved in planning their care and were involved in regular reviews to ensure that the care and treatment they received was as effective as possible. Where people were not able to be involved, relatives we spoke with confirmed they had regular discussions with the registered manager regarding their loved one's care. One relative we spoke with told us "We spend time doing mam's care plan and it is great!"

Various thank you cards that had been sent by relatives were available to read for people and relatives to read. One card included "We can't thank you enough for the care you gave [Person's name] and [Relative's name]. The last few weeks have been very traumatic so the love, patience and care has been outstanding. You are the best!"

Information regarding advocacy services was clearly available to people, relatives and visitors. Advocates help to ensure that people's views and preferences are heard.

Staff were seen to treat people with great respect and dignity. This was especially so when people requested support with personal care. For example, we saw that staff supported people to the bathroom in a discreet manner.

The provider had appointed a member of staff as Dignity Champion. Their role was to advocate good practice in the home and to bring forward new ideas to further improve dignity in the home.

During lunchtime staff were seen to encourage people to be as independent as possible whilst eating their

lunch. For those people who required assistance to eat their lunch, staff were both supportive and respectful. Staff took their time to make sure people enjoyed their lunch and did not feel rushed.

Relatives we spoke to told us that they were always made to feel welcome when they came to see their loved ones. They told us that they felt listened to, and that staff and the registered manager always had time to have a chat with them. One relative we spoke with told us, "I come in when I like, and they offer me a meal when I come in!"

Care records and personal information regarding people were held securely in a locked office which had limited access. This ensured that people's private information was only accessible to care staff and managers.

Good

Is the service responsive?

Our findings

Care plans we reviewed were very detailed and person-centred. Details included people's life history, their preferences, likes and dislikes along with their religious beliefs. The level of detail included allowed staff to be able to understand how to support and care for people in the way they wished to be cared for. People and their relatives had been involved in the creation of care plans. Care plans were amended as and when people's needs changed, for example if people required a change to their diet following a visit from a dietician. Regular monthly reviews were carried out by the registered manager and deputy manager. Any issues identified were noted on an action plan with a date for completion included. These reviews were further supported by a more formal six-monthly review when people and their relatives (where possible), were invited to discuss care plans in more detail.

The provider employed a dedicated activities co-ordinator who arranged activities for both inside and outside of the home. There were two notice boards in the home that allowed people to see what activities were planned – there was a 'What's Happening Board' as well as a 'Westoe Grange Activities and Events Board'. We saw that lots of planned activities were of a Christmas theme for example, Christmas Jumper Day, Christmas Party and the attendance of dancers from Newcastle College. General activities included both group activities such as bingo and darts as well as one-to-one activities such as listening to music. During warmer months, people were able to access and enjoy the garden and engage in gardening activities. Monthly external trips were also arranged and included visits to the beach, museums and local farms. Each person had a dedicated activities log, which was broken down into activity type for example, physical, cognitive, social and sensory. The activities co-ordinator had activities pre-planned for the forthcoming year with two activities planned for each day. In addition to daily group activities the activities co-ordinator told us that they tried to do two things with each person, per week on a one to one basis.

People also had access to the home's computer and a 'computer tablet'. A small 'club' had been established in the home, called the 'Silver Surfers Club' and people could access the internet to listen to music, watch films and reminisce. The 'computer tablet' had been purchased for the home as the result of a donation that had been made to the home. People made good use of this tablet and regularly 'skyped' with their relatives living abroad and further down the country. This allowed people to not only speak to their relatives but to see them also. This played an important part in making sure that people had regular contact with relatives who they may not otherwise see for long periods of time. The registered manager also told us that they had plans to set up e-mail correspondence for those relatives who were unable to visit. This meant that relatives would be kept up-to-date regarding how their loved ones were, living at the home.

The provider had a complaints policy in place. Since January 2018, five complaints had been received. Four of these complaints were from relatives and one complaint had been from a visiting social worker. Four of these complaints had been fully investigated and responded to which was in line with the provider's own complaints procedure , one complaint was still in progress. In addition to this, the provider had taken steps to amend procedures to prevent reoccurrence, thus ensuring that any identified areas of improvement were taken from any complaints received, and were used to improve the level of care and support provided.

People and their relatives we spoke to, told us that they knew how to complain but had not had reason to do so. However, they told us that they were confident that if they did have any concerns that staff and managers would listen and take appropriate action.

Training records showed that staff had received training for end of life care. At the time of inspection no one living at the service was receiving end of life care. However, care plans included information to demonstrate that discussions had been held with people regarding their end of life wishes including how they wished to be cared for at such an important time in their life. One visiting professional we spoke with told us "The home likes to keep people at home. When I was a student nurse at hospital there was one person there who was on end of life care. The home said bring the person home, it's their home."

Good

Is the service well-led?

Our findings

The service had a registered manager. 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. The registered manager understood and carried out their responsibilities to people and staff.

Staff we spoke with told us that they enjoyed working at the service and that they felt supported in their role. Both the registered manager and the deputy manager operated an open-door policy and staff confirmed this was the case. One staff member we spoke with told us, "I have raised an issue before with [registered manager] and it was sorted." Visiting professionals spoke highly of the registered manager and comments include, "The service is well-led spot on!"

Staff meetings are held every other month and are split between carers, senior carers, kitchen staff and night staff. Staff are encouraged to provide feedback and ideas as part of these meetings. As a result of recent feedback, the registered manager told us that as a home they were looking to introduce inter-generational visits by local children and their parents.

The registered manager carried out a range of monthly quality checks including for example care plans, infection control and health and safety. Any issues identified were noted with a date and time set for completion. A review of subsequent audits confirmed that those actions identified had been carried out. The registered manager and deputy manager also carried out monthly out-of-hours checks to the home to ensure that care provided was consistent through day and night. The provider's operational manager also carried out monthly quality visits to the home. These checks included a review of the registered manager's monthly audits, inspection of the premises, speaking with people and speaking with staff. Again, any issues identified were noted and appropriate action taken.

A review of the provider's accident file confirmed that all appropriate incidents, accidents and safeguarding notifications had been submitted to CQC as required by the provider in order to meet their registration requirements.

Annual questionnaires were sent out to people, their relatives, staff and visiting professionals. Questionnaires for 2018 had only just been sent out at the point of inspection and we were therefore unable to review. However, a review of 2017 survey results showed a positive response rate along with a majority, of positive responses. All of this information was displayed for people to see on the notice board in reception.

The registered manager hosted a residents and relatives meeting. People were invited to join in these meetings which cover forthcoming activities, what is happening in the home, and an opportunity for people to share their thoughts and provide feedback.

Accidents and incidents were reviewed and analysed to see if any learning could be taken from these.

Documents seen supported that lessons had been learnt. For example, one issue had been identified with call bells in people's room. The registered manager had introduced a new way of recording, call bell information to address this issue. The registered manager had then subsequently updated their monthly audits to include a review of call bell recordings.

The home worked in partnership with other organisations and worked closely with the local clinical commissioning group (CCG) as well as the local authority commissioning group and safeguarding team. In addition, the registered manager had arranged for a local GP to carry out regular 'mini ward rounds' in the home and this had proved very successful.