Sanctuary Care Property (1) Limited

Westmead Residential Care Home

Inspection report

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23 January 2018

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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 over a period of two days. Both visits were unannounced.

We previous inspected Westmead Residential Care Home on 20 October 2015 and rated the provider to be Good in all five questions and Good overall.

At this inspection, we found the service remained Good.

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

Westmead accommodates a maximum of 35 older people in one adapted building. Care and support was provided for people on both the ground and first floor. On the first day of our inspection there were 31 people living at the home. Some people were living with dementia.

There was a registered manager working at the home at the time 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.

People felt safe living at the home. Staff were aware of the action needed if they were concerned about people and their safety at the home. Staff were aware of how to reduce risks to people's care and used equipment safely to promote good care. People's dependency levels were monitored to assess the number of staff required to meet people's needs. Some people believed staffing levels to be low at times to care for people in their preferred way. People received their medicines as prescribed.

Electronic care plans were in place. The registered manager was aware improvements were needed to ensure information was available to senior staff for them to fully audit them and was working with programme designers to achieve this.

Risks of infection were reduced due to systems and practices in place. Accidents and incidents were reviewed to reduce the risk of reoccurrence and in order for lessons to be learnt to prevent further incidents.

People's needs were assessed and known to staff before they moved into the home to ensure they could be met. Staff received training and were supported to assist them provide the care people required. There were some mixed comments regarding the food provided from people at the home and whether people enjoyed it. People received support with eating and drinking as required to meet their needs. People were assisted to received support and advice from healthcare professionals to help maintain their wellbeing.

People were supported to have a choice and control of their lives. Staff supported people in the least restrictive way possible.

People liked the staff that provided their care and support and were able to relax and spend time with them. Staff were aware of different means of communicating with people and ensured people received care and support in a dignified way. Staff had knowledge of people's likes and dislikes as well as their personal life histories. Relatives were confident their family member would receive good end of life care.

People were able to spend time doing things they enjoyed doing and were able to participate in events at the home. People and their relatives were aware of how to raise complaints and were confident these would be addressed.

People, their relatives and staff were complimentary about the registered manager and the senior team. Management systems were in place to ensure checks were undertaken so people would receive quality care and support. People and staff felt listened and to and believed their opinions were taken into account.

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 remains safe..	Good
Is the service effective? The service remains effective.	Good
Is the service caring? The service remains caring..	Good
Is the service responsive? The service remains responsive.	Good
Is the service well-led? The service remains well led.	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 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 took place on 05 and 23 January 2018 and was unannounced. We previously inspected this location in October 2015 when we rated the provider as Good in all areas and Good overall.

The inspection was carried out by one inspector. On 05 January 2018 an expert by experience joined us. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was dementia care.

We reviewed the information we held about the provider. We also looked at information shared with us by the local authority commissioners. Commissioners are people who work to find appropriate care and support services, which are paid for by the local authority. We looked at the statutory notifications the provider had sent to us. A statutory notification is information about important events that the provider is required to send to us by law.

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 used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

To help us understand people's experiences of the service provided we spent time talking with people. This

was to see how people spent their time, how staff provided care and support and to establish what they thought about the service they received. We also spoke with relatives who were visiting the home at the time of our inspection.

We spoke with twelve people who lived at the home and seven relatives or friends of people either while they visited the home or on the telephone. We spoke with the registered manager, the regional manager and seven staff members including lead care staff, care staff, domestic and catering staff. We also spoke with one healthcare professional.

We looked at six people's care records and other records relevant to some of these people's support such as medicines records and daily records. We looked at quality assurance checks, meetings involving people and relatives, compliments and complaints and accident records.

Good

Is the service safe?

Our findings

At our last inspection in October 2015, we rated the service for this question as Good. At this inspection, we found it continued to be Good with people receiving care that was safe.

People we spoke with told us they felt safe living at the home. One person told us they were, "Definitely safe" living at the home. Relatives we spoke with also told us they believed their family member to be safe. One relative told us this was because they had found the staff to be, "Very kind" towards their family member and other people living at the home. Another relative told us it was a, "Sense of relief" to have their family member living at the home because they believed them to be safe and well looked after by the staff.

Staff we spoke with told us they had received training in their responsibilities regarding safeguarding people. One member of staff told us, "People are safe living here." Staff had an understanding of the action they would need to take if they became aware of a safeguarding concern. They told us they would initially report concerns to the registered manager and or to the provider.

The registered manager was aware of their responsibilities in relation to ensuring people living at the home were safe. They were aware of how to report any concerns regarding actual or potential safeguarding and who to report these to. The registered manager had reported concerns in a timely way. They held daily meetings with representatives from different sections of the home to discuss any concerns and to ensure they were kept up to date with people's care. During these meetings, they were also able to discuss any lessons learnt. This was to ensure care was safe and effective. Contact details regarding safeguarding were readily available in the reception areas of the home for people, staff and visitors to access.

A relative told us, "They [staff] do everything to minimise risk". We saw staff assisting people with their mobility needs. Staff carried these out in a safe way and ensured people had the equipment they needed to enable them to be as independent as possible. For example, when staff used wheelchairs we saw footrests were in place to prevent people sustaining an injury. Other staff were seen checking people were alright and felt safe while they were mobilising within the home. Risks to people such as choking were known to staff that were able to explain to us the practice in place to reduce these risks. Risk assessments were in place, which had taken into account the findings and guidance of healthcare professionals. The knowledge held by staff matched the risk assessments and guidance. Risk assessments were carried out and reviewed on a regular basis. These took into account issues such as people's footwear and medicines they were taking in the event of people having falls. This was in order to reduce further occurrences. We saw Personal Emergency Evacuation Plans (PEEPS) were completed for each person living at the home. The PEEPS described the support people would need in the event of having to evacuate the building.

The registered manager told us about the staffing levels at the home. They told us about the dependency tool used to determine the number of staff required and felt there was sufficient staff to meet the current needs of people living at the home. The staffing figures included lead care staff as well as care staff. During the night, two or at times three members of staff were on duty. The registered manager confirmed some people needed two members of staff during the night to be able to meet their needs but felt confident

staffing was sufficient. One of these staff members would be identified on the rota as responsible for the shift. The registered manager told us they saw the night staff each morning and they had not raised any concerns about the number of staff on duty and had no concerns themselves about the staffing available.

One relative we spoke with told us, "Always a member of staff available". Staff believed, staffing levels to be sufficient to meet the needs of people. Staff confirmed agency staff were not used as permanent staff employed by the provider covered extra or additional shifts.

A call system was in place within the home. One person told us, "I ring that bell and staff come". On a number of occasions, we heard this go into an override mode or emergency mode. Staff responded in a timely way when the call bell sounded especially when the emergency sound was heard. This ensured people's needs were attended to when they needed assistance.

Staffing was stable at the home therefore the recruitment of new staff was not a frequent event. The registered manager confirmed checks regarding the suitability of new staff members were undertaken prior to them starting work for the provider. We saw checks had been carried out regarding a recently employed member of staff. These checks included one to the Disclosure and Barring Service (DBS). A DBS check is performed to ensure potential staff members were of good character and suitable to work with people who lived at the home.

We spoke with lead care staff who confirmed one of their main roles was the safe administration of people's medicines. Staff who administered medicines had received training. One member of staff told us they were currently receiving training which included competency assessments before they would be permitted to administer medicines unsupervised. We saw staff kept records of when they administered people's medicines and checked these before they administered medication. Procedures were in place regarding the use of medicines prescribed on an as and when needed basis. Medicines, which were not administered, were recorded in a returns book. This meant the registered manager was able to account for all medicines booked into the home and able to demonstrate they were safely managed.

A relative described the home as, "Always clean". We saw communal bathrooms were clean and tidy. At the start of our inspection, we were made aware of an infection affecting one person who lived at the home. The registered manager was aware of the treatment prescribed to aid improvement and to prevent the potential spread of an infection. Hand gel was available within the home for staff and others to access to reduce the risk of cross infection.

We heard a member of staff say to their colleagues that they were going to wash their hands before they helped assist with serving people their food. Staff used suitable protective clothing or equipment while undertaking their work. For example, catering staff were seen to be wearing white overalls. Staff who served people their meals wore aprons over their clothing. Staff involved in food preparation confirmed they had undertaken food hygiene training. These measures were to reduce the risk of cross infection.

Accidents involving people who lived at the home were recorded and brought to the attention of the registered manager. A monthly audit was carried out to establish any themes or patterns in accidents. The registered manager was also able to monitor accidents so lessons could be learnt. In the event of people having falls, referrals were made to specialist advisors as a means of reducing the risk of injury.

Good

Is the service effective?

Our findings

At our last inspection in October 2015, we rated the service for this question as Good. At this inspection, we found it continued to be Good with people receiving care, which was effective.

Prior to moving into the home people's care needs were assessed by a senior member of staff to ensure their needs would be able to be met. We saw the assessments covered aspects of people's care such as physical needs, mental health and social needs. The initial assessment enabled a care plan to be written and implemented.

Lead care staff had responsibility for a specific area of the home to ensure there was effective communication with staff working with each individual living at the home. Staff were aware of the importance of communicating with people and of different ways to ensure they were actively involving people in their care. For example, staff spoke clearly with people especially in situations where people had sensory impairments. We saw staff ensure they were able to have eye to eye contact with people when communicating with them or while assisting with eating and drinking.

People believed staff providing their care and support were trained and had the skills needed to provide care. Staff told us they received regular training and believed any courses they needed to be up to date. We saw training records showed staff had attended training in line with the provider's expectations. These records highlighted when staff training was due. Staff told us the management at the home supported them. This support included regular supervision on an individual basis with a manager.

Newly appointed staff had received an induction. This had included shadowing experienced members of staff as well as receiving training in care practices such as personal care, the use of aids and skin care. Staff were not able to undertake tasks such as using a hoist to assist people with their mobility until they had attended training and were assessed as competent. Staff had or were working towards the care certificate. The care certificate is a set of standards that should be covered as part of induction training of a new care worker.

We saw staff supported people with their eating and drinking as required. They ensured people had equipment such as plate guards available to them to aid their independence. One member of staff was seen having a drink of squash while they supported a person. The member of staff had a drink as a means of encouraging the person to copy them and therefore consume a drink while also engaging in a social activity with the person.

There was a choice of meals available to people at mid-day. We spoke with catering staff who were aware of people's dietary needs and ensuring it was nutritionally balanced. The registered manager told us they offered people a, "Lovely dining room experience". We received mixed comments about the food available to people. One person told us the food was, "Very nice". While other comments included, "The food isn't too good here". We heard another person say to other people, "Doesn't taste of anything" while having their meal. We told the registered manager about our findings who believed them not to be the usual experience

and undertook to explore our feedback further.

On the first day of our inspection, a choice of meal was offered to some people but this was not consistently done. There was some confusion regarding what choices were available for people resulting in people not always having served to them what they requested.

We told the registered manager about our findings who believed them not to be the usual experience and undertook to explore our feedback further.

People were able to access healthcare services and provision as needed. One relative informed us their family member received a regular chiropodist visit. They also told us staff got a doctor immediately when needed. They added, "Any health issues are not ignored."

A healthcare professional asked to speak with us to inform us about their confidence in the care and support provided by the staff for people who lived at the home. They informed us they were contacted appropriately and timely. They believed staff had a good understanding of people's healthcare needs. The registered manager told us they believed they had established strong links with local doctors and community nursing teams. Lead care staff informed us one of their roles was to ensure healthcare professionals input was requested as needed to ensure people's wellbeing.

People sent time either in their own bedroom or in the communal areas of the home. Communal areas consisted of smaller quieter lounges as well as busier areas of the home where staff input was greater. The smaller areas enabled people to see visitors in private if they did not wish to use their bedrooms. Bedroom doors were painted different colours to provide individuality and as a means for people to identify their own personal space. Memory boxes were in place outside each person's bedroom where people had displayed small items such as personal belongings, which were important to them and represented their interests or personality.

Staff were knowledgeable and had information available to them about the Mental Capacity Act. 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 when this is in their best interest and legally authorised under the MCA. The application procedure for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

The registered manager was able to tell us about applications they had made to the local authority and was aware of those approved.

People we spoke with confirmed staff sought permission before they provided care and support. Where people were not able to make an informed choice about aspects of their care we saw best interests discussions had taken place involving suitable people. For example in the use of a specific piece of equipment which alerted staff if a person had got out of bed in order to prevent accidental falls. Throughout the inspection, we heard staff seeking consent from people before they provided any care or support.

Good

Is the service caring?

Our findings

At our last inspection in October 2015, we rated the service for this question as Good. At this inspection, we found it continued to be Good with people receiving a service, which was caring.

People we spoke with were complimentary about the care and support they received. One person told us, "It's very nice here. I get treated lovely." People told us they liked the staff. One person told us, "The staff look after me well". Another person told us, "The staff are very helpful". A relative told us they were delighted their family member was able to receive the care and support they needed from the staff team at the home. They told us, "Staff are always cheerful". A further relative described the care their family member received as, "Excellent". We spoke with the registered manager about their staff team. They described the staff as a, "Good team". One member of staff told us they believed the care to be good because, "All the staff know what they are doing" and, "Everybody treats people well."

People were seen smiling at staff as they engaged in communication. Staff were heard offering people choices about their daily lives. For example where they wanted to sit in the dining room for their meals and whether they were happy with the background music playing while they ate. Before removing plates from the dining table, staff were heard checking people had finished and not requiring anything further. One person was heard singing while having their breakfast demonstrating a state of their wellbeing. People were seen chatting with each other as well as with members of staff at the dining table tables. Throughout the inspection, we saw a relaxed calm atmosphere and friendly discussions taking place.

When people needed reassurance due to living with dementia staff were seen to provide this in a caring way. Staff were seen to be skilled in recognising when people were anxious in order to provide support. This was done calmly. For example, staff were seen holding people's hands.

Staff we spoke with were able to describe and gave examples of how they ensured people's privacy and dignity was maintained and respected while they provided care and support. Our observations during the inspection supported what staff had described to us. For example, we saw staff provide support for people in a dignified way. One member of staff was seen informing a person about a healthcare professional who needed to see them to provide treatment. This information was communicated in a discreet and sensitive way in order to maintain the individual's privacy.

Staff were able to access people's care records using technology such as laptops and hand held devises. These were similar to a mobile telephone. Before staff were able to access records they needed to enter a unique password. This meant these records were held securely and could only be accessed by authorised staff members. Paper records were maintained as a backup.

Staff supported people to maintain relationships that were important to them. We saw examples of visitors been welcomed into the home by staff. One relative told us they were happy with the care their family member received.

Good

Is the service responsive?

Our findings

At our last inspection in October 2015, we rated the service for this question as Good. At this inspection, we found it continued to be Good with people receiving a service, which was responsive.

Since our previous inspection, the provider had introduced electronic care plans. The registered manager told us they were trying these care records out for the provider before they were introduced across the organisation. They felt staff were, "Getting on well" with the implementation of these records and their completion following people's care they had been provided was delivered.

Staff we spoke with were confident people's care plans were kept up to date with an accurate account of people's needs to provide them with guidance so people's care remained consistently responsive. Staff were able to record the care they had provided using the new technology.

Staff we spoke with told us they were made aware of people's care needs through attending handovers where staff met as a group to share daily information about people's needs and from reading people's care plans. We were shown how changes to people's needs could be brought to staff members attention through a message on a notice board within the electronic system. This meant important information could be brought to the attention of all relevant members of staff.

Despite the shortfalls in care documentation staff were aware of people's individual preferences and how they were able to maintain people's wellbeing. People's life histories were included within the electronic care plans so staff had knowledge about people's individual background. This was so staff knew about people preferences and interests.

People told us the staff working at the home met their needs. One relative we spoke with told us they could not, "Speak highly enough" of the staff who cared for their family member. The same relative was confident staff would take appropriate action as needed to meet their family member's care needs and keep them safe. Relatives told us staff ensured their family member's appearance was in line with their personal preferences and believed this to demonstrate care was centred on each person..

The registered manager told us they would, with the agreement of people, inform their family member of changes in their care. Relatives we spoke with confirmed this had taken place and were pleased with how staff communicated with them. One relative confirmed they had attended reviews of their family member's care plan.

We saw a dedicated member of staff was in post to provide people with a range of fun and interesting things to do. People we spoke with told us they liked this member of staff. We heard them ask people what they would like to do and heard them consult people on whether they wanted to join in. We saw different activities taking place during the inspection including art and crafts and discussions with people such as what they did in their younger years. People were guided and reassured while undertaking art and crafts to enable them to complete the tasks. A relative described the staff team as, "Very good at involving people

and motivating". They told us they had enjoyed joining their family member at social events at the home. Another relative described the member of staff as, "Top class". We saw people reading newspapers and involved with knitting as well as taking an interest in what was happening within the home. Some events had involved the wider community such as local schools. We were also informed of ponies brought into the home for people to see. Staff told us although busy they were able to spend time with people during the day to have a chat or get involved in activities such as a crossword.

The registered manager described how they ensured people's religious needs were met. Religious representatives had visited the home to see individuals as requested and to provide wider support for people. Staff were aware of people's religious beliefs such as those who did not celebrate Christmas.

Information was displayed within the home for people to access. We saw large print menus were available for people to read. During our observations, we heard people referring to these to check what was available for their lunch. The registered manager told us they could make other information accessible as needed for people with a visual impairment. One member of staff had attended training to assist their knowledge in the use of hearing aids and how to maintain these to aid people with a hearing impairment.

Information about the provider's complaints procedure was on display in the reception area of the home. One person told us if they would speak with the registered manager if they were unhappy. They told us they would have, "No problem" speaking with the registered manager about any concerns. We spoke with the registered manager who was able to describe to us recent complaints received and about the actions taken to reduce the risk of a similar events taking place. The registered manager had investigated complaints and had reported their findings where needed such as to the local authority. Relatives told us they were confident they could raise any concerns they had with the management of the home. One relative told us they would go to the provider if needed regarding a complaint but added they did not feel they would need to do this.

The registered manager had introduced a 'grumbles' book within which staff had recorded any issues raised by people which were not considered to be a complaint. This book contained actions taken to resolve these concerns to the satisfaction of the person concerned such as stained cups and toilet rolls.

One relative told us they hoped their family member would be able to end their days at Westmead due to their confidence in the standard and quality of care provided. We saw compliments written by relatives of people who had spent the end of their life at the home. One relative wrote that they were touched by the, "Care and attention" and "Genuine love" adding it was, "Heart-warming" and a, "Tower of strength.

Good

Is the service well-led?

Our findings

At our last inspection in October 2015, we rated the location for this question as Good. At this inspection, we found it continued to be Good and people received a service, which was well led.

The registered manager had worked at the home for a considerable amount of time. They were well established and well known to everyone we spoke with. We received positive comments from those we spoke with about the registered manager. One relative described them as, "Approachable" and told us of their confidence in speaking with them if needed about their family member. The same relative added the senior staff, "Work very hard to make the home run smoothly".

Staff also found the registered manager to be, "Approachable", "Understanding" and "Hands on". The registered manager was seen to be available to people, staff members and visitors throughout the inspection. They were seen assisting people alongside the care staff in providing care and support. The registered manager knew people well and the staff who were on shift which assisted to effectively manage the home or run the home.

The registered manager had a system in place to ensure they were aware of day to day events within the home. Daily meetings were undertaken involving key members of staff to provide an open culture and an opportunity to share information about key events such as admissions and discharges in and out of the home, people's welfare and any staffing matters.

Meetings involving people who lived at the home had taken place. Minutes were available following these meetings showing areas discussed. The registered manager believed these meetings to be important as a means for people to highlight any concerns they had because, "Little things matter". We saw areas such as concerns with the laundry were discussed and showed where improvement could be implemented.

Since the last inspection, the provider had introduced electronic care plans. The registered manager was aware improvements needed to take place with the technology and feed these back to the designers. During our inspection, we found senior staff were not always able to access some details made by care staff in order to fully audit them. For example peoples food and fluid intakes. The registered manager acknowledged the risk this could present and undertook to feed this back for improvement.

Staff told us they were supported by the management of the home and believed their opinions were sought and valued. Staff meetings had taken place during which staff had expressed any concerns they had and identify areas where they felt improvements could be made. Staff told us they were also able to share ideas during regular individual meetings with a member of the management team. Staff contributions were celebrated within the home. We were told of a system whereby people who lived at the home, as well as staff members, were able to nominate a member of staff for special recognition each month.

Staff liked their jobs and told us they enjoyed working at the home. One member of staff told us they found the home to, "Feel warm and relaxed" and felt they had a good rapport with people's relatives. Staff told us

they worked well as a team resulting in good quality care for people living at the home. One member of staff told us, "Staff all pull together and help".

We saw a monthly newsletter on display for people to read. The January version of this welcomed people back home following hospital stays and reminded people about information displayed about events and activities within the home. We also saw minutes following a meeting involving people who lived at the home from December 2017. These showed people were listened to and action was taken.

The registered manager told us about a quality assurance system in place whereby the activities coordinator spoke with people on their birthday to seek their views on the service provided. Once peoples comments were recorded these were seen by the registered manager for them to acknowledge them and take any action needed. There was information on display following the most recent satisfaction survey completed on behalf of the registered provider. The results showed people were happy with the care and support they were receiving.

Audits were carried out covering a range of subjects such as medicines. Where these identified areas for improvement these were seen to be implemented such as how the medicines returns book was completed.

Systems were in place to ensure equipment such as baths, electrical items and fire extinguishers were checked and serviced by a competent person were in place. This ensured these items were safe and in good working order.

The registered manager had established links with agencies such as local doctors and social workers to enable joint working with these professionals.

The registered manager was aware of plans for future improvements within the home such as in further improvements in bathing facilities and the replacement of lighting. Meetings with people who lived at the home were in place during which plans for the future development of the home could be discussed

The rating from the previous inspection was displayed within the reception area of the home as well as one the provider's web site. This ensured that people were afforded with the findings of the previous inspection carried out by the Care Quality Commission (CQC). The report from the previous inspection was readily available for people living at the home as well as visitors to assess.