

Holistic Care Provision Limited

# Westwood 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

Westwood Care Home provides residential care for up to 16 older people, some of who may be living with dementia. Residential accommodation is provided on the ground and first floor in three shared bedrooms and ten single bedrooms. A stair lift is available to the first floor. At the time of this inspection there were 15 people living in the home.

At the last inspection in January 2015, the service was rated Good. At this inspection we found the service remained Good.

People told us they felt safe and well cared for. Staff received safeguarding training and they were confident any issues of concern would be dealt with appropriately.

Staff had been recruited safely and there were enough staff to assist people in a timely way. People's medicines were managed in a safe way.

Staff were well-trained. People were supported to have 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.

People said they enjoyed good food. They were supported with their nutritional well-being and had access to a range of health services. A visiting healthcare professional said staff always contacted them in a timely way in response to people's changing care needs.

People and relatives said staff were kind, patient and friendly. They treated people with dignity and respect. People were encouraged to be independent.

People received personalised care. Staff were knowledgeable about each person's needs and preferences. There was a good range of activities to meet people's interests. People were encouraged to help staff with daily living tasks such as carpet sweeping, folding laundry and ironing.

People told us the home was well-managed and organised. There was a registered manager who was supported by three team leaders. The registered manager and team leaders carried out checks on the quality and safety of the service. People and staff were asked for their views on a daily basis and their suggestions were used to continuously improve the service.

The service met all relevant fundamental standards we inspect against.

Further information is in the detailed findings below.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Westwood 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 registered 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 comprehensive inspection took place on 7 February 2017 and was unannounced.

The inspection was carried out by one adult social care inspector.

Before the inspection, the provider was asked to complete a Provider Information Return (PIR). This 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 including notifications about any incidents in the home.

We asked commissioners from the local authority and Healthwatch for their views of the service provided. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

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 spoke with five people who lived at Westwood Care Home, seven relatives and a visiting health care professional. We spoke with the registered manager, four care staff and the chef. We looked around the building and observed what was happening in the home such as medicines being administered and interactions between staff and people who used the service. We reviewed records relating to the care of four people.

We checked records relating to the management of the service including handover sheets, maintenance records and certification, and staff recruitment and training.

# Is the service safe?

## Our findings

Relatives told us they were confident in the staff team and felt their loved ones were safe and well cared for. One person who used the service told us "I feel safe here," and, "I couldn't wish for any better."

Staff received training in safeguarding adults from abuse or harm. Staff and visitors told us they would report any concerns to senior staff or to the registered manager and were confident any issues would be acted upon straightaway. Commissioners said the registered manager worked well with the local authority, which takes the lead on any safeguarding matters.

There were risk assessments in place for each person based on their assessment of needs. For example, one person experienced behaviour that put them at risk of harm. The home had provided a sensor mat and door alarm to monitor the person and had liaised with other care services about supporting the person in the best way. The person now received prompt attention from staff once they went back to their bedroom, which helped to keep them safe. This meant risks had been identified and were minimised to protect people. Monthly reviews were undertaken, to ensure that the care plans in place provided the right guidance for staff to support people in a safe way.

The registered provider employed a maintenance team, to ensure the premises were maintained in good repair. A team leader completed health and safety checks to ensure that hoists and slings, water temperature checks and the nurse call system were in good working order. There were contingency arrangements in place for emergencies, such as what to do and who to contact in the event of a flood, fire or staff absence. There were also personal evacuation plans about how to support each person to leave the building in the event of an emergency.

Robust recruitment practices were followed, to make sure new staff were suitable to work in a care service. These included application forms, interviews and reference checks. The provider also checked with the disclosure and barring service (DBS) whether applicants had a criminal record or were barred from working with vulnerable people. This service is in place to help employers make safer recruitment decisions, to protect people

Relatives told us there were sufficient staff to make sure people received the care they required. For instance one person told us, "Yes, there's always plenty of staff to look after people." Staff told us they covered for each other in case of absence. One care worker told us, "We work as a team." We observed there were sufficient staff to give people assistance in a timely way.

The arrangements for managing people's medicines were safe. All medicines were administered by staff who were trained and competent to do this. Medicines were administered to people in a safe way and people were helped and supervised if they needed to be. We found that medicines were kept under constant review. The registered manager told us that early intervention and personalised care was effective in reducing the need for medicines to reduce anxiety and distress. For example, one person found listening to music in the quiet of their room had a calming effect.

When we inspected there had been a recent viral outbreak in the home. We checked the arrangements for the management of this and saw that the registered manager had taken advice in managing and reducing the outbreak. An infection control nurse who commended staff response said, "I can't praise [staff] highly enough." During the outbreak the registered manager told us they had worked 'on the floor' providing direct care and support to the staff team. This helped to make sure people were protected from the risks of infection.

# Is the service effective?

## Our findings

People who used the service felt staff had the right skills to support them. One person told us, "I am happy here; they look after me really well." A relative said, "This is one of the nicest homes; I couldn't fault it at all."

Staff confirmed they had recently had training in dementia awareness and one care worker told us, "It's the best thing I have ever done [working at the home]. We have so much training." Another care worker told us they had completed five days induction training and had completed 'refresher' training. Staff showed a good understanding of the specialised care needs of people living with dementia. During our inspection, we saw staff gained a person's attention before speaking with them and waited for a response before they carried out any personal care.

Records showed staff had training on safe working practices such as fire safety, use of lifting and handling aids, infection control and safeguarding. Team leaders had also received training on the safe handling of medicines. The registered manager told us they wanted to continue to promote training in the home to inspire the staff team to keep up to date with new techniques and standards. The home is part of a group that has its own training department so the registered manager was confident that they could address training needs promptly as they arose.

Staff had regular supervision sessions on an individual basis. In addition, the registered manager held group supervision sessions to discuss themed topics such as safeguarding and healthy eating. This meant that staff had the opportunity to reflect on their practice and share best practice.

As part of their training, staff experienced being hoisted or spoon-fed by another person. As a result, staff learnt to appreciate the importance of being supported in a caring way. Staff told us they had gained a lot of insight through this type of training. They said the next planned session included them using an emergency slide in a mock evacuation of the home.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw staff had training in MCA and DoLS. They understood people's rights and the importance of obtaining people's consent to their care. People's care records identified where they could make decisions, or where they needed support from other people, including advocates, for more complex decisions. When we inspected, five people were subject to DoLS authorisations; we had been notified of two of them. The other three had recently been approved by the local authority and the registered manager told us they would submit the relevant notifications to us for these authorisations.

All the visitors we spoke with were complimentary about the quality of meals. Tables were nicely set and dining tables were arranged to encourage interaction between people who used the service and staff. The use of contrasting colours in the crockery helped maximise people's independence when eating and we saw people enjoyed their meal in a calm, unhurried environment.

People's nutritional well-being was assessed and kept under review. Records were kept if people required their food or fluid intake to be monitored to make sure any health needs were identified and met.

Staff assisted people to access community health care services such as GPs, podiatry and opticians. A healthcare professional told us staff understood when people's health care needs had changed and made appropriate, timely referrals.

We observed areas of the home were well-decorated and brightened to promote a dementia friendly environment. For example, the communal areas and bedrooms were light and well lit, and this helped people find their way around and to discern different spaces.

## Is the service caring?

### Our findings

All the feedback we received was positive about the quality of care and people said staff were kind and patient. One person who used the service told us they were, "Highly delighted" with the care they received. We observed staff were kind and they offered people prompt assistance while also respecting their independence. For example, we saw staff offered to pick up a walking stick for one person, which they had dropped. Staff respected the person's wishes when their offer was declined while keeping a discreet watch in case further help was required.

Relatives told us staff were friendly and they told us there was a relaxed atmosphere in the home. Comments we received included, "Lovely, homely feel" and "I couldn't wish for anything better." One relative told us, "[Staff] are lovely, very approachable and we have a bit of fun. It is just like home from home."

Written feedback from health and social care professionals was equally positive. Following a death in the home, a member of the community learning disability team wrote to say they had been impressed by the way the person was cared for as an individual.

We saw staff interacted very well with people and were caring and compassionate towards them. There was a relaxed, cheerful atmosphere with plenty of smiles and laughter. One relative told us, "[Name] really responds well to the younger staff; they are great." Another relative said, "There is a good mix of staff; they all get on really well." Staff talked about people in a respectful way and we observed they offered assistance in a way that protected people's dignity. Staff we spoke with were proud of the work they did. One member of staff told us, "It is rewarding to work here." A relative said to us, "I have no worries. [Name] is well looked after." Another relative said staff were, "Fantastic."

People's care plans included details about their individual needs and preferences and how staff supported them to meet their needs. For example, for one person their record stated they had chair raisers fitted to raise the height of their easy chair and aid them standing up. We saw these were fitted as described in the person's care plan, which reduced the risk of the person falling and promoted their independence.

Relatives told us they were kept informed and involved in their loved one's care. Relatives could visit at any time and from our observations, we saw they had good relationships with the staff and took an active part in the life of the home. Visitors who arrived at a mealtime were encouraged to sit and enjoy a meal with their family member. The registered manager told us they invited families and close friends to any parties and events. Where people did not have anyone close living nearby then an alternative would be sought such as an advocate.

Staff told us that the registered manager was interested in their views and suggestions and their ideas were implemented. For example, one care worker had produced a memory book, together with photographs, cards and mementos, for people to look back and remember other people who had previously lived at the home.

## Is the service responsive?

### Our findings

Relatives told us that staff were knowledgeable about people who used the service and knew how to support them in the way they preferred. One relative told us, "The staff know [Name] likes a lie in and it is not a problem."

People's needs were assessed before they moved into the service so that people could be confident the home could meet their needs before they moved in. People's care plans were kept electronically; each entry was dated and timed and included the name of the staff who had made the entry. Care plans were designed to show the support each person needed, for example with their personal needs, preferences and specific health needs. We saw staff checked and updated people's care records throughout our inspection. The care plans we viewed were up to date. Care plans were reviewed monthly or more frequently if people's needs changed. This meant people received care which was appropriate and safe because their care records were accurate and up to date.

It was evident from our observations that staff knew about people's life stories and used this to have meaningful conversations with them. Information was also recorded in people's files. For example, it was recorded that one person had led 'a very varied and active social life' and 'liked to listen to music'. Relatives told us they were always included in planning their relative's care and could provide additional information, which assisted staff to provide varied and stimulating activities of interest to the person.

Relatives told us there was a good range of activities and entertainment at the service. One person said, "There's always something happening." Activities included Tai Chi, chair exercises, circle dancing, games, relaxation and music therapy. People had access to a secure garden area and one of the relatives visited to plant the containers and they involved any people who wished to join in. A person who used the service told us that their relative often visited with their dog, which was enjoyed by everyone living there.

The registered manager told us they were constantly looking at activities that would benefit people. They said, "I look at what people can do, not what they can't do. Our job then is to work out ways to resolve any barriers." They told us that some people enjoyed helping staff to clean up and fold laundry. One person enjoyed ironing and during our inspection we saw another person was busy using the carpet sweeper to clean up any crumbs after lunch.

The registered provider told us in their Provider Information Return (PIR) that the home's brochure included the complaints policy and the procedure to follow in the event of any concern. We saw that the Statement of Purpose provided during the inspection, contained some information that required updating, including information pertaining to the complaints procedure. We asked the registered manager to send us a copy of the Statement of Purpose with this information updated. In practice, visitors told us they saw the registered manager on a daily basis and would discuss any issues with them or with one of the team leaders. They told us they had never needed to make a complaint, however they were confident that any issues raised would be dealt with.

## Is the service well-led?

### Our findings

There was a registered manager. A registered manager is a person who has registered with the Care Quality Commission (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 2008 and associated Regulations about how the service is run.

Everyone we spoke with said the registered manager was 'approachable' and the home was well-managed. One person who used the service said they would rate the home as, "Ten star" and another person told us the home was, "Really good, wonderful. I would rate it 11 out of 10."

The registered manager told us they were well-supported by the senior managers who visited weekly. The registered manager said the registered provider was always up to date with events in the service and they could contact them at any time. They said, "They [the registered provider] always has time for you." The registered manager told us they also met with other registered managers in the group on a monthly basis to provide support to each other, discuss new ideas and share best practice.

Another three staff who held team leader roles were undertaking accredited management training and they provided additional management support in the service. The team leaders were delegated specific roles to ensure the home ran smoothly and effectively. This included taking lead roles in the management and audit of care plans, health and safety, and risk assessment.

Staff told us they felt supported in their work and they said there was an open, inclusive culture in the home. One care worker commented, "I can always speak to [the registered manager]." In describing the leadership in the home another care worker told us, "[The registered manager] is ace," and, "We are like a little family."

The registered manager worked in the home on a daily basis; they had an open-door policy and were in regular contact with people who lived in the home and their relatives. The registered manager told us that they organised their working day to ensure they met with both day staff and night staff across a working day. This meant that they had a close working knowledge of the daily routines and was therefore able to deal with any emerging problems straightaway. Staff told us they felt their daily contact with the registered manager enabled them to discuss the running of the home without the need for formal staff meetings. The registered manager said they were continually looking at ways to improve and enhance communication in the home. Examples included the use of handover sheets, and they met with staff individually and in small groups.

A monthly analysis of incidents included details of any falls, accidents, incidents, pressure care needs, weight loss and infections. This meant the registered manager was able to monitor for any trends in the safety and well-being of the people who lived there. This meant they could easily identify, assess and manage potential risks to the safety and well-being of people who lived at the home.

When we inspected, we identified that the Statement of Purpose needed updating and we asked the

registered manager to submit this. We also asked them to submit notifications regarding three DoLS authorisations that had been granted shortly before our visit. Following our inspection, they submitted this information. Other notifications had been submitted as required. Notifications are changes, events or incidents the provider is legally obliged to send CQC.