

Thornton Care Limited

Westport House Care Home

Inspection report

320 Fleetwood Road North
Thornton Cleveleys
Lancashire
FY5 4LD

Tel: 01253 864016

Website: www.thorntoncare.co.uk

Date of inspection visit: 26 May 2015

Date of publication: 24/08/2015

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

The inspection visit took place on 26 May 2015 and was unannounced.

Westport House is a care home for 11 people who are living with dementia. The home is situated in Thornton near Blackpool. All of the bedrooms within the home have en-suite facilities. A lift is available to the first floor. The home has a large conservatory at the rear of the house. At the time of our visit there were 10 people living at the home.

There was a registered manager in place. 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.

At the last inspection on 15 April 2013 the service was meeting the requirements of the regulations that were inspected at that time.

People who lived at the home and visitors we spoke with told us they felt cared for, safe and secure. People's care and support needs had been assessed before they

Summary of findings

moved into the home. Care records we looked at contained details of their preferences, interests, likes and dislikes. Relatives we spoke with told us they had been consulted about their relative's care and were informed of any changes that occurred. People who lived at the home told us their views and choices were listened to by the staff and registered manager.

We observed staffing levels were sufficient to meet people's needs and staff we spoke with were happy with the amount of staff available to support people. The registered manager had safeguarded people against unsuitable staff by following their recruitment policy. All employment checks were in place before staff started work. Staff received regular supervision and training to ensure their development continued and they were provided the support to care for the people who lived at the home.

We observed medication was being administered in a safe manner. We looked at how medicines were managed and found appropriate arrangements for their recording and safe administration.

Staff were trained well and they told us access to attend courses were supported by the management team. The staff members we spoke with told us they discussed their training needs in their regular formal supervision sessions. These were one to one meetings with their manager. Records demonstrated these meetings were held on a regular basis.

Staff we spoke with had a good understanding of how people should be treated in terms of respect and dignity. During our observations we saw examples of staff being respectful, caring and sensitive towards people who were living with dementia.

We found examples the service had responded to changes in people's care needs. We found evidence in records where referrals had been made to external professionals. Records were up to date and reviewed providing information for staff to deliver quality care.

We observed staff assisting people at lunchtime to eat their meals. They were kind and patient, engaging with the person they were attending to in conversation and making the lunch time meal a pleasant and relaxing time. Comments about the quality of food were good.

People who lived at the home were encouraged and supported to maintain relationships with their friends and family members. Relatives we spoke with told us they were always made welcome at any time.

We found a number of audits were in place to monitor quality assurance. Records demonstrated identified issues were acted upon in order to make improvements. The registered manager and provider had systems in place to obtain the views of relatives and people who lived at the home.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

From our observations and discussion with staff and people who lived at the home, we found there were sufficient staff on duty to meet people's needs.

The service had procedures in place to protect people from the risks of harm and abuse.

Assessments were undertaken of risks to people who lived at the home and staff. Written plans were in place to manage these risks.

Medication administration and practices at the service had systems in place for storing, recording and monitoring people's medicines.

Good



Is the service effective?

The service was effective.

People who lived at the home were supported by effectively trained and knowledgeable staff.

Staff supported people to make decisions about their care. There were policies in place in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards.

Records showed that people who lived at the home were assessed to identify the risks associated with poor nutrition and hydration.

The registered manager and staff had regular contact with visiting health professionals to ensure people were able to access specialist support and guidance when needed

Good



Is the service caring?

The service was caring.

There was evidence people's preferences, likes and dislikes had been discussed so staff could deliver personalised care.

We observed staff provided support to people in a kind, dignified way. Staff were patient when interacting with people who lived at the home and people's wishes were respected.

Staff treated people with patience, care and respected people's privacy and dignity.

Good



Is the service responsive?

The service was responsive.

Care records were personalised to people's individual requirements. We observed staff had a good understanding of how to respond to people's changing needs.

There was a programme of activities in place to ensure people were fully stimulated and occupied.

The management team and staff worked very closely with people and their families to act on any comments straight away before they became a concern or complaint.

Good



Summary of findings

Is the service well-led?

The service was well led.

There was clear leadership at the service. The registered manager understood their legal responsibilities for meeting the requirements of the law.

A range of audits was in place to monitor the health, safety and welfare of staff and people who lived at the home.

The registered manager had systems in place to obtain the views of people who lived at the home and their relatives.

Good



Westport House 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 was an unannounced inspection visit carried out on the 26 May 2015.

The inspection team consisted of an adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience for the inspection had experience of caring for older people living with dementia.

Before the inspection, the provider completed a Provider Information Return (PIR). We used this information as part of the evidence for the inspection. We also reviewed historical information we held about the service. This included any statutory notifications and safeguarding alerts that had been sent to us.

During the inspection visit we spoke with four people who lived at the home and three staff members. We also spoke with the registered manager, the provider, a visiting healthcare professional and two visiting relatives/friends.

We had information provided to us from external agencies including the local authority contracts and commissioning team. This helped us to gain a balanced overview of what people experienced living at the home.

Part of the inspection visit was spent looking at records and documentation which contributed to the running of the service. They included recruitment of one staff member, two care plans of people who lived at the home, maintenance records, training records and audits for the monitoring of the service.

We had a walk around the premises and found good signage around to help support people living with dementia. For example pictures of toilets on bathroom doors and pictures of beds on bedroom doors. Also different colors so people could identify items. This would help people to be more familiar and safe with the surroundings.

We looked at how medicines were administered and records in relation to how people's medicines were kept. We observed medicines being administered during the day. We found medicines were administered at the correct time they should be. We observed the staff member ensure medicines were taken, by waiting with the person until they had done this.

The service carried out regular audits of medicines to ensure they were correctly monitored and procedures were safe. We were informed only staff trained in medication procedures were allowed to administer medication.

Is the service safe?

Our findings

Comments were positive when we asked people if they felt safe living at the home. One person who lived at the home said, "Yes I do feel safe with the staff about me." A visiting relative said, "It's a small compact home which makes me feel [my relative] is safe here." When we asked a relative what reassured her that her relative was safe she said, "The girls, [staff] they are so lovely."

We had a walk around the building with the registered manager and found call bells were positioned in rooms close to hand so people were able to summon help when they needed to. We tested the call bell system and found staff responded in a timely manner. One staff member said, "We are a small home so we can respond quickly to anybody who wants assistance."

We talked with staff and checked staffing levels with the registered manager. Staff told us they felt they were sufficiently staffed to meet the needs of people who lived at the home. One staff member said, "Good staff and we have enough to look after people well." Staff felt they had time to support people on a one to one basis if required. Staff also told us they had enough staff should people require two members to support with movement around the home and keep people safe. For example as part of our observations we witnessed two members of staff escorting people who required help to move around the building safely.

We observed there was a member of staff in the lounge area at all times. At no time during our observations did people have to wait for assistance. This meant people received safe care and support when they required help. We spoke with a relative about staffing numbers and they replied, "There always seems to be enough staff."

The service had safeguarding policies and procedures in place to minimise the potential risk of abuse or unsafe care. The registered manager and staff had received safeguarding vulnerable adults training that was regularly updated. The staff members we spoke with understood what types of abuse and examples of poor care people might experience. One staff member said, "Training around abuse concerns is always available and the manager

ensures we are all update with our knowledge of safeguarding issues." Staff were knowledgeable about the actions they would take if they witnessed any abuse taking place.

Care records of two people who lived at the home contained an assessment of their needs. This lead into a review of any associated risks. These related to potential risks of harm or injury and how they would be managed. For example they covered risks related to, falls and mental health care.

Records were kept of incidents and accidents. Records looked at demonstrated action had been taken by staff following incidents that had happened. For example if someone had a fall a brief description of when and how the incident occurred would be recorded. This would be followed by the action taken and what was agreed to reduce the risk of it happening again.

We looked at the recruitment procedures the service had in place. We found relevant checks had been made before new staff members commenced their employment. These checks were required to identify if people had a criminal record and were safe to work with vulnerable people. However no new staff had been employed by the service during the past 18 months One staff member we spoke with about the recruitment process said, "It was a while ago however I know the manager was very thorough about my checks and the induction training was good."

We had a walk around the building and found good signage around to help support people living with dementia. For example pictures of toilets on bathroom doors and pictures of beds on bedroom doors. Also different colors so people could identify items. This would help people to be more familiar and safe with the surroundings.

We looked at how medicines were administered and records in relation to how people's medicines were kept. We observed medicines being administered at lunchtime. We found medicines were administered at the correct time they should be. We observed the staff member ensure medicines were taken, by waiting with the person until they had done this. We also witnessed the staff member encouraging people in a sensitive way describing why they needed to take their medicine.

Is the service safe?

The service carried out regular audits of medicines to ensure they were correctly monitored and procedures were safe. We were informed only staff trained in medication procedures were allowed to administer medication.

Is the service effective?

Our findings

We spent time talking with people who lived at the home and visitors. We also observed staff when supporting people. Comments we received were positive. People told us they felt staff were aware of the support they required. One person who lived at the home said, "I'm independent but they're always there." A relative we spoke with said, "The staff are good and support [my relative] well."

We spoke with staff about their training and looked at the staff training matrix. This demonstrated staff had qualifications relevant to their roles. This included professional qualifications for example, a staff member supported to complete 'National Vocational Qualifications' (NVQ) to level 3. The staff member said, "Training is not an issue, we are always backed by the manager."

Training records for all staff we looked at identified what Thorntoncare Limited mandatory training was and when it was due to be updated. Their mandatory training consisted of for example dementia awareness, safeguarding adults, and infection control.

Staff we spoke with told us they received regular formal supervision in terms of one to one meetings with their manager. They also told us their performance was appraised formally. These meetings gave staff the opportunity to discuss their own personal and professional development, as well as any issues or other business they may wish to discuss. One staff member said, "Yes we have regular supervision."

Comments from people we spoke with were positive in how they were involved in planning their care and agreed to the support they required. Relatives also confirmed they were consulted in the process. One relative said, "They always keep me in the loop."

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager. The (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

There were policies in place in relation to the MCA and DoLS. We spoke with the registered manager and the owner to check their understanding of the MCA. They were able to demonstrate an awareness of the legislation and associated codes of practice and confirmed they had received training in these areas. Records we looked at showed staff were to receive training and the registered manager told us they would ensure all staff received the training.

The registered manager had requested the local authority to undertake a (DoLS) assessment for three people who lived at the home. We looked at one person's care plan and found appropriate arrangements in place to support this person. This showed the service knew the correct procedures to follow to make sure people's rights had been protected. During our observations we did not see any restrictive practices. The registered manager had also requested further DoLS assessments for people and were awaiting responses from the local authority.

We observed during the day people who lived at the home and visitors were provided with food and drinks of their choice. Fresh fruit was available around the home for people to access when they chose to. Staff supported people when they required assistance.

We observed at lunchtime staff were patient and sensitive when supporting people who required help eating their meal. People ate at their own pace and were not rushed. The meal looked well presented and consisted of shepherd's pie and fresh vegetables. There was an alternative option for people available. Comments about the quality and quantity of food included, "I enjoy it, I get enough to eat." When we asked a relative about the food, she said, "[my relative] doesn't eat well but she's told me the foods good. There's always a drink around." The menu was displayed on the notice board in the hall, there wasn't a choice of main course, however we heard staff offering alternatives at lunchtime when a person said they didn't want what had been served. We also heard people being offered a choice of four sandwich fillings and another person was given soup as well as sandwiches as that was their choice.

People who lived at the home were able to choose to eat in either the lounge or dining room and the carer turned the television off in the lounge over lunch which was people's choice. We observed people were not hurried over their lunch and returned to the lounge whenever they wanted.

Is the service effective?

We found the kitchen area clean and tidy, with sufficient fresh fruit and vegetables available for people to have a healthy diet. The cook told us that people preparing food had all completed 'food and hygiene' training which was regularly updated.

Care records demonstrated people's nutritional needs were frequently assessed. People's weights were checked

regularly and potential risks of poor diet had been assessed. This meant people were protected from malnutrition and dehydration because staff had monitored their related health.

The registered manager and staff had regular contact with visiting health professionals to ensure people were able to access specialist support and guidance when needed. Records we looked at identified when health professionals had visited people and what action had been taken.

Is the service caring?

Our findings

We spoke with relatives and people who lived at the home to get their views about how they felt the staff cared for them. Comments were positive and one person who lived at the home said, “Yes they are alright, I cannot fault anything.” We asked one person if the staff were kind and polite and one said, “Yes.” We asked a relative if the staff were understanding and one said, “Yes always willing to listen to you.”

During our inspection visit, observations confirmed staff and people in their care interacted with each other. We found good relationships had been formed and staff were kind and respectful to people. This was a small home and we observed that staff knew the people they supported and showed warmth and kindness in how they cared for people. For example comments when we asked people if their privacy and dignity was respected included, “Yes, they knock sometimes.” Also, “They close the door when I have a bath and they tap on the bedroom door.” This occurred when they were assisting people back to the lounge, they were asked where they wanted to sit.

We observed staff members enquiring about people’s wellbeing and welfare throughout the day. Staff responded quickly when a person required assistance. For example we saw people being treated with respect when they wanted the bathroom or support with personal care needs. Staff were sensitive when a person got a little upset and comforted the person until they were alright.

Staff spoken with were knowledgeable about the needs of people in their care and who lived with dementia. They were able to describe the assessed needs of people and how these were being met. They told us they were involved in the assessment process when people moved into the

home. One staff member said, “It is difficult to care for people with dementia, but here we are small home and well trained in dementia care. We are able to understand people better and get to know them.”

We examined care records of two people who lived at the home to check people’s involvement in care planning. We found records were comprehensive and involved the individual if possible. Where appropriate relatives were also involved. We found care records were signed by the individual or in some cases relatives. There was evidence of information about people’s personal histories and life experiences. This supported staff to understand people better. This meant they were aware if anything was wrong with the person and could identify problems sooner. A staff member we spoke with said, “The personal histories are very good it helps to get a picture of the person you are caring for.”

We spoke with relatives and staff about visiting times and they told us there were no restrictions. One relative said, “Yes, anytime, but they prefer you not to come in at mealtimes.” Staff we spoke with and the registered manager told us if relatives were unable to come at any other time than meal times they would be welcomed. One person who lived at the home when asked about visiting times replied, “My daughter can come whenever she wants.”

Although this was a small building relatives were able to go somewhere private should they wish to be alone with their loved ones. People we spoke with confirmed this.

The registered manager told us people who lived at the home had access to advocacy services. The registered manager felt this was important information for people to have to access the service. This meant it ensured people’s interests were represented and they could access appropriate services outside of the home to act on their behalf.

Is the service responsive?

Our findings

People who lived at the home were supported by staff who were experienced, trained and had a good understanding of their individual needs. The registered manager encouraged people and their families to be fully involved in their care. This was confirmed by talking with people and relatives. One person who lived at the home said, "The staff seem confident in what they are doing for me."

We observed staff organised activities at the request of the people who lived at the home. Staff were seen to be playing various games with people. We observed people enjoying the surroundings and interaction with staff. We spoke with the activities coordinator who was employed by the organisation and visits the service in the afternoons. She told us about the organised trips out that had taken place. There was evidence around the building of photographs of recent trips out. People who lived at the home told us they enjoyed going out in the community.

People we were able to speak with told us they enjoyed the day of a recent trip. Comments included, "We went dancing, I like the music." Also, "I'm a dancer I enjoyed the trips, I like music." Another person said, "We have entertainers as well, someone is usually in." Other outside activities during the week included a trip to the local dementia group for coffee. This was a chance to meet other people who lived in homes owned by the providers. People told us they enjoy the regular trips to the dementia group. One person said, "It is nice to see other people and chat to them."

They had an activities time table advertised in the reception area which informed people of events and activities that were arranged for the week. Staff told us these would change according to what people wanted to do. One staff member said, "They are not set in stone it is their choice. We also do one to one activities if an individual wants to do something in particular."

We looked at care records of two people and found they were developed with the person and family members if appropriate as part of the assessment process. We found examples of this in care plans of people signing they agreed to the support and care. Also evidence of a family's input continued as the care plans were reviewed.

Care records were person centred, which meant they involved the person and relatives in planning their care. The details demonstrated an appreciation of people as individuals. Personal histories were developed so staff had a better understanding of the persons past and their likes and dislikes.

We found signage around the home to support people living with dementia. For example there were pictures of activity events and personalisation of their rooms. This would help people communicate their wishes and be more familiar with their surroundings. This showed the service was responsive to people living with dementia.

The service had a complaints procedure on display in the reception area for people to see. The registered manager told us the staff team worked closely with people who lived at the home and relatives to resolve any issues. Concerns and comments from people were acted upon straight away before they became a complaint. People we spoke with about the complaints policy were aware of it and knew the process to follow should they wish to make a complaint. We spoke with a relative and asked what information she had received at the beginning of the placement about information on complaints. They informed us they were given information about making a complaint in amongst all the documentation they received. During our visit the people who lived at the home and relatives had never made a complaint. One relative said, "I have had no reason to complain."

Is the service well-led?

Our findings

People who lived at the home and relatives we spoke with told us how supportive the registered manager was. Comments from people included, “The management seems to be good.” Also, “She is there if you need to talk to her.”

We observed during the visit the registered manager was part of the staff team providing the care and support people required. The registered manager was visible throughout our visit and attended to people if they required any help. We also observed the registered manager support staff when lunch was served. A staff member said, “[the manager] always helps out we are a small unit of staff everyone helps out.”

The service was well led by the registered manager and owner. Staff told us people were clear about their responsibilities and what the registered manager’s role was. One staff member said, “We are all one team we know our roles and the managers role well.” All staff members we spoke with confirmed they were supported well by the registered manager.

The registered manager informed us in the provider information return (PIR), weekly managers meetings were held with the provider and the managers of Thorntoncare. The registered manager told us these meetings were informative and useful to ensure the service continues to develop and runs smoothly.

People who lived at the home and their relatives told us they were encouraged to be actively involved in the continuous development of the service. For example relatives were encouraged to attend resident/relative meetings and complete surveys sent out to pass their views on how they felt the service was performing. Completed surveys we looked at were positive. We looked at one

survey that was negative. The survey had commented on the poor parking facilities. The registered manager had acted on the survey by contacting Wyre Borough Council and requesting permit parking. The registered manager told us they were waiting for a response. Any negative comments would be analysed by the management team and acted upon. This example confirmed this was the case.

We spoke with the registered manager about the people who lived and worked at the service. Although this was a small home the registered manager had a good awareness of the care needs of people we talked about. This showed they had a clear insight with the staff and the people who lived at the home.

Management, staff and ‘resident’ meetings were held on a regular basis. The meetings provided people who lived at the home and staff the chance to express their views on the quality of the service. Relatives were invited to resident meetings and a relative wrote in a returned survey, “I love attending resident meetings which I found to be informative.” People we spoke with told us the meetings were useful and gave them a chance to comment on how they felt the home was run.

We found there were a range of audits and systems put in place by the registered manager and the owner. These were put in place to monitor the quality of service provided. Audits were taking place approximately every month. A senior member of staff within the organisation would visit the home and look at for example, staffing levels and staff training. An audit of the cleanliness of the building identified areas that required further attention. This was identified, actioned and completed by staff. The records showed an audit trail and when the task had been completed. This demonstrated the value of audits and how the service dealt with any issues they came across to improve the running of the service.