Bupa Care Homes Limited

Westmoor View 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

We inspected Westmoor View Care Home on 14 September and 3 October 2017. The first day of the inspection was unannounced which meant the provider and staff did not know we would be visiting. We informed the registered manager of our visit on 3 October 2017.

Westmoor View provides nursing care and accommodation to a maximum of 36 people. The service supports people who have a learning disability, older people and people with a physical disability. At the time of the inspection there were 28 people who used the service. Westmoor View Care Home is an established service, which had been previously registered under a different provider. This is the first inspection of the service under the new provider. At this inspection we rated the service as good.

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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff understood the procedure they needed to follow if they suspected abuse might be taking place. Risks to people were identified and plans were put in place to help manage the risk and minimise them occurring. Medicines were managed safely with an effective system in place. Staff competencies, around administering medicines, were regularly checked. Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety was maintained.

There were enough staff on duty to meet the needs of people. We found that safe recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work.

People were supported by a regular team of staff who were knowledgeable about people's likes, dislikes and preferences. A training plan was in place and all staff had completed up to date training. 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. However, further work was needed to ensure decision specific mental capacity assessments and best interest decisions were in place when people lacked capacity.

People were able to choose meals of their choice and staff supported people to maintain their health and attend routine health care appointments.

Care plans detailed people's needs and preferences. Generally care plans were reviewed on a regular basis to ensure they contained up to date information that was meeting people's care needs. People were actively involved in care planning and decision making.

We received mixed feedback from people and relatives about activities and the frequency of these. We

pointed this out to the registered manager who told us they would review activities. After the inspection the registered manager contacted us and told us the activity hours had been spread across the week giving people more opportunity to take part.

Staff told us they enjoyed working at the service and felt supported by the registered manager. Quality assurance processes were in place and regularly carried out by the registered manager and registered provider, to monitor and improve the quality of the service. The service worked with various health and social care agencies and sought professional advice to ensure individual needs were being met. Feedback was sought from people who used the service through regular meetings. This information was analysed and action plans produced when needed.

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.

Staff were knowledgeable in recognising signs of potential abuse and knew how to report any concerns.

Risk assessments were undertaken to identify risks to people using the service and others.

Medicines were stored securely and administered safely. There were sufficient numbers of staff to meet people's needs.

Is the service effective?

Good

The service was effective.

Staff had the knowledge and skills to support people who used the service.

People were supported to have their nutritional needs met.

Staff understood the requirements of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards [DoLS] and they understood their responsibilities. However, some work was needed to ensure MCA assessments and best interest decisions were in place for all areas when people lacked capacity.

People were supported to access healthcare professionals and services.

Is the service caring?

Good

This service was caring.

Staff were caring and respected people's privacy and dignity.

Staff knew people who used the service well and involved people in all aspects of their care.

Wherever possible, people were involved in making decisions about their care and independence was promoted.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and care plans were person centred.

People had access to opportunities for social stimulation or activities.

People and relatives were aware of how to make a complaint or raise a concern. They were confident their concerns would be dealt with effectively and in a timely way.

Is the service well-led?

Good

The service was well led.

Effective quality monitoring systems were in place to ensure the service was run in the best interest of people who used the service.

Staff were supported by the registered manager and felt able to have open and transparent discussions with them through one-to-one meetings and staff meetings.

People expressed satisfaction with the standard of care they received.

Westmoor View 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 comprehensive inspection of Westmoor View Care home took place on 14 September and 3 October 2017. The first day of the inspection was unannounced which meant the provider and staff did not know we would be visiting. We informed the registered manager of our visit on 3 October 2017.

The inspection was carried out by one 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.

Before the inspection we reviewed all the information we held about the service, which included notifications submitted to CQC by the provider. We emailed the local authority commissioning team and the safeguarding team at the local authority to gain their views.

The provider had completed 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 used this information to help plan for the inspection.

During the inspection we reviewed a range of records. This included four people's care records including care planning documentation and medicines records. We also looked at two staff recruitment files, supervision, appraisal and training records, records relating to the management of the service and a wide variety of policies and procedures.

We spoke with the registered manager, a senior nurse, a college student on placement, a domestic and two care staff. We spoke with 13 people who used the service and four relatives. We spent time observing staff interactions with people throughout the inspection.

Good

Is the service safe?

Our findings

People told us they felt the service was safe. One person told us, "Altogether it's not a bad place, I do feel safe here." Another person said, "The girls [staff] check on me through the night and I like that." Another person commented, "The staff are very kind. I'm well looked after, I don't have to wait too long for help, either during the day or night time. They [staff] are very caring people here. I feel safe and my family are happy too, they know I'm well cared for. I feel very fortunate." A relative said, "I think [person] is safe. The staff identified the need to move [person's] room when [person] was becoming more mobile as there were three stairs near to [person's] room and staff didn't want [person] to fall."

Staff were aware of safeguarding procedures and the signs of potential abuse. They knew what action to take if they suspected abuse. A safeguarding and whistleblowing policy was in place and staff had attended safeguarding training. Staff were confident the registered manager would respond to any concerns raised.

Recruitment procedures were thorough and all necessary checks were made before new staff commenced employment. For example, references and Disclosure and Barring Service checks. These were carried out before potential staff were employed to confirm whether applicants had a criminal record or were barred from working with people.

Risks to people's safety had been assessed by staff and records of these assessments had been reviewed. Risk assessments had been personalised to each individual and covered areas such as falls, choking, moving and handling and the use of equipment. This enabled staff to have the guidance they needed to help people to keep safe. Risks to people were recorded and reviewed with control measures put into place to mitigate against any assessed risks.

There were safe processes for storing, administering and the returning of medicines. The temperature of the room and fridge in which medicines were stored were taken and recorded to ensure medicines were stored at the correct temperatures. When people required occasional medicines staff had information to refer to so people received their medicines at appropriate times and in a consistent way. Medicine administration records that we looked at were completed correctly with no gaps or anomalies. The registered manager and senior management conducted audits to check staff followed safe practice. All staff trained to administered medicines had been trained to do so.

We spoke with people who used the service and relatives and asked them if there were sufficient staff on duty to ensure people's needs were met. One person said, "Oh I think so I never have to wait very long." Staff told us from 7am until 2pm there were two nurses on duty and five care staff. From 2pm until 8:30pm there were two nurses and four care staff and overnight one nurse and three care staff. We looked at duty rotas which confirmed this.

Although people and relatives thought there were enough staff on duty they told us at certain times and particularly on a weekend they waited 20 to 30 minutes before staff had answered the door. They told us on occasions they had even left and come back later. On our second visit to the service we waited 15 minutes

before the door was answered. We pointed this out to the registered manager who told us the office administrator was not on duty. We pointed out what people had told us about other times. They told us they would ensure one staff member at all times was allocated to answering the door to avoid this happening again.

We looked at records, which confirmed that checks of the building and equipment were carried out to ensure health and safety. Water temperature of baths, showers and hand wash basins were taken and recorded on a regular basis to make sure they were within safe limits. We saw documentation and certificates to show that relevant checks had been carried out on the gas safety, fire extinguishers and the fire alarm. In addition to maintenance checks staff carried out weekly checks on break glass points to ensure the fire alarm was in working order. We noted some break glass points were not tested as much as others. We pointed this out to the registered manager who told us they would look into this as a matter of importance. After the inspection they contacted us and told us new key pads were preventing some points being checked. To address this all the break glass call point covers have been changed to allow checking again of all areas of the home.

We saw certificates to confirm that portable appliance testing (PAT) had been undertaken and was up to date. PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use. This showed that the provider had developed appropriate maintenance systems to protect people who used the service against the risks of unsafe or unsuitable premises and equipment.

Personal emergency evacuation plans (PEEPs) were in place for each of the people who used the service. PEEPs provide staff with information about how they can ensure an individual's safe evacuation from the premises in the event of an emergency.

We looked at the arrangements that were in place for managing accidents and incidents and preventing the risk of reoccurrence. We saw that a monthly analysis was undertaken on all accidents and incidents and that these were analysed to identify any patterns or trends and measures put in place to avoid re-occurrence.

Good

Is the service effective?

Our findings

People and relatives told us staff were competent in their role. One person said, "The staff are very good and know exactly what help and support I need." A relative commented, "I'm very happy with the care [person] receives. The staff are very good."

Care staff were supported in their role as the registered manager ensured staff received regular supervision. Supervisions provided staff with the opportunity to discuss any concerns or training needs. In addition staff received an annual appraisal. Staff confirmed that they had received supervision and the management team were always available for support. New staff spent time shadowing other staff and completed the provider's induction package.

Records we looked at showed care staff had received the training they needed to meet the needs of the people using the service. This training included, safeguarding, food safety, infection control, Mental Capacity Act and DoLS, moving and handling, medicines and fire training. Staff told us they had enough training to enable them to support people and meet their needs. One staff member said, "The training is vet good. I was shown how to use the hoists and other equipment."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures 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, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that the provider had made applications to the local authority about the people who lived at the service because people needed supervision both inside and outside of the home. We found seven people's DoLS applications had been authorised by the local authority and four were pending. In this way the provider was complying with the requirements of the Mental Capacity Act.

Although some MCA assessments and best interest decisions were available in people's care records some had not been undertaken for areas such as using the hoist, sensor mats, bed rails and the management of a person's diabetes. We pointed this out to the registered manager who told us after the inspection that they had commenced the process of adding these to care records.

Throughout the inspection we saw examples of staff making decisions that were clearly in the best interests of people they knew well, for example supporting people with their personal care and assisting with eating and drinking. Our judgment was that staff did act in the best interest of the people they supported but that processes had not been followed to formally assess and record this.

We looked at the menu plan which provided a varied selection of meals and choice. Staff encouraged and supported people to make healthy choices and the chef ensured that there was a plentiful supply of fruit and vegetables included in this. We asked people if they enjoyed the food that was provided. One person said, "The food is fine, but I'm not a big eater." Another person told us, "Oh yes the food is nice, most of it I enjoy." Another commented, "The food is very enjoyable. The chef visits me in my room to ask what I would like for the next meal."

We saw records to confirm that nutritional screening had taken place for people who used the service to identify if they were malnourished or at risk of malnutrition. Discussion with the registered manager and examination of records informed that when people had lost weight they had been referred to the dietitian.

People were supported to maintain good health. Staff ensured people attended scheduled appointments and were seen by their doctor or consultant overseeing their specialist health needs. Care plans contained a record of the involvement of other professionals in the person's care, such as chiropodist, dieticians, Speech and language therapy, the optician and dentist.

Good

Is the service caring?

Our findings

People told us they were happy and that staff were caring. One person said, "I'm very happy here." Another person commented, "I've been here a few years. I'm happy here. The staff are very kind. I've got some quite nice friends. I sit in the garden, but don't go any further. The nurses are good, all very friendly and kind." A relative told us, "Nice and free and easy. You can walk in anytime of the day or evening. My daughter works late and visits up to 10 pm at night."

Throughout the inspection we saw that support was delivered to people in a kind and caring way. People looked happy and comfortable around staff and we saw lots of smiling and friendly conversations between them.

One person told us staff had been extremely kind and caring the day before our visit. Staff had prepared a meal for the person and their relative and set a table so that they could eat together. They told us they had thoroughly enjoyed this occasion.

Staff told us they enjoyed getting to know people who used the service and they enjoyed spending quality time with them. One member of staff told us, "I like my job and I like helping people. I always ask people first what they would like or what they needed help with out of respect." People told us they were encouraged to be as independent as possible. Staff were always on hand to assist or offer support, but tried to encourage people to do as much as they could for themselves. In one example we saw a person walking independently with their walking frame whilst staff provided gentle encouragement and reassurance.

People were free to move around the building as they chose and spend as much or as little time in their own rooms or communal areas as they wanted to. People were treated with dignity and respect. Staff spoke with people in a friendly and caring but professional way at all times and addressed people by their preferred names. Staff knocked on people's doors and waited for a response before entering. Where people indicated that they wanted support staff approached them and asked quietly and privately how they could help. Staff we spoke with understood the importance of treating people with respect. One member of staff told us, "Dignity and politeness is very important."

Advocacy information was available for people if they required support or advice from an independent person. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known.

We observed staff to be kind and friendly in their approach. Staff interacted well with people and the atmosphere was happy and relaxed. We observed staff supporting people throughout the day and saw them demonstrate a good knowledge of the people they were caring for, how they liked to spend their time and how they communicated. We saw staff were affectionate with people and provided them with the support they wanted and needed.

We looked at care plans to see how people had been involved in decisions about their care. Examination of

records confirmed that people and their relatives had been involved in making decisions about their care and treatment on an ongoing basis. People's lifestyle, religious and personal choices were respected by the service, people were supported to continue their preferred way of living.

Staff encouraged people to be independent and make choices such as what they wanted to wear, eat, drink and how people wanted to spend their day. We saw that people made such choices during the inspection day.

At the time of our inspection no one was receiving end of life care. However, the registered manager sought the support of health care professionals to ensure people could remain at the home at the end of their life and receive appropriate care and treatment. The registered manager and staff spoke passionately of the care and attention to detail they took when supporting people in the end stages of their life and how they supported families at this difficult time. The registered manager told us that they had maintained their accreditation with the Gold Standards Framework. The Gold Standards Framework provides training to staff providing end of life care to ensure better lives for people and recognised standards of care. This training provided staff with the knowledge and confidence to care for people at the end of their life.

Good

Is the service responsive?

Our findings

People told us that they received support that was responsive and personalised to their needs. One person said, "I haven't been here long but I have settled straight away. They [staff] have got to know me well in such a short space of time." A relative said, "Since [person] moved here from [another care home] they have integrated more and are much more stimulated. I can see the improvement and [person] is walking so much better."

People had been assessed prior to their admission to the home and these assessments helped to inform care plans. People's preferences, their personal history and any specific health or care needs they may have were documented. This allowed all staff to have a clear understanding of the person's needs and how they wanted to be cared for. Information was available in each person's care records to identify specific likes and dislikes and the personal abilities of people to manage their own care, along with the support they required from staff.

Care plans in place were personalised and gave clear information for staff on how to meet people's needs. We did note that some care plans for one person had not been reviewed and updated since July 2017. We pointed this out to the registered manager who told us they would be reviewed and updated.

The service employed an activity co-ordinator who worked three full days a week. At the time of the inspection the activity co-ordinator had just returned to the service after a period of absence. We received mixed views on the activities and frequency of these. One person said, "I like to play dominoes. There are four of us who like to bake. I've made buns, cheese scones and fruit scones." Another person told us, "There is plenty enough going on for me." One person commented, "We just sit here and chat to each other. There's not much going on really." Another person said, "I get visitors but other than that we don't do much." A relative said, "There are some activities but I think they would benefit from more."

Staff told us people had enjoyed a 'European tour' activity where staff focussed on a particular place in Europe and people sampled the food, looked at pictures and discussed things about the holiday destination.

The notice board listed a number of upcoming activities, which included a ladies coffee morning, pony therapy, baking, high tea and a Halloween coffee morning. Each month a representative from the local Church of England church visited and those people who wanted took part in a short religious service.

During the inspection we spoke with the registered manager and senior nurse about the mixed feedback we had received from people and relatives about activities. They thought there had been a change in the people who used the service and more people were able and interested in activities than previously. They told us they would review activities. After the inspection the registered manager contacted us and told us the activity hours had been spread across the week giving people more opportunity to take part.

The service had received a recent compliment. A person who used the service was unable to get to the

wedding of their grandchild and because of this staff at the service set up Skype to enable the person watch the wedding. The compliment read, 'Thank you so much for all your help in setting Skype up so my granddad could see me get married. It meant so much to all of us that [granddad] was able to be a part of our special day.'

The service had a complaints policy and procedure, details of which were provided to people when they first joined the service. Complaints records showed any form of dissatisfaction was taken seriously. Investigations were completed and responses provided to complainants of the action taken by the service in response to concerns. One relative told us, "The manager is very approachable and if I had any worries at all I would speak to [them]."

Good

Is the service well-led?

Our findings

People and relatives told us the service was well-led and spoke highly of the registered manager and all the staff at the home. One person said, "This is a lovely home. The manager, well in fact all the staff are very nice." Another person commented, "The staff are very kind, I'm well looked after. The manager chooses the right people to appoint as staff."

Staff told us the service was well-led and the registered manager was approachable and supportive. One staff member said, "[Name of registered manager] runs a good home and all the residents come first."

The provider had a quality assurance system to check the quality and safety of the service. The registered manager carried out a number of quality assurance checks, in areas including medicines, infection control, care planning, health and safety and staff files to monitor and improve the standards of the service. Any areas identified as needing improvement during the auditing process were analysed and incorporated into a detailed action plan. A detailed report was frequently produced in relation to quality. We saw that the registered manager made unannounced visits to the service during the night to check on staff, care and service provided.

Regular staff meetings had taken place and minutes of the meetings showed that staff were given the opportunity to share their views. Management used these meetings to keep staff updated with any changes within the service and to provide updates. Meetings for people who used the service had also taken place. These were used to discuss menu choices, activities, upkeep of the home and to ask people if they had any concerns or complaints and any suggestions they had for improvement at the service.

Throughout the inspection staff were open and cooperative, answering questions and providing the information and documents that we asked for. We therefore found the culture of the service to be open, transparent and accountable.

The registered manager understood their role and responsibilities, and was able to describe the notifications they were required to make to the Commission and these had been received where needed. The provider reviewed their policies in line with best practice.