

Westcliffe Homes Limited

Westwood Residential Care Home

Inspection report

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Chorley
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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 

Overall summary

This inspection took place on 15 December 2015 and was unannounced. We last inspected Westwood Residential Care Home on 25 July 2014 and the service was judged to be fully compliant with the previous regulatory standards.

Westwood residential home is situated close to Chorley town centre. The service is set in a large Edwardian house with a small private car park to the rear. The home offers

residential support for up to 20 people who do not require nursing care. The home also offers respite care by arrangement. There is wheelchair access and a lift to all floors.

There were two vacancies at the home on the day of our inspection visit and these rooms were in the process of being decorated. We were told a waiting list was in place and that once the two rooms had been redecorated then the two vacancies would be filled. The homes lift was not

Summary of findings

working on the day of our inspection. We were told that the lift would be fully operational by the following day and we were contacted the day after our inspection to confirm this was the case. People who were accommodated on the first and second floor of the home were staying in their rooms and there were enough staff on duty to ensure that people were safe and cared for appropriately.

The home had a registered manager in place who had been with the organisation for a number of years. There was also a deputy manager in place.

People told us they felt safe at the home and with the staff who supported them. They told us that they feel safe from abuse; harassment and their human rights were protected. We observed staff speaking to people and they spoke in a respectful and dignified manner.

The service had procedures in place for dealing with allegations of abuse. Staff were able to describe to us what constituted abuse and the action they would take to escalate concerns. Staff members spoken with said they would not hesitate to report any concerns they had about care practices.

We observed a staff member administering medicines during the inspection. We saw this was done in a competent manner and noted the staff member handled people's medicines carefully and safely. Careful checks of the records were made each time a medicine was administered and the records were updated accurately at the correct times.

We found the home to be clean and odour free throughout the day of the inspection. Staff we spoke with were knowledgeable about infection control practices and told us they were provided with the necessary protective equipment to carry out their role.

Records and certificates of training showed that a wide range of training was provided for all staff.

We found staff knowledge of MCA and DoLS was sufficient however they needed some additional training to ensure they felt confident in this area. The registered manager told us they were aware of this need and were actively looking for training in this area.

People were approached by the chef to discuss the menu for the next day and to get them to make their choices. We observed the chef taking a lot of time talking to people individually in a warm and caring manner and supporting those who struggled to make choices by describing the meals in detail.

On the day of our inspection, we saw that staff interacted with people without exception in a cheerful and pleasant way. It was clear from talking with staff and observing interactions, that they knew all the people who lived at the home well.

We saw within people's care plans that referrals were made to other professionals appropriately in order to promote people's health and wellbeing. Examples included referrals to social workers, district nurses and GP's.

Information about advocacy and other services was displayed around the service and staff were aware of the need for promoting advocacy and involving next of kin when appropriate.

People we spoke with and their relatives told us they knew how to raise issues or make complaints. They also told us they felt confident that any issues raised would be listened to and addressed. We saw that the home had an up to date complaints policy which was on display in the reception area.

Records we saw reflected people's needs accurately and we observed written instructions from community professionals being followed in day to day practice.

We found the service had good staff retention. Staff we spoke with had been with the service for a minimum of 6 years up to 30 years with the home.

All the staff we spoke with told us they had a commitment to providing a good quality service for people who lived at the home. Staff confirmed that they had handover meetings at the start and end of each shift, so they were aware of any issues during the previous shift.

We saw evidence of a wide range of audits being undertaken by the home manager as part of the quality assurance process in place. These included; medication, care plan, health and safety and kitchen audits.

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.

The service had procedures in place for dealing with allegations of abuse. Staff were able to describe to us what constituted abuse and the action they would take to escalate concerns.

All the people we spoke with felt their medicines were managed safely and told us they always received them on time and when they needed them.

Employees were asked to undertake checks prior to employment to ensure that they were not a risk to vulnerable people.

Good



Is the service effective?

The service was effective.

Staff had access to on-going training to meet the individual and diverse needs of the people they supported.

The menu offered people a choice of meals and their nutritional requirements were met.

The service had policies in place in relation to the Mental Capacity Act 2005 (MCA) and depriving people's liberty where this was in their best interests.

Good



Is the service caring?

People were treated in a kind, caring and respectful way. They were supported to remain as independent as possible and to maintain a good quality of life. Staff communicated clearly with those they supported and were mindful of their needs.

People were supported to access advocacy services, should they wish to do so. An advocate is an independent person, who will act on behalf of those needing support to make decisions.

Good



Is the service responsive?

The service was responsive.

People we spoke with told us they knew how to raise issues or make complaints.

We saw that care plans were regularly reviewed and contained information pertinent to each individual.

Good



Is the service well-led?

A wide range of updated policies and procedures were in place at the home, which provided the staff team with current legislation and good practice guidelines.

A good range of audits were in place that feedback into service provision.

People who lived at the home were fully aware of the lines of accountability at the home. Staff spoken with felt well supported by the management team and were very complimentary about the way in which the home was being run by the manager.

Good



Westwood 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 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.

The inspection was carried out by two adult social care inspector's including the lead inspector for the service.

Before the inspection visit we reviewed the information we held about the service, including the Provider Information Return (PIR) which the provider completed before the inspection. The PIR 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 also looked at other intelligence which included information such as notifications informing us about significant events and safeguarding concerns, any contact from other professional's and contact from people using the service and/or family or carers.

We spoke with a range of people about the service; this included six people who lived at the home, three relatives and four members of staff. We contacted the Local Authority contracts team to gain their views on the service and other professionals who visited the home such as district nurses, GP's and social workers.

We spent time looking at records, which included four people's care records, four staff files, training records and records relating to the management of the home which included audits for the service.

Is the service safe?

Our findings

People told us they felt safe at the home and with the staff who supported them. They told us that they feel safe from abuse; harassment and their human rights were protected. We observed staff speaking to people and they spoke in a respectful and dignified manner. One person told us “There are no restrictions, It’s like home in here in a sense.” Another person told us, “They restrict you on certain things, if it’s raining and cold, they won’t let you go into town. On the whole they are fair and nice people and I don’t think anyone here will tell you they feel unsafe.”

We spoke with the manager of the home regarding staffing levels. They were confident that staffing levels were in place at all times to meet the needs of the people in the home. This was observed to be the case during the inspection and the feedback we received from people, their relatives and staff also confirmed staffing levels to be sufficient to meet people’s assessed needs.

The registered manager and deputy manager were actively involved in the provision of care at busy times. On the day of our inspection there were six members of staff. During meals times we observed the registered manager helping carers to ensure people enjoyed their meals. We saw that people were supported promptly when requested and staff had time to sit with people and enjoy chatting and relaxing together.

People we spoke to informed us that they did not feel that they had to wait long if they pressed their call bell. We observed staff responding promptly to requests for help. One person who was not eating was supported by staff who fed them to ensure they had adequate food and drink, staff were encouraging the person and showed patience in doing so.

The service had procedures in place for dealing with allegations of abuse. Staff were able to describe to us what constituted abuse and the action they would take to escalate concerns. Staff members spoken with said they would not hesitate to report any concerns they had about care practices. One member of staff told us, “I would refer any concerns on to the manager, outside the home I would go straight to the CQC if I felt nothing was being done. I have had safeguarding training recently.”

The home had not reported any safeguarding incidents to the Local Authority in the twelve month period prior to our

inspection. We did however see that there had been a small number of incidents that were reportable under safeguarding protocols. One example was a medication error which resulted in a hospital admission; another was a fall that resulted in a trip to accident and emergency. Both had been investigated thoroughly by the home and the correct medical advice and assurances had been sought, family members informed and both incidents had been recorded appropriately. We discussed with the registered manager the need to inform the Local Authority safeguarding team of such incidents for the purpose of transparency. We also discussed the likelihood that both incidents would have been ‘closed down’ by the safeguarding team as processes were followed by investigating each incident thoroughly but that it would be good practice to report these types of incidents to the local safeguarding team.

We observed a staff member administering medicines during the inspection. We saw this was done in a competent manner and noted the staff member handled people’s medicines carefully and safely. Careful checks of the records were made each time a medicine was administered and the records were updated accurately at the correct times. We saw that competency checks were carried out regularly and that medicines’ training was up to date for all staff with a responsibility for administering medicines.

We viewed the Medication Administration Records (MARs) for four people who used the service and found them to be satisfactory. They each contained a photograph to help avoid any identification errors and other important information, such as the person’s allergy status, if there were any missed doses or refusals and it was clear if medicines were to be given short or longer term. The registered manager had implemented an effective audit schedule and medication audits took place on a regular basis. Medication was securely stored and medicines were well organised and not overstocked. Any medication that needed to be refrigerated was kept in a locked box within the fridge that was used for general use.

We looked at the personnel records of five members of staff. All had an application form and references on file to show that they had been through a formal recruitment process. When speaking with staff they all confirmed they

Is the service safe?

had been through a formal recruitment process. The files we looked at were in good order, easy to navigate and showed that the necessary checks were in place to ensure competent staff were employed at the home.

We found the home to be clean and odour free throughout the day of the inspection. Staff we spoke with were knowledgeable about infection control practices and told us they were provided with the necessary protective equipment to carry out their role. We also saw that staff had attended infection control training. Formal infection control audits were also being completed to ensure staff were following safe practice.

The Lancashire Fire and Rescue Service had visited the home in March 2015 and found the premises to be 'Broadly Compliant'. The home had their own fire risk assessment in place.

We found the service had a whistle blowing policy and staff we spoke to showed awareness of the policy and where it applies. They told us they would feel confident using the whistle blowing process if needed.

Is the service effective?

Our findings

People we spoke with were very complimentary about the staff team. One person told us, “This is a nice home and the staff are nice also.” One relative we spoke with told us “I am really impressed and feel that my (relative) is given choices and staff are respectful”.

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 interests and legally authorised under the MCA. The application 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.

The registered manager had a good working knowledge of the MCA and DoLS. We observed people were asked for their consent before receiving care. However, we found on one occasion consent was being granted by a relative when the person receiving care had the mental capacity to do so on their own. We spoke to the registered person to ensure MCA principles were followed even for people with power of attorney in place. This ensures that people are allowed to make decision on their own care. We were told that this issue would be looked into further via discussions with the person.

We found staff knowledge of MCA and DoLS was sufficient however they needed some additional training to ensure they felt confident in this area. The registered manager told us they were aware of this need and were actively looking for training in this area.

Staff confirmed they had access to a structured training and development programme. This ensured people in their care were supported by a skilled and competent staff team. One staff member told us, “The manager will soon let us know if we are behind in our training.”

Records and certificates of training showed that a wide range of training was provided for all staff. These included areas such as fire safety, infection control, the Mental Capacity Act (MCA), food hygiene, medication management, health and safety, safeguarding adults and moving and handling. Staff told us that they could request additional training to meet specific needs of people at the home, that the quality of the training was good and that they were encouraged to attend training regularly.

Staff told us they underwent a robust induction process which lasted for two weeks. This included shadowing experienced staff and completing competency assessments in order to learn people’s specific care needs. A number of staff had worked at the home for a long period of time and staff turnover rates were much better than the industry norm.

Staff files we looked at showed that people received regular supervision sessions and an annual appraisal of their performance. When speaking with staff they also told us that staff meetings and handover sessions at the beginning and end of each shift took place to ensure they were aware of how people had been and had the information they needed to provide care and support. Supervision notes confirmed that people had the opportunity to discuss their work performance, achievements, strengths, weaknesses and training needs. Staff we spoke with were happy with how supervision and appraisals were undertaken and we saw that these took place frequently.

We talked with people who used the service about the quality and variety of food provided. The responses we received were mainly very positive. One person told us, “It’s good (the food). It’s always hot and you get asked what you like.”

People were approached by the chef to discuss the menu for the next day and to get them to make their choices. We observed the chef taking a lot of time talking to people individually in a warm and caring manner and supporting those who struggled to make choices by describing the meals in detail. Alternative meals were offered to those people who did not like the menu for that day.

Is the service caring?

Our findings

People who lived at the service told us the staff were caring, compassionate and patient. We spoke to six people who lived at the service who all told us they were happy with the support they received. They told us staff were consistent and treated them with respect and dignity. One person told us “They are very good, if you cannot do it on your own they help”. “It’s like home here in a sense”. Another person told us “I am happy here”. “We are not prisoners here, there is freedom in here and I feel free”.

We spoke to four relatives of people who lived at the service and they told us that they were confident of the care that their loved ones received from staff. They spoke highly of the staff approach and the cleanliness of the home. They said “There is no smells when you come in”. “They ring so often to let us know what’s going on”. Another relative said “the minute you walk in there is no smells, all you smell is lovely food”. Another relative told us “The service is excellent and I cannot fault it” She added “They respond quick to call bells and staff are regular”.

On the day of our inspection, we saw that staff interacted with people without exception in a cheerful and pleasant way. It was clear from talking with staff and observing interactions, that they knew all the people who lived at the home well. Staff addressed people by the names they preferred. We saw that staff were gentle and patient when supporting people to take medicines or eat and drink or simply to walk to their bedrooms. All care staff responded to individual people in a way that showed they knew them well and were concerned for their welfare. As the lift was out of order people who resided on the ground floor were reassured as to why people were not downstairs who would normally be. We also saw that people who were being cared for on the first and second floor were constantly monitored by staff. People looked happy and were evidently comfortable in the presence of staff members.

Staff we spoke to showed good awareness of confidentiality, privacy and dignity. One member of staff

told us, “If I want to ask someone if they need the toilet and they are seated in the lounge with others, I do it discreetly so that others don’t know what we are talking about”. They added, “I can just say can you come with me for a minute instead of shouting or asking loudly”. Another staff member told us, “I make sure I knock on doors before going into someone’s room and when providing personal care I ensure people are covered to maintain their dignity”.

We saw within people’s care plans that referrals were made to other professionals appropriately in order to promote people’s health and wellbeing. Examples included referrals to social workers, district nurses and GP’s. Care plans were kept securely in a small office, however staff could access them easily if required. We saw that people who were able to were involved in developing their care plans. This meant that people were encouraged to express their views about how care and support was delivered. People we spoke with and relative’s we spoke with confirmed they had been involved with the care planning process.

Relatives of people using the service told us they were informed about changes to their loved one’s needs as soon as possible. “They told us they will tell us if they called the GP”.

We observed the registered manager sharing information about the bereavement of a person who lived at the home with other people in the service in a sensitive, considerate and empathetic manner. They recognised the relationships that people who lived at the service had with each other. They offered emotional support to those who needed it. Staff we spoke to showed awareness of how to support people at the end of their life. Staff were able to tell us the steps they take to ensure people requiring end of life were comfortable and have a dignified and pain free death. Training records also indicate staff were regularly attending end of life training.

Information about advocacy and other services was displayed around the service and staff were aware of the need for promoting advocacy and involving next of kin when appropriate.

Is the service responsive?

Our findings

People's needs were being met in a person centred manner and reflected their personal preferences. People's religious needs were being met. We spoke to one person who told us they attended communion on a weekly basis. Another person told us they went for Christmas dinner with their family and another told us they went into town whenever they felt fit to do so and staff supported them to do this.

One person told us there were a number of activities arranged each week and people at the home made suggestions regarding what activities they wanted to see and do. Comments from people who lived at the home included, "I go out with my friends when I want". "They arrange a lot of activities for us" and "We have our own minibus and go out and about in that." There was an activities board on display in the dining area which detailed what activities were on offer for the week.

People we spoke with and their relatives told us they knew how to raise issues or make complaints. They also told us they felt confident that any issues raised would be listened to and addressed. We saw that the home had an up to date complaints policy which was on display in the reception area. We saw that a complaints file was kept in the office. No complaints had been received by the service during the twelve month period prior to our inspection. A relative we spoke told us, "They listen to your concerns and they act immediately". I raised a concern about the carpet once and the following day it was shampooed".

Staff we spoke to had awareness of complaints procedure within the home and told us how they encourage people to raise concerns using resident's meetings surveys and care plan reviews. Records showed residents meetings were held every 2- 3 months and requests from the meetings were actioned and evidenced.

We examined the care files of four people, who lived at Westwood residential care home. We saw that people had been involved in their development and thorough needs assessments had been conducted before a placement was arranged at the home. These included people's likes and dislikes and this helped to ensure the staff team were confident they could provide the care and support people required. Care staff confirmed that they had read the care plans for those they supported, to ensure they knew what each individual required. We found plans of care to be person centred, which outlined clear aims, objectives and actions to be taken.

Records we saw reflected people's needs accurately and we observed written instructions from community professionals being followed in day to day practice. We spoke with a member of the care team about the assessed needs of one person. They explained to us how the staff team supported the individual to ensure their needs were being met. We saw that the plan of care for this person accurately reflected what the carer had told us. We noted that care workers wrote in a daily report, at the end and beginning of each shift a handover took place so staff were aware of any changes to people's needs.

Detailed assessments were in place alongside appropriate risk assessments. These covered areas, such as the risk of developing pressure wounds, the risk of malnutrition, the use of bed rails and falls.

We saw that care plans and risk assessments were regularly reviewed. The person who had carried out the review was recorded alongside the date the review was carried out to ensure a clear audit trail was in place.

A key worker system was in place at the home, which enabled people who lived there to develop strong bonds with individual staff members, who got to know them and their families well. This also helped to ensure people's needs were being appropriately met.

Is the service well-led?

Our findings

One relative we spoke with told us, “This home is Rolls Royce of Care homes. There are no smells as you come in and the activities they arrange are marvellous, everyone joins in”. Another relative told us, “Dad came here for respite and we loved it.” It’s a nice place.” Staff are regular and dad has a bath weekly with the same staff”.

We spoke to six people who lived at the service. They all told us they knew who the registered manager was and their deputy. They told us, “The manager is very good, she joins in and helps out her staff”. We observed the registered manager assisting during busy times of the day including lunch time serving meals.

Staff that we spoke with told us that they felt the management were responsive to staff needs. Staff also told us management provided support to resolve disputes between staff and ensure the workforce worked in harmony. One member of staff told us management used mediation to resolve issues they had. Staff spoke highly of management and felt that they could approach them with any concerns they may have. They felt management listened to them and supported them to have a work-life balance. We found evidence of staff being supported to return to work after long term absences.

We found the service had good staff retention. Staff we spoke with had been with the service for a minimum of 6 years up to 30 years with the home.

We saw that regular staff meetings took place and that these were recorded. The latest minutes were from two weeks prior to our inspection and the meeting previous to that one was from September 2015. A number of areas were discussed including recent resident and visiting professionals survey results, care plans, people’s routines.

A wide range of updated policies and procedures were in place at the home, which provided the staff team with current legislation and good practice guidelines. These included areas, such as health and safety, equal opportunities, infection control, safeguarding adults, Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act (MCA).

All the staff we spoke with told us they had a commitment to providing a good quality service for people who lived at the home. Staff confirmed that they had handover meetings at the start and end of each shift, so they were aware of any issues during the previous shift. We sat in on one of the staff handovers and saw that the level of information handed over was of good quality. We found the service had clear lines of responsibility and accountability. The management and staffing structure of the organisation was on display in the reception area of the home.

We saw evidence of a wide range of audits being undertaken by the home manager as part of the quality assurance process in place. These included; medication, care plan, health and safety and kitchen audits.

A business continuity management plan was in place which meant that arrangements were in place for events such as the loss of power, water, extreme weather and staff sickness on a large scale. We also looked at the homes maintenance of equipment and systems file which included recent gas safety certificates and inspection reports, electrical installation condition reports and the maintenance of equipment such as fire extinguishers.

The home produced a four monthly ‘Westwood Newsletter’ which was available for people and any visitor to the home. The newsletter was very professionally done, contained colour photographs including of refurbishments and improvements to the home and activities undertaken. The newsletter also contained details of staff training undertaken during the previous period.