

Three Arches Care Ltd

Westhorpe Hall

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



Overall summary

This inspection took place on 8 September 2015 and was unannounced. This meant the staff and the provider did not know we would be visiting.

Westhorpe Hall provides residential care for up to 20 people. On the day of our inspection there were 20 people using the service. The service is situated next to a farm in open countryside and suitable for the people who used the service. The service accommodation was clean, tidy and well maintained.

The service had a registered manager in place. 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.

Summary of findings

People who used the service and their relatives were complimentary about the standards of care at Westhorpe Hall.

There were sufficient numbers of staff on duty in order to meet the needs of people using the service. The provider had an effective recruitment procedure in place and carried out relevant checks before they employed staff. There was an induction and on-going training program and staff received supervisions and appraisals. The service had a robust medicines policy and procedure in operation.

There were appropriate security measures in place to ensure the safety of the people who used the service. Individual risk assessments had been completed and there were emergency procedures in place to be implemented in any crisis. The provider had procedures in place for managing the maintenance of the premises.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We looked at records and discussed DoLS with the registered manager, who told us that there were DoLS in place and in the process of being applied for. We found the provider was following the requirements in the DoLS.

We saw mental capacity assessments had been completed for people and best interest decisions made for their care and treatment. We also saw staff had completed training in the Deprivation of Liberty Safeguards.

We saw staff supporting and helping to maintain people's independence. People were encouraged to be independent for themselves when possible. Staff treated people with dignity and respect.

People had access to food and drink throughout the day and we saw staff supporting people in the dining room at meal times as required.

We saw people who used the service had access to healthcare services and received on-going healthcare support. Care records contained evidence of visits from external specialists.

All the care records we looked at showed people's needs were assessed. Care plans and risk assessments were in place when required and daily records were up to date. We saw staff used a range of assessment tools and kept clear records about how care was provided.

The provider consulted people who used the service, their relatives, visitors and stakeholders about the quality of the service provided.

There was a complaints system in operation and people told us they received care that was personalised to them and responsive to their needs.

The provider visited the service regularly and the service carried out audits and surveys to develop the service.

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 an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff. There were sufficient numbers of staff on duty in order to meet the needs of people using the service.

The service identified and reduced risks through carrying out and implementing the actions of risk assessments.

Staff had completed training in safeguarding of vulnerable adults and knew the different types of abuse and how to report concerns.

The service had procedures in place for managing peoples medicines.

Good



Is the service effective?

The service was effective.

Staff were supported to provide care to people who used the service through induction and on-going training.

The service understood and had implement appropriate actions regarding the Mental Capacity Act 2005.

People had access to food and drink throughout the day and we saw staff supporting people when required.

People were supported to maintain good health and had access to healthcare professionals.

Good



Is the service caring?

The service was caring.

People were treated with respect and the staff understood how to provide care in a dignified manner and respected people's right to privacy.

People who used the service and their relatives were involved in developing and reviewing care plans and assessments.

Peoples rooms were individualised with people's own furniture and personal possessions.

Good



Is the service responsive?

The service was responsive.

Individualised care plans were in place where required.

The provider had a complaints procedure in place and people told us they knew how to make a complaint.

Good



Is the service well-led?

The service was well-led.

Good



Summary of findings

The provider had a quality assurance system in place and gathered information about the quality of their service from a variety of sources.

Staff we spoke with told us they felt able to approach the registered manager and felt safe to report concerns.

People who used the service had access to healthcare services and received on-going healthcare support.

Westthorpe Hall

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 inspection took place on 8 September 2015 and was unannounced. This meant the staff and the provider did not know we would be visiting. The inspection was carried out by one inspector and an expert by experience. An expert by experience has personal experience of using or caring for someone who uses this type of care service. Our expert had expertise in older people's services.

Before our inspection we reviewed information we have about the provider. This would include statutory notifications that had been sent to us in the last year. This

is information about important events which the provider is required to send us by law. We would use this information to plan what areas we were going to focus on during our inspection.

During our inspection we spoke with four people who used the service and two relatives. We also spoke with the registered manager, the provider, the cook and relief cook and a member of the care staff.

We looked at the personal care or treatment records of four people who used the service and observed how people were being cared for.

We reviewed staff training and recruitment records. We also looked at records relating to the management of the service such as audits, surveys and policies.

We spoke with the registered manager about what was good about their service and any improvements they intended to make.

Is the service safe?

Our findings

People who used the service told us. "Yes I feel very safe here, I like the staff and they look after us." A relative told us. "When we visit we're always conscious of staff walking through and checking everyone so we're quite sure our [relative] is safe."

The service is a two storey, detached listed building set in its own grounds with well-maintained gardens including vegetable plot and patio area. We saw that the accommodation included several lounges a dining room and several communal bathrooms which had been upgraded since our last inspection. We saw completed cleaning schedules and staff who worked in the service had received training in cleanliness and infection control.

All visitors were required to sign in a visitor's book. All entry and exit doors were alarmed so that staff were aware of anyone entering or leaving the building. This meant the provider had appropriate security measures in place to ensure the safety of the people who used the service.

Equipment was in place to meet people's needs including hoists, pressure mattresses, shower chairs, wheelchairs, walking frames and pressure cushions. We saw the slings, hoists and the passenger lift had been inspected in accordance with the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER). We saw windows fitted with restrictors to reduce the risk of falls. The service carried out weekly fire tests and there were emergency plans in place to be implemented in the case of any crisis.

We discussed staffing levels with the registered manager. The manager told us that the levels of staff provided were based on the dependency needs of people using the service. We saw there were sufficient staff on duty for day and night shifts. The manager explained the process they used to cover in the event of staff being unwell and unable to work to ensure that there enough staff on duty. We saw that call bells were placed near to people's beds or chairs and were responded to in a timely manner. A person who used the service told us. "If you're sitting on your bed and you ring your bell they will come to you."

We saw a copy of the provider's safeguarding policy, which provided staff with guidance regarding how to report any allegations of abuse, protect vulnerable adults from abuse

and how to address incidents of abuse. The manager and a member of staff told us how to implement the correct procedure for informing the local authority, contacting relevant healthcare professionals and notifying CQC. We saw from the training records that staff had completed training in the safeguarding of vulnerable adults.

We looked at the selection and recruitment policy and the recruitment records for two members of staff. We saw that appropriate checks had been undertaken before staff began working at the home. We saw that Disclosure and Barring Service (DBS) checks were carried out and at least two written references were obtained, including one from the staff member's previous employer. Proof of identity was obtained from each member of staff, including copies of passport, birth certificate, driving licence, bank statement and utility bill. We also saw copies of application forms and these were checked to ensure that personal details were correct and that any gaps in employment history had been suitably explained.

We looked at the provider's management of medicines policy. The policy covered all key aspects of medicines management. We observed and discussed the medicines procedure with the manager, as the supplier had changed since our last inspection. The service used a monitored dosage system with medicine supplied on a 7-day cycle. The manager considered the pharmacy service as very good and told us they would deliver medicines the same day.

We examined the Medication Administration Charts (MAR) charts for all people using the service and no discrepancies were identified. We saw the administration of medicines complied with appropriate administration standards. Allergy information was stated on all MAR charts examined. Medicine information leaflets relating to prescribed medicine were available on an individual basis in each of the care plans examined. One person who used the service told us. "My medicine is brought to me and they wait while I take it. They always explain anything that I ask about it."

Medicines were stored appropriately and temperatures recorded to ensure the medicines were maintained at the correct temperatures. We saw that staff designated to administer medicines had received the appropriate training.

Is the service effective?

Our findings

People who lived at Westhorpe Hall received care and support from trained and supported staff. The people we spoke with were confident the staff knew what they were doing when they were caring for them. A member of staff told us. "I have learnt a lot from the training especially about dementia." A relative told us. "I came in one day and they were having a training day and they all said that they thought it worthwhile."

We looked at the training record which showed what had been delivered and what was planned for the future. Training included moving and handling practical and theory, first aid awareness, fire safety, medicines, safeguarding, infection control, food hygiene, health and safety law, mental capacity act, deprivation of liberty, equality and diversity, information governance and dementia. A member of staff told us. "The induction training is very good and then there is training throughout the year."

We saw staff received arranged supervision sessions and an annual appraisal. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. This meant that staff were properly supported to provide care to people who used the service.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We looked at records and discussed DoLS with the manager, who told us that there were DoLS in place as well as some in the process of being applied for. We found the provider was following the requirements in the DoLS.

People who used the service told us they were able to leave the home if they so wished. One person told us. "I go out with my family and enjoy sitting outside in the garden in the nice weather."

We saw mental capacity assessments had been completed and best interest decisions made regarding care and treatment. We looked at a copy of the provider's consent policy, which provided staff with guidance in understanding their obligations to obtain consent before providing care interventions or exchanging information. We saw that consent forms had been completed in the care records we looked at for care and treatment.

People had access to a choice of food and drink throughout the day and we saw staff supporting people in the dining room at lunch time when required. We saw two people assisting preparing the lunchtime meal and they informed us they did this regularly and enjoyed helping through peeling and preparing vegetables.

People were supported to eat in their own bedrooms if they preferred. We saw menus displayed in the dining room which detailed the meals and snacks available throughout the day. We observed staff giving people a choice of food and drink. One person told us. "The food is very good and there is enough of it." A visitor said. "The soups are absolutely delicious and the food is very nice. There's plenty of it."

We observed staff chatting with people who used the service. The atmosphere was not rushed. We looked at records and spoke with the cook who told us about people's special dietary needs and preferences. One person told us about the meals that were served throughout the day they said. "The tea is very nice and the trolley is full of very nice little things."

We saw people who used the service had access to healthcare services and received on-going healthcare support. We saw evidence of visits by healthcare professionals including General Practitioner, speech and language therapy (SALT), Dentist, Optician, Dietician, Chiropodist and District nurses. This meant the service ensured people's healthcare needs were considered monitored and met.

Is the service caring?

Our findings

People who used the service and their relatives were complimentary about the standard of care. Without exception, everyone we spoke with told us they were happy with the care they were receiving. One person told us. "The staff are really nice and kind." A visitor said. "They are always very accommodating to us when we visit and they are always chatting to the residents".

People we saw were wearing their own clothes which had been fully laundered as required. A relative remarked they were impressed with the laundry service provided. We saw staff talking to people in a polite and respectful manner. Staff interacted with people at every opportunity, for example encouraging them to engage in conversation or asking people if they wanted help when they passed them in the lounges. A person who used the service told us. "It's lovely in here." Another person told us they enjoyed the peace of the environment and had enjoyed the recent visit of an animal sanctuary and in particular seeing the owls that had visited. They said. "It is amazing even at my age you still learn things."

The service supported people to express their views. There were regular residents' meetings and staff meet with

people on a one to one basis to discuss their care and any concerns they might have. One person said. "I see the manager every time they are on duty they come and talk to us to see that we are ok. I also know the owner and regularly to talk with them as well." They also told us. "I like living here especially in the winter there is a lovely log fire to keep us warm."

We observed staff interacting with people in a caring manner and supporting people to maintain their independence. We saw staff knocking before entering people's rooms and closing bedroom and bathroom doors before delivering personal care. A person told us. "They ask if it is alright and tell me what they are doing." A relative told us, "The staff are kind, I cannot fault them." This meant that staff treated people with dignity and respect.

We saw the bedrooms were individualised with people's own furniture and personal possessions.

We looked at daily records, which showed staff had involved people who used the service and their relatives in developing and reviewing care plans and assessments. The people who used the service told us they knew about their care plans. Relatives we spoke with were aware of care plans.

Is the service responsive?

Our findings

People who used the service considered they received personalised care that was responsive to their needs. One person told us. "I can choose what time I get up and go to bed. The girls come and ask me if I'm ready and I can say yes or no."

We looked at care records for four people who used the service. All of the care plans we looked at contained a person's photograph and a needs assessed. The care plans included an assessment in relation to capacity/consent, medicines, mobility, nutrition, continence, hygiene, skin integrity/tissue, infection control and any identified special needs. For each identified need there was a care plan of how the care was to be delivered which was regularly reviewed and updated as required.

The manager explained that although the care plans were of a standard layout so that it was easy to find information. The plans were person centred and individualised. The plans we saw confirmed this and also demonstrated understanding and knowledge of the individual. Risk assessments had been completed with evidence in the plan regarding how the service would reduce the risk and care for the individual.

We saw the activities plan on the notice board which included films, quiz and entertainers. We observed people reading, watching television and listening to music. We saw

photographs of people participating in activities and attending events. One person told us. "I am busy making a birthday card for a relative, the staff will give me a hand if I need it but I think I will be ok."

People were encouraged and supported to maintain their relationships with their friends and relatives. We asked visiting relatives, if they felt able to visit at any time they wished. They told us. "Yes anytime including meal time." A member of staff told us one person liked to stay the vast majority of the time in their own room, this was their choice and the service was made aware of this before they came to the service. The staff member told us we visit regularly to ensure they are ok, they like watching television and doing word searches but we do ensure we visit and chat. This helped to protect people from social isolation.

We saw a copy of the complaints policy on display in the reception area. The people and the relatives we spoke with were aware of the complaints process. One person told us. "If I had a complaint I would tell the manager." We saw that complaints were recorded, investigated and the complainant informed of the outcome including the details of any action taken. This meant that comments and complaints were listened to and acted on effectively. There were very few complaints and the manager and provider told us that they considered this was because the staff resolved issues as they arose. This was confirmed by the people using the service. One person said to us. "You only have to ask and it is done."

Is the service well-led?

Our findings

The service had a statement of purpose which had been reviewed and clearly stated the intentions of the service and how it intended to support people remain independent and meet their aspirations as far as possible. The service had a registered manager in place.

One person said. "The manager is very good at their job and very understanding." A relative said "I see the manager regularly and I know if I had any problems or concerns I could speak to them."

Staff we spoke with were clear about their role and responsibility. They told us they felt supported and were able to approach the manager or to report concerns. A member of staff told us. "We work as a team."

We asked the manager how they check the quality of the service. They told us they carried out a daily walk around of the service, including checks of the communal areas and the well-being of people who used the service. We looked at a range of quality audits undertaken which included for example, safeguarding, infection control, person's experience. All of these were up to date and included actions for any identified issues.

We looked at what the service did to seek people's views about the service. We saw the provider had undertaken a customer satisfaction and relative's survey in 2014 and 2015. The service had then acted positively upon the information it received, areas included the interior and exterior of the service, choice of food and activities.

We saw residents' meetings were held regularly. Discussion items included cleaning, food and entertainment. We also saw, the manager and staff were continuing to develop links with the local community including schools and churches.

Staff meetings were held regularly. Discussion items included safeguarding, complaints, health and safety, food, open days and a quiz. This meant that the provider gathered information about the quality of the service from a variety of sources and had systems in place to promote continuous improvement.

We saw that the service had carried out quality monitoring surveys with people who used the service, their relatives, staff and other stakeholders. We saw the results from the last surveys were positive, in particular the interactions between the people using the service and staff.

Staff also told us that the manager encouraged staff to look at ways of maintaining and improving people's independence and we saw that people were supported to carry out activities of daily living such as helping with meals. We saw that these values were identified within all aspects of people's care plans.

The manager had implemented systems to audit various health and safety and treatment monitoring within the service. We saw that the handover sheet used between shifts contained information about activities, medication and also health and safety checks so that all staff were aware when the emergency lighting for example was last checked and when the next check was planned.