

West House Carehome Limited

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Inspection report

West House
Waldrige Road
Chester Le Street
County Durham
DH2 3AA

Tel: 01913871533

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20 March 2017
30 March 2017

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Ratings

Overall rating for this service

Good ●

Is the service responsive?

Requires Improvement ●

Summary of findings

Overall summary

The focussed inspection took place on 20 and 30 March 2017 and was unannounced. This meant the staff and provider did not know we were visiting.

West House is a residential care home in Chester-le-Street providing accommodation, personal care and nursing care for up to 26 older people. There were 24 people using the service at the time of this inspection.

The service had a registered manager in place. They were on annual leave on the day of our inspection so we returned to speak with them on their return. 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.

We carried out an unannounced comprehensive inspection of this service on 20 and 22 October 2015. A breach of legal requirements was found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach. We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for West House Care Home on our website at www.cqc.org.uk.

At the previous inspection on 20 and 22 October 2015 we found the service did not have in place personalised activity plans which met people's needs and reflected their preferences. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the service did have personalised activity plans in place and was no longer in breach of the regulation, although some improvement was still required with regard to the planning and provision of activities.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service responsive?

The service was not always responsive.

Resident and relative meetings did not happen regularly; activity planning and delivery was reactive and required improvement.

Individualised activity plans were in place for each person.

A new activities co-ordinator had recently been employed to replace the previous co-ordinator, and people who used the service spoke positively of them.

Requires Improvement 

West House Care Home Limited

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.

We undertook the focused inspection of West House Care Home on 20 and 30 March 2017. This inspection was done to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection of 20 and 22 October 2015 had been made. The team inspected the service against one of the five questions we ask about services: is the service responsive? This is because the service was not meeting some legal requirements.

This visit was unannounced which meant the staff and provider did not know we were visiting. The inspection team consisted of one adult social care inspector and one expert by experience. An expert by experience is a person who has relevant experience of this type of care service. The expert in this case had experience in working with older people and people living with dementia.

Before we visited the service we checked the information we held about this location and the service provider. This included the inspection history, safeguarding notifications and feedback. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection as this inspection was a focused 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 asked for this information during our inspection and reviewed all of the information we held about the service including statutory notifications we had received. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescales.

Prior to the inspection we contacted the local Healthwatch. Healthwatch is the local consumer champion

for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work.

During the inspection we spoke with six people who used the service and four relatives. We also spoke with eight members of staff: the registered manager, the registered provider, the nurse on duty, four care staff and the activities coordinator. We also viewed IT systems, people's care plans, complaints records, questionnaires, activity plans, meeting minutes and policies.

Is the service responsive?

Our findings

During the last inspection we found the registered manager had failed to implement personalised activity plans for people who used the service, meaning people's individual likes, dislikes and preferences were not always reflected. During this inspection we reviewed four care plans. We saw the service had recently introduced an electronic document recording system on which people's care plans were now recorded. We saw each person had a specific activities plan in place and that these described people's individual likes and dislikes. Staff demonstrated a good knowledge of these likes, dislikes and preferences and we saw some activities happening that people who used the service confirmed they enjoyed.

The activities co-ordinator, who had been employed at the service for a week, having replaced the previous co-ordinator, showed us how they were populating the new 'My Life' section of the electronic care records. This was intended to replace the previous 'This is Me' information on the paper-based files and we found the format provided the opportunity to document a comprehensive amount of person-centred information. 'This is Me' is a document produced by the Alzheimer's Society which allows people, their relatives and staff to document their life history, interests and preferences. The 'My Life' section on the service's electronic care records allowed for similar information to be documented. The activities co-ordinator told us they were prioritising the completion of this section and that they spent one to one time with each person in order to complete the records. During our inspection we observed the activities co-ordinator spending one to one time with people who used the service. People who used the service also confirmed the activities co-ordinator did this. The registered manager confirmed the activities co-ordinator would be given sufficient, prioritised time to complete these records.

All people who used the service and their relatives agreed people's health and medical needs were reviewed and well met through ongoing liaison with external healthcare professionals. When people who used the service or their relatives raised concerns or queries about their wellbeing, these opinions were listened to. One relative told us, "When they first came in [person] was clear they didn't want to go back into hospital. They kept in touch with us. It's now on her notes and it's clear what should happen." When asked if they had confidence in the service keeping them informed of any developments with their relative's needs, one relative told us, "The nurses would tell us because they're fantastic."

Opinions were mixed regarding how well the registered manager had ensured people received access to meaningful, person centred activities. The majority of people we spoke with stated they were content with the range of activities on offer and were complimentary about the activities co-ordinator. One person who used the service said, for example, "Yes, I like to do quizzes and play skittles and we do this about three times a week." Another said, "I like dominoes and I put [activities co-ordinator] through their paces."

There was a consensus of opinion however that, whilst the new activities co-ordinator was seen as a welcome addition and we observed them to be enthusiastic in their role, the registered manager had yet to fully value the importance of planning a range of more varied and meaningful activities and had not demonstrated creativity or innovation in this regard.

We found a number of people chose to remain in their rooms for long periods and preferred not to take part in some group activities. The majority of people we spoke with and their relatives acknowledged this was their choice and that staff did sometimes continue to encourage them to participate. We found more could have been done to find ways to support people, in line with their preferred interests, to be given the opportunity to participate in activities meaningful to them. For example, on reviewing questionnaires completed by people who used the service we found the previous activities co-ordinator had established that eight people had previously enjoyed gardening. We saw this had not been incorporated into activity planning, for example through a plant potting afternoon, or a seed growing contest. The current activities coordinator and the registered manager agreed to review the content of these questionnaires to find ways to enable people to access activities (or a version of them) they previously enjoyed. Whilst basic personalised activity plans were in place and staff demonstrated a good knowledge of people's preferences, this was an area the activities coordinator, registered manager and registered provided agreed they still needed to improve.

The registered manager acknowledged they had yet to use funds of approximately £500 raised last year by two fayres arranged by staff at the service. These funds were earmarked for the improvement of residents' activities and the registered manager committed to using these funds to improve the provision of person-centred activities.

With regard to the continual review of people's care needs, seven out of nine people and relatives we spoke with felt they were involved in the planning process.

Five people we spoke with were aware of resident and relative meetings but were unsure how often these took place. Three people were unaware these meetings took place. The registered manager acknowledged these meetings did not happen regularly and stated they tried to hold them, "Every quarter" but that there were not high levels of interest. They agreed to ensure there was a more regular formal opportunity for people who used the service to provide feedback about the service and to contribute to the planning of activities.

We saw the complaints process was clearly visible in the entrance hall and all people who used the service we spoke with confirmed they knew how to make a complaint and that they would be comfortable doing so.