Care Quality Commission

Sanctuary Care Limited

Westmead Residential Care Home

Inspection report

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28 October 2017

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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?	Requires Improvement
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 24 and 28 October 2017. The first day of the inspection was unannounced. We informed the registered manager we would be returning to complete the inspection on 28 October 2017.

We carried out an unannounced comprehensive inspection of this service on 21, 22 and 23 June 2016 at which a breach of legal requirements was found in relation to infection control procedures. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach.

At our focused inspection on the 30 March 2017, we found that the provider had followed their plan and implemented improvements and legal requirements had been met in relation to infection control. We stated that the service was safe although further improvements were required to meet optimum levels of hygiene and cleanliness.

Westmead Residential Care Home is registered to provide accommodation and personal care for up to 42 older people, some of whom have dementia. The home is divided over two floors with lift access. People have their own rooms with a hand basin and shared bathroom facilities are available on each floor. At the time of our inspection 39` people were using the service.

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

There were systems in place to protect people from abuse and keep people free from harm. The service had policies and procedures in place for safeguarding adults which were available and accessible to members of staff. Staff were able to demonstrate a good understanding of these policies and procedures and how they related to their roles and responsibilities.

People told us they felt safe and secure living in the service. Risks to people were identified and covered areas such as falls and mobility, moving and positioning and personal care needs. Risk assessments were reviewed in line with the provider's policies and procedures.

Staff had received training on the Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act 2005 (MCA). These safeguards are there to make sure that people receiving support are looked after in a way that does not inappropriately restrict their freedom. Services should only deprive someone of their liberty when it is in the best interests of the person and there is no other way to look after them, and it should be done in a safe and correct way. People were consulted with about their care and the service worked to the principles of the Mental Capacity Act 2005.

Family members and health and social care professionals were invited to contribute to the care planning process where appropriate. Care records contained enough information about people for staff to understand their needs and preferences and staff knew people on an individual basis. People told us the staff were kind and caring. However, not all staff members were aware of the levels of privacy people liked to maintain.

There were suitable arrangements in place for the safe storage and disposal of medicines and all medicines were administered by staff who had received the appropriate training to be assessed as competent.

Staff were suitably recruited, inducted, trained, supervised and supported. This enabled them to have the right skills and training to support people effectively. The home had a number of staff vacancies and used bank and agency staff to cover the vacancies. Staff felt the staffing levels were sufficient. Staff were given opportunities to develop and improve upon their skills.

Staff supported people to attend healthcare appointments as required and liaised with people's family members, GPs and other healthcare professionals to ensure people's needs were met appropriately.

People were supported to discuss their end of life wishes and where appropriate, 'Do not attempt cardiopulmonary resuscitation' (DNACPR) forms had been completed and reviewed by people's GPs.

People were provided with a choice of fresh food and drinks, and were supported to eat when this was required. People's comments about the food were mostly positive. In July 2017 the home was awarded a '5' star rating in food hygiene by the Foods Standards Agency.

The service employed a full time activities co-ordinator and people had access to a range of activities. However, people were not always being supported to follow their individual hobbies and interests.

Monthly audits were carried out across various aspects of the service; these included the administration of medicines, fire, health and safety checks.

There was a complaints policy which the registered manager followed when complaints were made to ensure they were investigated and responded to appropriately. Most people told us they were happy with the care provided and told us they felt able to express any concerns they may have.

People who used the service, staff and the majority of relatives were happy with the way the home was managed. The staff team were clear about their roles and responsibilities. The registered manager was described as accessible and approachable and acted as a positive role model.

The home was clean and tidy. Staff had access to disposable gloves, aprons and hand gels. Bathroom equipment such as toilet seat raisers were in good working order.

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.

People's medicines were appropriately managed.

Staff were clear about the action they were required to take in order to keep people safe.

The provider had arrangements in place to deal with foreseeable emergencies.

Is the service effective?

Good

The service was effective.

People were provided with the support they required at mealtimes to meet their nutritional needs.

Staff liaised with people's healthcare professionals if they had any concerns about people's health.

Staff received regular training and supervision in order carry out their roles.

Is the service caring?

Requires Improvement

Not all aspects of the service were caring.

Not all staff were aware of the levels of privacy people liked to maintain.

Staff did not always understand people's needs with regard to their disabilities and interaction between care staff and people using the service was limited.

Despite the above, people told us that most staff were kind and caring.

Is the service responsive?

Good

The service was responsive.

People received detailed and thorough pre-admission assessments prior to living at the home.

Care records were well organised, up to date and had been reviewed in line with the provider's policies and procedures.

The service and staff received a number of compliments and complaints were managed appropriately.

Is the service well-led?

Good

The service was well-led.

The management team conducted regular audits and checks to monitor and improve upon the quality of the service.

There were processes in place for reporting accidents and incidents.

People were encouraged to give their views about the service.

Care Quality Commission

Westmead 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 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 was unannounced and carried out by one inspector and two experts by experience on 24 October 2017. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. One inspector completed the inspection on 28 October 2017.

As part of the inspection planning process we looked at the information the Care Quality Commission (CQC) holds about the service. This included notifications of incidents reported to CQC and previous inspection reports. During the inspection we spoke with 16 people using the service, three care staff, reception, domestic and kitchen staff, the registered manager and a deputy manager.

We were provided with a tour of the premises before we began our inspection. We reviewed six care records and related medicines records. We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, maintenance schedules, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

Good

Is the service safe?

Our findings

We asked people whether they felt safe living at the home. One person responded, "Yes, I do feel safe. There's no problem, it's lovely." Another person replied, "Yes I do feel safe. I know there's security at night time." One other person told us, "I've been here for many years; I do feel safe with everything."

There was a set of individualised risk assessments in place for each person using the service. These identified the risk to the person and/or others and provided instructions to staff on how to reduce these risks. Staff we spoke with knew people well and were aware of the risks to individuals.

Staff were clear about the action they were required to take in order to keep people safe. Staff had training in safeguarding people from abuse and demonstrated a good understanding of this when speaking with us. They were aware of how to recognise and report any concerns they may have either directly to management or via the provider's whistleblowing procedures. Staff also told us they would contact social services, the police and Care Quality Commission if they felt their concerns were not being taken seriously.

People told us staff were responsive when they called for assistance and we observed staff working well as a team to ensure people received the support they required in a timely manner. People told us, "If I use the call bell, they come straight away", and "They've got enough staff here." Another person told us, "I don't use the call bell but I do call them on my mobile if I don't get a cup of tea."

The service practiced safe recruitment procedures. These included ensuring that staff had the appropriate background, training and temperament for their roles. Whilst they were still using agency staff to fill some of their shifts, the registered manager told us they were looking into ways they could increase staff retention and attract new staff. This meant that the service was actively working towards having a more permanent staff group in future.

People's medicines were managed so that they were protected against the risk of unsafe medicines administration. Medicines were stored and administered safely. People's current medicines were recorded on medicines administration records (MAR's) along with their allergy status in order to prevent any inappropriate prescribing. Where people were prescribed 'as and when' (PRN) medicines, we saw that sufficient protocols were in place to advise staff on the administration of these medicines. Medicines records showed that people received their medicines when they needed them and we found no anomalies in the recording of this task. Staff told us they would refer to the British National Formulary (BNF) online if they needed further guidance or information about the medicines people were taking.

The provider had arrangements in place to deal with foreseeable emergencies. Fridge and water temperature checks took place and records were maintained. Staff carried out regular checks to ensure the fire equipment was in good working order. People's care records contained copies of personal emergency fire evacuation plans. The fire equipment, water supply, electrical appliances and fixed lighting were regularly serviced. A contingency plan was in place which provided guidance for staff on what to do in the event of an emergency at the home.

The home was clean and tidy. Staff had access to personal protective equipment such as disposable gloves and aprons to prevent the spread of infections and we saw these items being used during our visit. Bathroom equipment such as toilet seat raisers were clean and in good working order.

Good

Is the service effective?

Our findings

We asked people using the service whether they thought staff were well trained and able to carry out their duties effectively. Responses included, "I would say so", "I think they do their best" and "I think so but sometimes [staff] aren't strong enough to do the job."

There is an expectation that Care Quality Commission regulated providers ensure induction programmes for new staff meet the requirements of the national standard of good practice. New staff completed an induction which included elements of the Skills for Care common induction standards which have now been replaced by the Care Certificate. We reviewed the training matrix for the service and this demonstrated that most staff were up to date with the provider's mandatory training. Training included subjects such as first aid, manual handling, dementia awareness, food hygiene and safeguarding. Staff told us they felt the training they received was comprehensive enough to ensure they had the knowledge they needed to provide safe and effective care to people.

Staff told us they had regular supervision sessions and an annual appraisal with the management team where they could talk about any concerns they may have, performance, further training and/or development requirements. Staff told us that there were a number of different opportunities to take part in further training and progress to other roles within the service.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff were able to demonstrate an understanding of the MCA and DoLS and how this applied to the people they supported. We read in care records that where a person lacked capacity to make a specific decision, appropriate steps had been taken to ensure best interests' principles had been followed. Where appropriate, people had signed copies of their care plans. Our observations confirmed that staff encouraged people to make day to day decisions independently, such as what they would like to wear and in terms of meal choices and activities.

People expressed mixed views about the meals served in the home. People's comments included, "[The food] is excellent, it tastes nice," "The food is normally good", and "The food is good and I get a choice." However, one person likened the food to "school dinners" and another person told us "it's up and down." People sat in small groups at individual tables and were free to take lunch when and with whom they chose. Menus were displayed on the tables and the food looked appetising and portion sizes were good. A range of drinks were on offer including fruit juices and water. Staff encouraged people to be as independent as possible with their meals, but were available to provide support when this was needed. The home had been awarded a five star rating by the Foods Standard Authority in May 2017. (A top rating of 'five' means that a service/business was found to have 'very good' hygiene standards).

People had access to a designated GP who visited the service twice weekly and more often if required. Records we reviewed confirmed that referrals were made to other health care professionals, for example, mental health practioners, district nurses, dentists and podiatrists when this was required. Visits from health professionals and copies of discharge letters from hospitals were kept in people's care records in order to ensure staff were aware of any outcome, advice and proposed treatment plans. People's end of life wishes had been discussed and recorded (where people felt ready to talk about this).

Requires Improvement

Is the service caring?

Our findings

People told us that most staff were kind and caring. One person said, "The staff here are quite polite" and another person commented, "The majority of the day staff are very helpful; it's not an easy job." Other people described staff as, "very nice", "helpful", "kind" and "polite."

We received a mixed response when we asked people if they felt their rights to privacy and dignity were respected by the staff caring for them. People told us, "[Staff] always knock" and "Yes, [staff] do knock on the door before coming in and they wash and dress me." We asked this person if staff talked to them when they were supporting them with their personal care, and were told, "No, they do it without talking to me." Another person told us, "[Staff] don't knock on the door. They have a habit of just walking in even when I ask them to wait a minute." These responses suggest that not all staff were aware of the levels of privacy people liked to maintain.

We observed some positive interactions between the registered manager and people using the service. For example, we observed the registered manager taking their time to reassure one person when they became distressed, holding their hand and talking to them soothingly. We saw that this had a positive impact on this person. However, this type of interaction between care staff and people using the service was less evident. On one occasion staff failed to notice that a person's clothes had become soiled and that this person was making their way to their room. Instead of offering support (if this was required), this person was led back to their chair to sit down again and partake in an activity.

For the most part, people were supported to maintain their physical activity levels and encouraged by staff to complete as many tasks for themselves as possible. One person told us, "The staff are pretty good; they try to help you and let you do as much as you can yourself." However, we observed that staff were not always using recommended techniques when providing people with assistance when moving around the home. For example; we saw people being held by the hand or wrist whilst walking.

Three people living in the home were sight impaired and relied on staff for support when mobilising. One person told us that they had recently lost their sight and was having difficulty coming to terms with it which made them feel low. We saw nothing in these people's care plans to indicate specialist advice had been sought to promote their independence and well-being and/or enable them to better negotiate their environment safely. This would suggest that staff did not always understand people's needs with regard to their disabilities.

People told us they were able to attend church services and that their cultural differences were respected. Relatives, friends and representatives were free to visit people whenever they wanted to and we observed relatives being warmly welcomed and included by staff.

Good

Is the service responsive?

Our findings

The registered manager or deputy manager met with people before they moved into the service. An initial assessment was carried out of people's needs detailing the way people preferred to be supported. If the registered manager felt they could meet the person's needs a time was arranged for them to visit the home if possible before moving in on a permanent basis.

Initial assessments were used to design a package of care for people and contained details of their life history, who was important to them, what support they needed and how they preferred to receive their support. Care records were well organised, up to date and had been reviewed in line with the provider's policies and procedures.

The service had a dedicated activity co-ordinator who offered people a variety of things to do. People told us, "I do the exercises on Thursdays and Fridays" and "exercises and bingo is my lot." People who were living at the home on a respite basis continued to attend day centres where this formed part of their previous package of care. Other people told us they took part in sing-alongs, sewing and knitting groups, listened to the radio and enjoyed visits from entertainers and singers, went out on shopping trips, to the cinema and to local cafés for coffee. Despite people telling us they went out, we heard comments suggesting that opportunities to pursue individual hobbies and interests was limited. One person told us, "I would like to go swimming" and another person told us, "the staff are good and helpful but they need to get people out a bit more, things like coach trips." We observed a visiting entertainer on one of the days we visited. Tea and cakes were served and people were encouraged to dance and join in with the singing. The session was well attended and people appeared to be enjoying themselves.

There was a key worker system in place in the service. A key worker is a staff member who monitors the care needs and progress of a person they have been assigned to support. We saw records that confirmed key working was taking place and that people had an opportunity to express their views and be actively involved in making decisions about their care as far as this was possible.

How to make a complaint information was available to people and their relatives in the main reception area. The complaints procedure set out who a complaint could be made to and how complaints would be managed. We asked people using the service if they knew how to complaint. One person responded, "If there's anything, I tell [member of staff] about my grievances and [they] write it down for me. If it's anything more serious I'd go straight upstairs to tell the managers. Complaints were managed and responded to appropriately.

Good

Is the service well-led?

Our findings

The service had a registered manager in post who was supported by a deputy 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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. Both members of the management team played an effective part in the running of the service.

Most of the people we spoke with knew who the managers were even if they weren't always able to recall names. Staff told us, "[The registered manager] is really involved", "really caring", "supportive" and "open to suggestions." The staff team knew people well and were able to tell us something about people's past lives, family networks, interests and preferences.

The registered manager was aware of her responsibility to comply with the Care Quality Commission registration requirements. The registered manager had notified us of events that had occurred within the home. This meant we had an awareness and oversight of serious incidents and safeguarding concerns and were able to confirm that appropriate actions had been taken. The registered manager was aware of the statutory Duty of Candour which aimed to ensure that providers are open, honest and transparent with people and others in relation to care and support.

Daily records described the support and care people had received from staff during each shift. Staff attended a handover at the beginning and end of each shift. Staff from across all departments also attended a daily 'ten at ten' meeting where issues relating to maintenance, meals, staffing levels and visits from health and social care professionals were discussed.

The registered manager used systems effectively to monitor and improve the quality of the service. There were a range of audits used within the service to ensure that the quality of service delivered by staff was to the correct standard. The provider carried out monthly compliance visits which addressed areas such as wound care, accident reporting and complaints. Where audits had identified a shortfall in service delivery the registered manager had ensured that action was taken and recorded to remedy the deficit.

Staff meetings were held on a monthly basis. Staff told us they were able to discuss issues, raise any concerns they may have and make suggestions as to the running of the service. There were processes in place for reporting accidents and incidents. The service had two falls champions in post and there were systems in place to monitor falls within the home. The registered manager told us there were plans to implement further training and hold workshops in this area in order to minimise the incidence and frequency of falls. Incidents and accidents were discussed during staff meetings and within staff supervision sessions.

The registered manager had actively sought and acted upon the views of others. This included resident's meetings and an annual survey to seek feedback from people using the service and their relatives. Surveys asked questions about the environment, meals, activities, care and support and staff performance. An

analysis of results from 21 completed surveys showed a high level of satisfaction in all areas. 100% of respondents stated that they received a service delivered with kindness.