

Mrs Vivien Perry Westholme

Inspection report

24-28 Victoria Road Lytham St Annes Lancashire FY8 1LE Date of inspection visit: 29 May 2019

Good

Date of publication: 11 June 2019

Tel: 01253727114

Ratings

Overall	rating	for this	service
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Is the service safe?	Good •
Is the service effective?	Good
Is the service caring?	Good •
Is the service responsive?	Good •
Is the service well-led?	Good •

Summary of findings

Overall summary

About the service:

Westholme is registered to accommodate 26 older people who may live with dementia. At the time of our inspection there were 20 people living at the home. Westholme is located near to the centre of St Annes, close to local services and amenities. The property is large, with accommodation spread over three floors. A lift provides access to the upper floors.

People's experience of using this service:

The registered manager provided staff training and regularly checked their competency to ensure people's medicines were managed safely. One person said, "Having the staff doing my medication keeps me safe."

The registered manager had implemented the local authority's safeguarding policy, which included contact details to report abuse. Staff demonstrated a good level of awareness about their related responsibilities. A staff member explained, "Our function is to keep the residents safe."

The management team had implemented a new electronic system to enhance risk assessment and better evaluate treatment outcomes. The provider was extensively refurbishing and redecorating all areas of the home. People told us they felt valued, safe and comfortable.

The registered manager deployed good staffing levels and skill mixes to meet people's needs. The provider had a wide-ranging training programme to enhance staff knowledge. A relative stated, "The staff are skilled and have a really good understanding of [my relative] and her background."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. A relative told us, "Whenever I visit I see people coming and going as they please, there are no restrictions."

Staff checked each person's diet to reduce the risk of malnutrition. People said they were offered variety and liked their meals. One person stated, "The food is lovely, I really enjoy my meals."

Staff were respectful when they engaged with people and understood the value of touch and humour. One person said, "The staff are great. Considering they are much younger than me, they get me and talk to me on my level."

The new electronic care planning system focused on monitoring people's health to ensure support was responsive to their needs. A relative commented, "The staff attitude is one of real insight, respect, kindness and compassion. They are lovely and yet highly professional and experienced."

People and their relatives confirmed there was strong leadership at Westholme. A relative said, "[The registered manager] has this lovely, calm aura about him. He is definitely a great leader." The registered

manager regularly audited the service to retain oversight of quality assurance.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection:

At the last inspection the service was rated good (published 31 January 2017).

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our reinspection programme. If any issues or concerns are identified we may inspect sooner.

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 remained good.	
Details are in our Safe findings below.	
Is the service effective?	Good •
The service remained good.	
Details are in our Effective findings below.	
Is the service caring?	Good 🔍
The service remained good.	
Details are in our Caring findings below.	
Is the service responsive?	Good •
The service remained good.	
Details are in our Responsive findings below.	
Is the service well-led?	Good •
The service remained good.	
Details are in our Well-led findings below.	



Westholme

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was carried out by one inspector.

Service and service type:

This service is a 'care home.' People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, both of which we looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This inspection was unannounced.

What we did:

Before our inspection, we completed our planning document and reviewed the information we held on the service. This included notifications we had received from the provider about incidents that affect the health, safety and welfare of people supported by the service and previous inspection reports.

We also checked to see if any information concerning the care and welfare of people supported by the home had been received. We contacted the commissioning department who used Westholme and Healthwatch Lancashire. Healthwatch Lancashire is an independent consumer champion for health and social care. This helped us to gain a balanced overview of what people experienced whilst using the service.

As part of the inspection we used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke about Westholme with the registered manager, four people, a relative and four staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at records related to the management of the service. We did this to ensure the provider had oversight of the home and they could respond to any concerns highlighted or lead Westholme in ongoing improvements. We checked care records of one person and looked at staffing levels, recruitment procedures and training provision.

We walked around the building to carry out a visual check. We did this to ensure the home was clean, hygienic and a safe place for people to live.

After our inspection we received the service's safety certification to confirm gas and electrical safety checks had been completed.



Is the service safe?

Our findings

Safe - this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Using medicines safely

- The registered manager provided staff training and regularly checked their competency to ensure people's medicines were managed safely. Staff concentrated on one person at a time and signed records afterwards to evidence people had taken their medication.
- Staff confirmed they were confident and skilled at administering people's medicines. They completed audits to assess the ongoing safety of related procedures.
- People stated they received their medicines as required. One person told us, "They look after my medication for me because my memory is not so great. It's much better because I know what I am getting is correct and at the right time."

Systems and processes to safeguard people from the risk of abuse

- Staff had training to underpin their skills in preventing abuse or harm. They demonstrated a good awareness of reporting poor practices. One staff member confirmed, "I'm vocal and wouldn't hesitate to raise anything I was worried about."
- The registered manager had implemented the local authority's safeguarding policy, which included contact details to report abuse. People confirmed they felt secure living at Westholme.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The management team had introduced a new electronic system to improve risk assessment and better evaluate treatment outcomes. For example, data alerted staff to any potential risks, such as falls, health and nutrition. A relative told us, "[My relative] is a very high risk of falls and I see staff support her with great care, explaining what they are doing and assessing as they go along."
- A staff member explained the new system meant tasks had to be recorded at the time they were completed, which were checked by the registered manager. They added, "I love the new [technology]. I like knowing we are all monitored because it keeps us on our toes and makes sure we are doing what we should be."
- People told us they felt safe and comfortable. One person commented, "I am really struggling to accept I need to come into a care home, but I realise I need to be in a safe place and Westholme really offers that for me." Another person added, "I'm not safe on my own, so being here gives me that added protection because the staff are there to look after me."
- Staff monitored, recorded and took action to reduce accidents. The registered manager followed this up by reviewing any patterns and introducing further mechanisms to maintain people's safety.

Preventing and controlling infection

• The registered manager had good infection control measures in place. A relative said, "I'm impressed that

it is always clean and pleasant here." We saw good stock and use of personal protective equipment such as disposable gloves and aprons.

Staffing and recruitment

• The registered manager deployed good staffing levels and skill mixes to meet people's needs. A staff member confirmed, "Yes, we have enough staff. We get everything done on time, which means we have space to take the residents out and have ice cream in the park."

• We observed the workforce was calm and unhurried and relatives told us there were sufficient staff numbers on each shift. A relative stated, "The level of staffing is fantastic. The owner has not scrimped on that and I think they really understand how important it is to invest in staffing levels."

• The registered manager had followed correct procedures in the safe recruitment of personnel. For instance, staff files held required checks of criminal records and a full employment history.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA.

• At the time of our inspection, no-one at Westholme had an authorised DoLS to safeguard them. The registered manager trained staff in the principles of the MCA and we found they understood their responsibilities. A staff member explained, "It is all about offering choice and empowering people to make their own decisions, so that you are not de-skilling them."

• People were supported to make their day-to-day decisions. A relative told us before the admission of their family member they were aware they had fluctuating capacity. They added, "What impressed me was they suggested we wait a few weeks before getting an assessment done to get a better understanding of how she is over time to give a truer picture."

Adapting service, design, decoration to meet people's needs

• The provider was extensively refurbishing and redecorating all areas of the home to improve people's welfare and comfort. This included more spacious and modern washing facilities, a new garden area and renovated bedrooms. They installed sensor lighting to retain people's safety at night. A relative said, "They value the residents in the way they are investing in the home. It must be costing a lot, but what is important is how much it will benefit the residents' wellbeing."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

• The registered manager assessed they could meet people's needs before admission to reduce the risk of failed placements. A relative stated, "I asked lots of questions. [The registered manager] fully reassured me they could admit [my relative] and support her with all her needs."

• The registered manager was referencing current legislation, standards and evidence-based guidance to achieve effective outcomes. This included face-to-face staff training on the MCA and supporting people with

complex needs, as well as local authority safeguarding guidance.

Staff support: induction, training, skills and experience

- The provider had a wide-ranging training programme to enhance staff skills and knowledge. This was followed up with regular refresher guidance. One staff member confirmed, "I've just done my DoLS this morning. It was an update which is so useful because things change so quickly." The registered manager delivered regular one-to-one supervision with staff to explore their personal and professional development.
- People and their relatives confirmed staff were experienced and skilled in their duties. A relative told us, "One of the great things about Westholme is the staff training and expertise. They really get dementia and helping people with difficult behaviours."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The provider's new electronic care planning system enhanced team communication and the effective approach to people's care. It held details about and updates from other services involved, including their GP, social worker, district nurse and optician. An employee said, "There's good communication. That's excellent, I don't worry about walking into anything blind."
- Staff promptly referred people, where required, to health and social care professionals as part of their ongoing treatment. One person stated, "Yes, when I have not been well they kept an eye on me and asked if I needed to see the doctor."

Supporting people to eat and drink enough to maintain a balanced diet

- Staff checked each person's diet to reduce the risk of malnutrition. People said they enjoyed their food and were offered a variety of meals. A person commented, "The cook is great, she asks what we like to eat and gives us a good deal of variety." A relative added, "[My relative] has problems with eating, but they monitor that closely and she is already putting weight on."
- The kitchen was clean and tidy with modern equipment. The cook completed required checks and maintained a hygienic area to ensure people were protected against unsafe food standards.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The registered manager ensured staff received equality and diversity training to underpin their knowledge in supporting people with diverse needs. Policies and procedures focused on respecting each person's human rights. A relative said, "The staff are so respectful of [my relative] as a person who has had a whole other life. I find everyone is treated differently and they understand all their different foibles."
- Staff promoted a welcoming environment aimed at helping people to maintain their important relationships. They were kind and caring when they engaged with each person and their relatives. A staff member stated, "The residents are my family. My work is a blessing I love."

Supporting people to express their views and be involved in making decisions about their care

- The registered manager understood the importance of involving people in the planning of their care. A relative told us, "When I asked [the registered manager] if I could bring [my relative] here the first thing he did was sit down and give me all the time I needed to explain how she is."
- Information was made available about advocacy services to help people understand their role. This enabled them to access this if they required support to have an independent voice in decision-making.

Respecting and promoting people's privacy, dignity and independence

• We observed staff continuously respected people's dignity and privacy, such as knocking on bedroom doors before entering. A relative commented, "Staff are very respectful of people's privacy, like they always knock on doors and wait before coming in. It's second nature to them."

• Staff were respectful when they engaged with people and understood the value of touch and humour. A staff member explained, "The most important things is doing things with love because the residents need to feel they matter and are important to us." Relatives confirmed care was focused on aiding people to retain their self-reliance. A relative stated, "[My relative] is fussy, but staff respect that because they know it helps to keep her independence and right to choice."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

• The new electronic care planning system focused on monitoring people's health to ensure support was responsive to their needs. One employee explained the technology was "real time so you know how much weight someone's lost, when so-and-so was last checked and all that."

• The registered manager documented people's preferences and life histories to guide staff to better understand their backgrounds. Care planning was completed with a person-centred approach. A relative stated, "There is no regimentation. If [my relative] wants to go to her room they encourage that, if she wants 40 winks then she can do that."

• People told us they were sufficiently occupied with a range of group and one-to-one activities. This included games, books, quizzes, external entertainers and trips out. A relative said, "If [my relative] wants to sit watching telly with the cat on her lap the staff make sure that happens. How fantastic is it that they have a cat and the fish? The pet therapy is great for her."

Improving care quality in response to complaints or concerns

• The registered manager had followed their policy in responding to people's complaints. This outlined procedures for people to follow if they had concerns and how the management team would address them. One person commented, "I've never had any complaints. The staff ask me if they are doing things right and I am confident they would deal with any problems I had."

End of life care and support

• The registered manager had procedures to promote good standards of end of life care. Staff completed related training to develop their understanding and practice. A relative told us, "My [relative] passed away under very difficult circumstances, but the staff managed that in such a compassionate and respectful manner. I could not fault their care during that time."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well led. Leaders and the culture they created promoted highquality, person centred care.

Continuous learning and improving care

• Following a review of care practices, the management team implemented various systems and practices as part of their committment to continuous learning and development. For example, they set up a display board to give staff immediate oversight and updates about people's health. This listed each person along with details about their capacity, end of life status, special diet and when they were last seen by their GP. The registered manager commented, "When staff come on duty they check it before hand over so that they are alert to any changes." Staff confirmed this improved communication and their awareness of people's general progress.

Working in partnership with others

• The registered manager worked closely with other services to enhance people's care, including health and social care commissioning teams. They told us the local authority was impressed with their display board of each person's clinical needs. The registered manager agreed for them to share this with other providers as good practice.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

• The registered manager sought people's feedback about the quality of their care through questionnaires. Comments seen from the last survey included, 'Very happy' and, 'If they can't answer my questions, they always find out for me.' People and their relatives confirmed there was strong leadership at Westholme. A relative stated, "[The registered manager] is fantastic, what he doesn't know about dementia and how to run a care home isn't worth knowing."

• Staff asserted the registered manager was supportive and approachable. A staff member said, "I'm really happy here and the home has come on massively. The staff are much more positive and it's better led." Staff explained they were involved in the development of the home.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

• There was a clear desire by staff to maximise quality of care by working openly and fully with family members. They worked together as a close-knit unit to support people. A relative told us they forgot to mention their family member liked to get up late. They added, "After a couple of days I got a call asking would it be ok for her to get up when she wants. It's very person-centred care, the staff work around her needs and behaviour not the other way round."

• The registered manager worked closely with the local authority and CQC in providing a transparent

service. They were keen to ensure they carried out their duty of candour when dealing with complaints and safeguarding incidents.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

• The service had clear lines of responsibility and accountability. This included notifying CQC of any incidents in line with the regulations. An employee commented, "[The management team] run a tight ship to make sure everything is done correctly."

• The registered manager and senior care staff regularly audited different aspects of the service to retain oversight of quality assurance. This included, for instance, infection control, care plans, medication, environmental safety, monitoring charts, training, appraisals and maintenance. We saw identified issues were promptly addressed to ensure people's continued welfare.