Care Quality Commission

Westcroft Care Limited

Westcroft Nursing Home and Domiciliary Care

Inspection report

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Date of inspection visit: 12 February and 4 March 2015
Date of publication: 08/05/2015

Ratings

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

Overall summary

Westcroft Nursing Home and Domiciliary Care provides accommodation and personal care for up to 21 older people, and provides personal care to people in their own home. At the time of our inspection 17 people were resident at Westcroft and the service was providing home care for six people.

This inspection took place on 12 February 2015 and was unannounced. We returned on 4 March 2015 to inspect the home care service and complete the inspection of the nursing home.

At the last inspection on 17 June 2014 we identified that the service was not meeting Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was due to records of care not being recorded accurately. The provider sent us an action plan and said they were taking action to address this issue. On the first day of this inspection we found that recording in the nursing home had improved, but some records were still not accurate. Further action had been taken by the second day of the inspection to address concerns we raised.

There were two registered managers in post, one for the nursing home and one for the home care service. A registered manager is a person who has registered with

Summary of findings

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 and associated Regulations about how the service is run.

On the first day of the inspection the care plans we viewed did not always contain the information staff needed to provide effective care to people.The provider had taken action to address the concerns we highlighted by the second day of the inspection.

The procedures for handling soiled laundry were not being followed on the first day of the inspection and some areas of the home were not clean. The provider had taken action to address the concerns we highlighted by the second day of the inspection.

People who use the service and their relatives were positive about the care they received and praised the quality of the staff and management. Comments from people included, " Staff are positive, helpful and respectful " and " Staff have a very good understanding of my Mum's needs ".

People told us they felt safe when receiving care and were involved in developing their care plans. Systems were in place to protect people from abuse and harm and staff knew how to use them.

Staff understood the needs of the people they were supporting. People told us that care was provided with kindness and compassion.

Staff were appropriately trained and skilled. They received an induction when they started work at the service. They demonstrated a good understanding of their roles and responsibilities, as well as the values of the service.

The registered managers assessed and monitored the quality of care. The service encouraged feedback from people and their relatives, which they used to make improvements.

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?

Requires improvement

The service was not always safe. The medicines people had been prescribed were not always available in the home.

The home was not always clean and staff did not always follow procedures in place to control the spread of infection.

Systems were in place to ensure people were protected from abuse. People were supported to take risks and were involved in developing plans to manage the risks they faced.

Is the service effective?

Good

The service was effective. Staff had suitable skills and received training to ensure they could meet the needs of the people they supported.

People's health care needs were assessed and staff supported people to stay healthy. People were supported to eat and drink enough to meet their needs.

Staff recognised when people's needs were changing and worked with other health and social care professionals to ensure they received the care they needed.

Is the service caring?

Good

The service was caring. People and their relatives spoke positively about staff and the care they received. This was supported by what we observed.

People's care was delivered in a way that took account of their individual needs and the support they needed to maximise their independence.

Staff provided care in a way that maintained people's dignity and upheld their rights. Care was delivered in private and people were treated with respect.

Is the service responsive?

Requires improvement

The service was not always responsive. The care planning systems had not ensured there was accurate, up to date information available to staff in the care plans about people's needs.

Despite the lack of detail in the care plans, staff had a good understanding of people's needs and how to put person-centred values into practice.

People told us they knew how to raise any concerns or complaints and were confident that they would be taken seriously.

Summary of findings

Is the service well-led?

Good

The service was well led, with strong leadership and values, which were person focused. There were clear reporting lines from the service through to senior management level. The registered managers were aware of shortfalls in the service and had a plan to address issues.

Systems were in place to review incidents and audit performance, to help identify any themes, trends or lessons to be learned. Quality assurance systems involved people who use the service, their representatives and staff and were used to improve the quality of the service.

Westcroft Nursing Home and Domiciliary Care

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 inspection took place on 12 February 2015 and was unannounced. We returned on 4 March 2015 to inspect the home care service and complete the inspection of the nursing home.

The inspection was completed by two inspectors and a specialist advisor in nursing care of older people. Before the inspection we reviewed previous inspection reports and all other information we had received about the service, including notifications. Notifications are information about specific important events the service is legally required to send to us.

During the visit we spoke with four people who use the service and seven staff, including the registered manager, nurses, care assistants and housekeeping staff. We spent time observing the way staff interacted with people who use the service and looked at the records relating to care and decision making for four people. We also looked at records about the management of the service.

Requires improvement

Is the service safe?

Our findings

On the first day of the inspection we found that infection control procedures in the nursing home were not being implemented effectively and some areas of the home were not clean. We found that a sluice room where commodes were washed out was dirty, had cracked tiles and a damaged work surface. The door of the sluice room had dried toilet paper stuck to it. The laundry room had a large pile of soiled laundry that was stacked up the wall, contaminating paper notices that were pinned to the wall. We observed a member of care staff enter the room with a bag of soiled laundry, move other soiled laundry items with their hands so they could place the bag in the pile. The member of staff was not wearing any protective gloves and did not wash their hands before leaving the laundry room. The laundry assistant told us they thought there were approximately seven loads of washing to get through and she would not be able to complete this as she only had an hour and a half left of her shift. It was reported that other staff would complete the laundry throughout the day. Records demonstrated staff had completed infection control training, however, we observed that the procedures were not followed in practice. We also saw some areas of the home had not been cleaned effectively. For example, there were drink drip marks on the walls in the lounge area and a reclining chair had food debris and stains on the arms. We observed the person sitting in this chair picking at the debris.

On the second day of the inspection we saw that action had been taken to resolve the issues we had pointed out to the registered manager. The sluice room had been cleaned and damaged surfaces had been replaced. The laundry room was tidy and soiled items were suitably separated and stored whilst waiting to be washed. Walls in the lounge had been washed. Although the provider had taken action, the systems for checking the cleaning and infection control had not effectively ensured staff were following the correct procedures at all times.

People were given support to take their medicines safely. However, the medicine one person had been prescribed was not always available. We saw that one person had been prescribed a pain relief medicine that had not been administered in line with the prescription on three occasions. Two of the occasions when the medicine was not available were due to problems with obtaining a prescription from the GP or in obtaining the medicine from the pharmacist. On one occasion there was a delay of one day in administering the medicine due to staff not ordering the medicines from the pharmacist in time. We saw that staff had increased the frequency of another pain relief medicine the person was also prescribed in response to not being able to administer their prescribed pain relief.

The registered manager reported that since the errors occurred they had ordered a new medicines management system from their supplying pharmacist. This had been implemented by the second day of our inspection. Most medicines were delivered in sealed pots, which were removed and given to people when the medicine was administered. We saw that a medicines administration record had been fully completed, which gave details of the medicines people had been supported to take, a record of any medicines people had refused and the reasons for this.

People said they felt safe living at Westcroft, or receiving a home care service from staff. Comments included; ‘‘I feel safe here, that staff are very nice”; “I feel safe and secure here” and “I feel safe with staff coming into my home, I have no concerns”.

Staff had the knowledge and confidence to identify safeguarding concerns and act on them to protect people. They had access to information and guidance about safeguarding to help them identify abuse and respond appropriately if it occurred. Staff told us they had received safeguarding training and we confirmed this from training records. Staff were aware of different types of abuse people may experience and the action they needed to take if they suspected abuse was happening. They said they would report abuse if they were concerned and were confident managers would act on their concerns. Staff were also aware of the whistle blowing policy and the option to take concerns to agencies outside the service if they felt they were not being dealt with.

Risk assessments were in place to support people to be as independent as possible, balancing protecting people with supporting people to maintain their freedom. We saw assessments about support for people to minimise the risk of falls, to manage their continence and nutrition. The assessments had been completed with input from the person, people who knew them well and professionals involved in their care. The staff we spoke with demonstrated a good understanding of these plans, and the actions they needed to take to keep people safe. We

Requires improvement

Is the service safe?

noted that one of the radiators in the dining room was very hot to touch. The registered manager was not sure why this radiator did not have a low surface temperature cover on like other radiators in the home and said they would take action to make the radiator safe.

Effective recruitment procedures ensured people were supported by staff with the appropriate experience and character. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions that may prevent them working with vulnerable people.

Sufficient staff were available to support people, however, the vacancies for nurses meant some staff were working very long hours. People told us there were enough staff available to provide care for them when they needed it. Comments included, "Staff help me when I ask them" and "They come fairly quickly when I call the bell". The registered manager told us they had three vacancies for registered nurses in the home. One person had been offered a post following an interview and the registered manager reported that further interviews were scheduled.

We saw that the vacant shifts were being covered by the team of nurses. This included one nurse covering six or seven nights a week and the registered manager covering nursing shifts in addition to her managerial responsibilities. The registered manager said that this was sustainable in the short term, but she was working to ensure staff were protected and did not become too tired to work effectively. The home was fully staffed for care assistants and other staff.

Following a previous complaint, action had been taken to ensure staff were not taken out of the nursing home to provide care for people in their own home. There were clear staffing rotas and procedures in place to ensure home care shifts were covered in the event of staff sickness in a way that was not detrimental to the nursing home. During the inspection we saw that call bells were answered promptly and staff were available to provide assistance when people needed it. People who used the home care service told us staff arrived on time.

We recommend that the registered manager reviews their systems for checking that cleaning and infection control procedures are implemented effectively.

Good

Is the service effective?

Our findings

Staff told us they had regular meetings with their line manager to receive support and guidance about their work and to discuss training and development needs. We saw that these supervision sessions were recorded. Staff said they received good support and were also able to raise concerns outside of the formal supervision process. Comments from care staff included, "We get very good support from (the registered manager) and from the on-call manager for emergencies" and "I have regular supervision and I feel I get good support". Staff providing home care for people told us they had regular 'spot checks', in which the registered manager would observe their practice and give them an opportunity to discuss any concerns.

People told us staff understood their needs and provided the care they needed. The relative we spoke with was positive about the care provided, commenting "Staff have a very good understanding of my Mum's needs".

Staff told us they received regular training to give them the skills to meet people's needs, including an induction and training on meeting people's specific needs, including those with dementia. This was confirmed in the training records we looked at. Nursing staff told us they were able to undertake suitable training and learning to maintain their professional development and ensure they were keeping up to date with best practice.

Key staff demonstrated an understanding of the principles of the Mental Capacity Act 2005 (MCA) and how the Deprivation of Liberty Safeguards (DoLS) worked. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The Deprivation of Liberty Safeguards are part of the Act.

The DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. They aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict or deprive them of their freedom.

Following a change in the interpretation of the law, the registered manager had submitted 14 DoLS applications to the local council. This was because they assessed that people did not have capacity to consent to restrictions that were in place for their safety. The applications had not been assessed by the local authority at the time of the inspection.

People told us they enjoyed the food provided by the home and were able to choose meals they liked. Comments included, "The food is very good and we get a choice of meals" and "The choice and quality of food is always very good". The relative we spoke with was also positive about the food provided by the service. Although we received positive comments about the food, one person expressed concerns that their meals were not always as hot as they would like by the time they received them. The registered manager said they would look at ways to address these concerns and we saw that staff had re-heated the persons meals when requested. People's specific dietary needs were recorded in their care plans and the chef demonstrated a good understanding of them. The service had achieved the maximum 5 star food hygiene rating following an inspection from the local council.

People were able to see health professionals where necessary, such as their GP or community nurse. Details of these contacts were recorded in people's notes and we saw that actions were kept under review. One relative told us, "There is good contact from (the registered manager) when Mum is unwell".

Good

Is the service caring?

Our findings

People told us they were treated well and staff were caring. Comments included, “Staff are positive, helpful and respectful”; “Staff are very nice” and “They treat me like I am an important person”. We observed staff interacting with people in a friendly and respectful way. Staff respected people’s choices and privacy and responded to requests for support. For example, we observed staff providing discreet support when people asked to go to the toilet and staff provided reassurance, comfort and help when one person had a nose bleed. This was noticed by a member of staff who provided immediate assistance and then pressed the call bell to summon extra help. The nurse on duty arrived quickly and provided the necessary care. The relative we spoke with also told us people were treated well by staff, saying they were “Very happy with the care provided”.

Staff had recorded important information about people, for example, family life, likes and dislikes and important relationships. People’s preferences regarding their daily care and support were recorded. The home had worked with relatives to gain an understanding about these issues where people were not able to tell staff themselves. Staff demonstrated a good understanding of what was important to people and how they liked their care to be provided, for example people’s preferences for the way their personal care was provided and how they liked to spend their time. Staff were aware of how people reacted differently and the methods they could use to help people when they were upset or distressed. This information was used to ensure people received care and support in their preferred way.

People and those who knew them well were supported to contribute to decisions about their care and were involved where possible. People using the home care service told us they were involved in all decisions about their care and how it was planned. The service had information about local advocacy services and had made sure advocacy was available to people. This ensured people and their relatives were able to discuss issues or important decisions with people outside the service.

Staff described how they would ensure people had privacy and how their modesty was protected when providing personal care, for example ensuring doors were closed and not discussing personal details in front of other people. During the visit we observed staff following these practices, treating people in ways that maintained privacy and dignity.

Requires improvement

Is the service responsive?

Our findings

At the last inspection in June 2014 we found that the service was not meeting Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was because there was not always an accurate record of the care staff had provided to people in the nursing home. The provider sent us an action plan, which set out the action they were taking to address this issue. At the first day of this inspection we found that recording in the nursing home had improved, but some records were still not accurate. Further action had been taken by the second day of the inspection to address concerns we raised.

We looked at the care plans for four people in the nursing home and two people using the home care service. The care plans for people in the nursing home contained personalised information, however, we found that some of the plans lacked sufficient detail to plan the care that people needed. For example, we saw one person had a care plan for catheter care, but there was no information on the date that it should be changed or size. The same person had plans in place for pressure care, but the records contained contradictory information, in one place stating they needed to be re-positioned every three hours, and another note that stated re-positioning should be every two hours. One person had a nutrition care plan which stated they needed to be weighed weekly, however, their weight had only been recorded each month. We saw that one person had a behaviour chart in place in their care plan, but there were no details as to what this chart referred to or when it should be completed. The same person had a pressure care plan in place which stated staff needed to ensure the pressure relief mattress was set to the correct setting, but the setting was not listed in the plan.

On the second day of the inspection we saw that the registered manager had taken action to address these concerns. Additional information had been included in the care plans where necessary and some additional care plans had been developed to address specific care issues. We were assured that the action had addressed the issues we raised. However, the home's systems for planning and reviewing care had not identified these shortfalls.

We found that care plans for people using the home care service contained sufficient information for staff to be able to meet people's needs. The plans had been kept up to date and people had been consulted as part of the review of the plans.

The provider had introduced an electronic recording system for daily care records. Care staff carried handheld computers on which they recorded notes of their interactions with people and the care they had provided. The system had alarms to alert staff if people did not receive time critical care on schedule, for example, if people needed to receive their medicines by a certain time or of they needed to have regular welfare checks. The registered manager was able to access this information remotely and check whether care was being provided in line with people's needs. During the inspection we saw that information was recorded on this system promptly.

The service had a complaints system in place. Action had been taken to publicise the complaints process, following feedback from a survey of people using the service which identified that some people were unsure of the process to raise concerns. We saw that complaints had been investigated and responded to by either the registered manager or the managing director. Where necessary, the provider had apologised to the complainant and stated the action they were going to taken in response to the concern. People told us they would speak to staff if there was anything they were not happy about. Staff were aware of the complaints procedures and how they would address any issues people raised in line with them.

We recommend that the registered manager reviews their systems for checking that care plans are kept up to date and contain sufficient information for staff to be able to meet people's needs.

Good

Is the service well-led?

Our findings

There were two registered managers in post, one responsible for the nursing home and one covering the home care service. The service had clear values about the way care should be provided and the service people should receive. These values were based on providing a person centred and an open service in a way that maintained people's dignity. Staff valued the people they cared for and were motivated to provide people with quality care. The registered manager for the nursing home told us she had focused on supporting staff to take more responsibility and enabling staff to make decisions. They acknowledged that staff vacancies, particularly amongst the nursing team, had made it harder to implement the changes they planned but felt positive the recruitment of new staff would enable changes to take place.

Staff had clearly defined roles and understood their responsibilities in ensuring the service met people's needs. There was a leadership structure and staff told us managers gave them good support and direction. Comments from staff included, "Both (registered managers) are very good to work with, they are very understanding" and "We get very good support from the managers, the team works very hard together".

The provider completed a range of audits on the quality of the service provided. These reviews included assessments of incidents, accidents, complaints, training, staff supervision, the environment and external reports, for example, from environmental health officers. In addition, the management team completed observations of practice for care staff. The service had a quality management system in place, which was used to assess the quality of the service provided and compliance with relevant legislation. As a result of these systems, the registered managers had developed action plans to address shortfalls.

Satisfaction questionnaires were sent out yearly asking people and their relatives their views of the service. The results of the January 2015 survey had been collated. Action plans had been developed to address issues raised in relation to cleanliness, laundry, daily routines and activities. We saw this action plan had been kept under review and updated as actions were taken.

There were regular staff meetings, which were used to keep staff up to date and to reinforce the values of the organisation and how they expected staff to work. Staff also reported that they were encouraged to raise any difficulties and the registered manager worked with them to find solutions.