

Methodist Homes Westbury Grange

Inspection report

Westbury Lane
Newport Pagnell
Bucks.
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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

The inspection took place on 2 March 2015 and was unannounced.

Westbury Grange provides care for up to 45 people who have advanced dementia or other conditions that require nursing care. On the day of our inspection there were 45 people using the service.

There was 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.

People felt safe living at the service. It was evident from talking with staff that they were aware of what they considered to be abuse and how to report this.

Staff knew how to use risk assessments to keep people safe alongside supporting them to be as independent as possible.

Summary of findings

There were sufficient staff, with the correct skill mix, on duty to support people with their needs.

Recruitment processes were robust. New staff had undertaken the provider's induction programme and training to allow them to support people confidently.

Medicines were stored, administered and handled safely.

Staff were knowledgeable about the needs of individual people they supported. People were supported to make choices around their care and daily lives.

Staff had attended a variety of training to ensure they were able to provide care based on current practice when assisting people.

Staff always gained consent before supporting people.

There were policies and procedures in place in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff knew how to use them to protect people who were unable to make decisions for themselves.

People were able to make choices about the food and drink they had, and staff gave support when required. Catering staff knew who required a special diet and this was taken into account.

People had access to a variety of health care professionals if required to make sure they received on-going treatment and care.

People were treated with kindness and compassion by the staff, and spent time with them on activities of their choice.

People and their relatives were involved in making decisions and planning their care, and their views were listened to and acted upon.

Staff treated people with dignity and respect.

There was a complaints procedure in place.

People were complimentary about the registered manager and staff. It was obvious from our observations that staff, people who used the service and the registered manager had good relationships.

We saw that effective quality monitoring systems were in place. A variety of audits were carried out and used to drive 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?

The service was safe.

Staff were knowledgeable about protecting people from harm and abuse.

There were enough trained staff to support people with their needs.

Staff had been recruited using a robust recruitment process.

Systems were in place for the safe management of medicines.

Good



Is the service effective?

The service was effective.

Staff had attended a variety of training to keep their skills up to date and were supported with regular supervision.

People could make choices about their food and drink and were provided with support when required.

People had access to health care professionals to ensure they received effective care or treatment.

Good



Is the service caring?

The service was caring.

People were able to make decisions about their daily activities.

Staff treated people with kindness and compassion.

People were treated with dignity and respect, and had the privacy they required.

Good



Is the service responsive?

The service was responsive.

Care and support plans were personalised and reflected people's individual requirements.

People and their relatives were involved in decisions regarding their care and support needs.

A variety of activities were offered and people were able to choose to join in.

Good



Is the service well-led?

The service was well led.

People and their relatives knew the registered manager and were able to see her when required.

People and their relatives were asked for, and gave, feedback which was acted on.

Quality monitoring systems were in place and were effective.

Good



Westbury Grange

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 02 March 2015 and was unannounced.

The inspection was carried out by one inspector and an Expert by Experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. This person has experience in caring for, and using services providing care for, elderly people who live with dementia.

Before the inspection we checked the information we held about the service and the service provider, and spoke with the local authority. No concerns had been raised and the service met the regulations we inspected against at their last inspection which took place 4 June 2014.

During this inspection we observed how staff interacted with people and received care and treatment. We looked at how people were supported to join in activity sessions of their choice and to have meals.

We spoke with six people and the relatives of 3 people who used the service. We also spoke with the registered manager, the deputy manager, five care staff, one nurse, two catering staff and two housekeeping staff.

We reviewed eight care records, eight medication records, six staff files and records relating to the management of the service.

Is the service safe?

Our findings

People told us they felt safe. One person said, "I feel very safe here, I have no worries." Another said, "I know that I am safe here." A relative told us, "I am happy that [name] is safe here." They told us that they would speak to staff or the registered manager if they did not feel safe.

Staff told us they had received safeguarding training and were able to describe what could be classed as abuse, for example, physical, medical and financial and how they would report it. If they felt it was not being acted on they would escalate it 'up the chain' to more senior staff or report it to the Care Quality Commission (CQC) to ensure people were kept safe. They were aware of the company policies and procedures and felt that they would be supported to follow them. There were notices within the home explaining how to report any safeguarding issues. Staff files confirmed that they had completed relevant safeguarding training.

Staff told us that everyone had risk assessments within their care plans. These included moving and handling, falls and the use of bed rails. Staff explained that these were used to enable people to be as independent as they could be in the safest way. We observed staff supporting people to maintain safety whilst managing risks, for example people were able to move around the home freely, into the garden and other units. One person said, "I know I walk too quickly, staff try to slow me down in case I fall." We saw documentation within people's care records which had been developed with input from the staff team and other health care professionals where appropriate.

The registered manager explained the emergency evacuation procedures. We saw documentation for contingency plans in the event of complete evacuation and information was available on notice boards.

Staff told us that accidents and incidents were reported and recorded and they were given feedback if necessary. The registered manager reported any accidents or incidents monthly to the provider who developed an action plan if required. We saw documentation of correctly recorded accidents and incidents.

The registered manager told us that the provider had a whistleblowing procedure. Staff we spoke with were aware

of this and were able to describe it and the actions they would take. There were posters for this in areas around the home. This meant that anyone could raise a concern confidentially at any time.

People told us there were enough staff on duty to provide the support they required. One person who used the service said, "There is usually plenty of staff around." Staff we spoke with told us they were keen to make sure the rota was covered by their own staff, one staff member said, "If someone goes off sick we try to cover it as a team, it is better than using agency staff." We looked at the rota and found that it was planned around the dependency needs of people who used the service and the correct amount of staff with differing skill levels were on duty at any time.

Staff told us they were not allowed to start to work until they had completed recruitment checks. The registered manager was able to explain the recruitment process and told us that they had a recruitment policy which must be followed. This included appropriate checks, for example; two references, proof of identity and a Disclosure and Barring Service (DBS) check. New staff also had to attend the providers' mandatory training before being allowed to go onto the rota. Records we saw confirmed these checks had taken place. The registered manager told us that they have a number of volunteers who assist in the home; they are all subject to the same recruitment process as permanent staff.

People told us that they got their medication on time. One person said, "I would not know what to take so it is safer if they do it." Staff told us that the qualified nurses administered medication on the nursing unit, but senior staff were responsible on the two residential units. We observed medication being administered to some people. This was carried out correctly following the providers' policy and procedure. The senior nurse on duty took us to the medication room which was securely locked. They were able to explain the various systems including ordering, administering and disposal of medicines and we saw records to confirm this. The temperature of the room and fridges were taken daily to ensure medication was kept at the correct temperature. We looked at the records for three people; these contained the protocol for administration, a photograph of the person and their medication care plan. We carried out a stock check of some medication which balanced correctly.

Is the service effective?

Our findings

People told us that they felt the care they received was good and from well trained staff. One person said, “They are all very good, if there are new ones they have to learn about my treatment.”

Staff told us they received training from the provider on a variety of subjects including health and safety, infection control and safeguarding, and also more specific training for the people they provided support for, for example; dementia training. They said the training helped them to carry out their roles with better knowledge. One staff member said, “Training here is really good, I am doing my NVQ (National Vocational Qualification) and there is always a senior person to ask if I am not sure.” We saw the training matrix which listed all of the staff and training delivered, it included date of last training received and date when next needed.

Staff told us they received support from the manager and senior staff including regular supervision and an annual appraisal, which they said they found useful. One person said, “I get supervision from one of the seniors, this helps me to identify if I need extra training or help.” Another said, “we get regular supervisions, but we can always talk to the registered manager at any time.” The registered manager told us that supervisions were used to review work performance, provide training where required and to support staff development. We saw documentation within staff files of planned dates for supervisions for the year, and completed supervision notes. This meant that staff were given an opportunity to have one to one time with the senior staff on a regular basis throughout the year.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We saw that there were policies and procedures in relation to MCA and DoLS to ensure people who could make decisions for themselves were protected. Staff we spoke with had knowledge of the MCA and DoLS and were aware that some DoLS had been applied for. The registered manager informed us that she had applied for DoLS for some of the people who used the service. These were in the process of being assessed. This demonstrated that people were protected from being deprived of their liberty unlawfully.

During our observations we saw some people showing signs of behaviour which challenged. Staff dealt with this in a calm manner and diffused the situations immediately by following the persons care plan and ensuring everyone was safe and happy.

People consented to their care being provided. One person told us, “Staff always ask for consent.” A relative said, “My husband cannot communicate very well but we all work around that. We have clear signs and symbols to check that he is ok with things.” We observed staff gain consent before any activity, for example; entering people’s rooms, providing care and support and speaking with an inspector. Within care records we saw that people had signed for consent to care and support and for staff to read their care plans.

People told us the food was good. One person said, “Good choice of food, plenty of veg.” Another said, “If I really don’t like the menu they will make me an alternative.” Staff told us they tell people the menu choices the day before to enable the catering staff to cook the correct amount of each choice, but there was always plenty in case people changed their minds. They also told us that they had special crockery and cutlery for people to enable them to stay as independent as possible at meal times. We spoke to the catering staff who informed us that all of the food was freshly prepared each day. They knew who needed a specialist diet, e.g. diabetic or soft and were able to tell us how they catered for these. We observed the lunchtime meal. People were given a choice of where they ate, and were given support when required. The atmosphere was relaxed and enjoyable, and people were given plenty of time to eat and chat with others at the table. There were jugs of squash and juice available. Each unit had a small kitchen where staff or visitors were able to make drinks and snacks throughout the day when required.

People told us they saw the doctor and had access to additional professional health care services when needed. One person told us, “We get a good service from the GP, they are very responsive.” The nurse on duty told us that they had access to a HIT (High Impact Team). The HIT were a team of nurses that were able to visit out of hours to assess people and prescribe medication if necessary to try to keep people in their own surroundings rather than a hospital admission. The nurse and the registered manager told us that this was a very useful service. Documentation in people’s care plans showed that health care

Is the service effective?

professionals including district nurses, opticians and chiropodists had been involved in people's care. This demonstrated that staff ensured people had access to appropriate health support when required.

Is the service caring?

Our findings

People told us that staff were very kind. Many people and relatives made comments regarding the kind and caring approach of the staff. One person said, “The care here is very good and the relationship between us and the carers is great.” Another said, “Carers sit and chat if I feel down.”

We observed positive interactions between staff and people who used the service, for example, when they were helping people to mobilise and give general support, staff were chatty and there was a good atmosphere.

Staff demonstrated that they knew people’s needs and preferences very well. We observed staff chatting with people. One person was becoming unsettled and staff knew how to respond to help the person settle. They sat with them and spoke to them about how they were feeling, other people joined them at the kitchen table and staff made a cup of tea for everyone; this helped the person to calm down. Staff were able to tell us about individuals and the contents of their care plan, and we observed this. We observed many staff using both the care plan in the person’s room as well as separate documentation in the office.

People told us they were involved in their care and had choice in terms of their day to day routines. One person said, “I can go to bed and get up when I want.” Another said, “I discuss what I need with the nurse, sometimes I stay in bed and that is ok.”

The registered manager told us that there was access to an advocacy service if required. People were informed of this on admission, but staff would recommend it if they felt it was appropriate. There was a leaflet on the notice board for people to access.

People who used the service and relatives spoke positively about privacy and dignity. One person said, “They always knock if my door is closed.” Another told us, “Although I am used to being showered by women, they still protect my modesty.” A relative said, “We close the door if we want a private chat and they respect that.”

One person told us that they had a key to their room and were able to keep it locked whenever they were not there. They said that staff always knocked and waited before entering their room, and staff were always polite and respectful. There were small areas within the home where people could go for some quiet time without having to go to their rooms. This showed that people could be as private and independent as they were able.

People told us they could have visitors when they wanted. One person said, “My family often pop in at any time to fit around their work.” A relative said, “I visit any time.” During our inspection we observed visitors visiting throughout the day. They were encouraged to make drinks or use the on-site Bistro. There were notices reminding visitors that the home had ‘protected mealtimes’ and asked not to visit at that time if possible. The registered manager explained that they had put in place ‘protected mealtimes’ to enable staff to give people the support they required without being distracted by visitors.

Is the service responsive?

Our findings

People told us they were involved in their care plan if they wanted to be. One person said, "We discuss my care and I tell them what I like, I am treated as an individual." Another told us, "There is a care plan but I don't bother to look." A relative said, "My husband needs full care, if I am not happy I just talk to the staff and they sort it out." Staff told us they knew the people in their care but used the written care plan to confirm there had been no changes

Staff told us that before admission to the service people had a thorough assessment. This was to ensure that the service was able to meet the person's needs at that time and in anticipation of expected future needs. This information would be used to start to write a care plan for when the person moved in. Care plans we looked at showed this had taken place.

During our inspection we observed positive interactions between staff and people, who used the service, and that choices were offered and decisions respected. For example, where people wanted to eat, where they wanted to sit and what they wanted to do. A relative told us that their relative was able to make choices about their everyday life which included what to eat and drink, whether to have their hair done or even refuse to take their medication. This demonstrated that people were able to make decisions about their day to day life.

There was an activity schedule on notice boards. One person said, "I went to flower arranging and painting, I don't go to everything but that's ok." Another said, "We do all sorts of things here, the volunteers are good, we even had Chinese singers." A relative told us, "Staff took my husband to listen to the guitarist as he likes music." On the day of our inspection there was a church service held in the lounge, a 'knit and natter' session and one to one time. Those who needed it were supported to participate. There were photographs displayed of people enjoying a variety of

activities including, outings, tea parties and entertainers in the service. This showed that activities were offered and people were able to decide if they wanted to participate or not.

The service had an on-site Bistro. This was staffed by volunteers where visitors were able to get refreshments or enjoy a meal with people who used the service. Some people who lived in the adjoining supported living complex used the bistro on a daily basis to meet with other residents. This area was also used for people to socialise.

On the dementia units we saw that staff had decorated the walls with a variety of subjects including; wedding photographs of people who used the service, pictures of dogs and horses and memory boards. These encouraged stimulation and discussion for people.

Throughout our inspection, we observed that staff were not rushed and spent time with people. For example, chatting about what the day's news was, the contents of the newspaper and spending time in the lounge interacting with everyone. Care offered was person centred and individual to each person.

People we spoke with knew how to make a complaint. One person said, "I would talk to anyone if I wasn't happy." Another said, "I would find the person in charge." A relative was very clear saying, "I would first speak to the nurse then ask to see the manager." There was a complaints policy and procedure in place, but there had been no formal complaints since the last inspection. The registered manager told us that as she had an open door policy and was available, if there were any niggles they were dealt with before they became a complaint.

The registered manager told us that an annual survey is sent out to people and their relative's. The results were available for the 2014 survey. Some of the quotes included, 'I have a real say in how staff provide care and support for me.' 'The home is a safe and secure place to live.' And 'food is of a good quality.' This demonstrated that people were asked for their feedback.

Is the service well-led?

Our findings

Staff said that there was an open culture, they could speak with the registered manager about anything and they would be listened to.

Staff told us that they received support from the registered manager and senior staff. One staff member told us, “The manager is very open and encourages us to talk to her.” Another said, “I like working for this company, they do care about us.”

The registered manager told us about a memory café. This is for people with dementia and those who support them, both from the community and the service. This was held monthly in the homes own Bistro and offered support and an opportunity to talk.

The service had been awarded five stars from the local authority food hygiene rating scheme.

There was a registered manager in post. People we spoke with could not recall who she was but told us that they saw her on a daily basis. Relatives were very positive about the registered manager. One relative said, “I often talk to the manager, I can phone her at any time, she is very approachable.” Another one told us, “I see her quite often, or I just knock on her door if I want a chat.” During our inspection we observed the registered manager chatting with staff, visitors and people who used the service. It was obvious from our observations that the relationship between the registered manager and the staff was open and respectful.

Information held by CQC showed that we had received all required notifications. A notification is information about important events which the service is required to send us by law in a timely way. The manager was able to tell us which events needed to be notified, and copies of these records had been kept.

The manager told us there were processes in place to monitor the quality of the service. This included fire equipment testing, water temperatures, medication audits and care plans. These audits were evaluated and, if required, action plans would be put in place to drive improvements. The service had also been assessed by outside agencies for example, fire officer, pharmacist and food hygiene. The provider had carried out quality assurance visits. Records viewed showed that these had been carried out regularly. This showed that a variety of audits had been carried out to ensure a quality service had been delivered.

The registered manager told us that all accidents and incidents were reviewed by them and the provider. This was to see if any patterns arose and what could have been done, if anything to have prevented it happening.

The registered manager told us a variety of meetings had been held on a regular basis, including; residents, relatives, staff and managers meetings. People we spoke with told us they knew about the residents meetings but did not attend. Staff told us they attended staff meetings as they were useful to keep up to date with things. We saw minutes of all of these meetings.