

# Arrowsmith Rest Homes Limited

## Westfield Rest Home

### Inspection report

2 Westfield Road  
Blackpool  
Lancashire  
FY1 6NY

Tel: 01253344899

Date of inspection visit:  
13 June 2017

Date of publication:  
14 July 2017

### 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 ●

# Summary of findings

## Overall summary

The inspection visit at Westfield was undertaken on 13 June 2017 and was unannounced.

Westfield Rest Home is situated in a residential area of Blackpool close to a main road, shops and leisure facilities with a good transport network. The home is registered for 13 people. The home is a corner property and has recently undergone building work to extend the communal space and add more bedrooms. Communal areas include two lounges and a dining area. There are garden areas to the side and front of the home and a rear yard area for people to sit out in. There were 13 people living at the home at the time of the visit.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We looked at safeguarding procedures at Westfield and discussed safeguarding individuals from abuse or harm. Staff were knowledgeable about related principles. People who lived at the home told us they felt safe whilst living at Westfield. The registered manager had risk assessments to maintain their safety and welfare.

We found recruitment checks were carried out to ensure suitable staff were employed to work at the home and there were sufficient staff to meet people's needs. This was confirmed by talking with staff members.

We observed a member of staff administered medicines safely by concentrating on one person at a time. They recorded in each person's records afterwards to evidence they had taken their medication. The registered manager completed audits to assure safe procedures were maintained.

Staff supported people to eat their meals where required to do so. People chose where they wanted to eat their meals. People who lived at the home told us they enjoyed the food provided at the home and the quality, choice and quantity was good. One person said, "Yes very good choice of food here."

The registered manager had a programme of training for staff to further their skills and keep up with current practice. Staff confirmed training courses and access to them was very good. One staff member said, "Don't mention training there is loads of it and it does help."

The registered manager and staff had received training in the Mental Capacity Act (MCA) and associated Deprivation of Liberty Safeguards (DoLS). We found care records contained people or relatives' consent prior to care and support. Throughout our inspection visit, we observed staff did not limit people in any way and they moved around the building freely.

Care plans were in place detailing how people wished to be supported. People who received support or where appropriate their relatives were involved in decisions and consented to their care.

People who lived at the home told us the best aspects of living at Westfield were the compassion, and caring attitude of staff. They also praised the staff for the way they supported them during the day. One person said about the caring attitude of staff, "They do care and that makes me feel better."

We found people had access to healthcare professionals and their healthcare needs were met.

People who lived at Westfield and relatives knew how to raise a concern or to make a complaint. The complaints procedure was available in documentation provided to people and their relatives.

Staff updated care plans on a regular basis to check support continued to meet people's changing needs. The registered manager completed life histories of each person and checked their wishes in relation to, how they preferred to be known as, their hobbies and meals.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included regular audits, relative surveys and staff/resident meetings to seek their views about the service that was provided.

## 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.

Safeguarding procedures were in place and staff understood how to safeguard people they supported.

Assessments were undertaken of risks to people who lived at Westfield. Written plans were in place to manage these risks.

Systems were in place to make sure the registered manager and staff learn from events such as accidents and incidents.

Staffing levels were sufficient with an appropriate skill mix to meet the needs of people who lived at the home.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff that were sufficiently trained, skilled and experienced to support them to have a good quality of life.

The registered manager was aware of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguard (DoLS). They had the knowledge of the procedure to follow if applications were required to be made.

The registered manager contacted other healthcare professionals as required, if they had concerns about a person's health.

### Is the service caring?

Good ●

The service was caring.

People who lived at the home were treated with kindness, respect and compassion in their day to day care.

Care and support had been provided in accordance with people's wishes and needs.

Staff were respectful of people's rights and privacy.

### Is the service responsive?

Good ●

The service was responsive.

Care plans were in place outlining people's support needs.

The registered manager and staff worked with other agencies such as district nurses to make sure people received care in a coherent way.

People knew their comments and complaints would be listened to and responded to.

### Is the service well-led?

Good ●

The service was well led.

Systems and procedures were in place to monitor and assess the quality of care people received.

The registered manager consulted with stakeholders, people they supported and relatives for their input on how they could continually improve.

A range of audits were in place to monitor the health, safety and welfare of people.

# Westfield Rest Home

## **Detailed findings**

### Background to this inspection

We carried out this comprehensive 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 visit took place on 13 June 2017 and was unannounced.

The inspection team consisted of one adult social care inspector.

Before our inspection visit on the 13 June 2017 we reviewed the information we held on Westfield. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people the service supported. We also checked to see if any information concerning the care and welfare of people supported had been received.

During our inspection we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with the people in their care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with a range of people about Westfield. They included four people who lived at the home, the deputy manager and three staff members. Prior to our inspection visit we contacted the commissioning department at Blackpool Council and Healthwatch Blackpool. Healthwatch Blackpool is an independent consumer champions for health and social care. This helped us to gain a balanced overview of what people experienced living at Westfield.

We looked at care records of one person, staff training records, medication documentation and records relating to the management of the home. In addition we looked at recruitment procedures and checked staffing levels. We also checked the building to ensure it was clean, hygienic and a safe place for people to live.

# Is the service safe?

## Our findings

We spoke with people who lived at Westfield about the service they received from staff and if they felt safe at the home. Comments were positive from everyone we spoke with and included, "Of course, safe as houses." Also, "It is a small place and people always are around, so yes I do feel safe."

The registered manager had procedures and processes to follow to minimise the potential risk of abuse or unsafe care. Records seen and staff spoken with confirmed they had received safeguarding vulnerable adults training. For example one staff member said, "I know the process we have lots of abuse training." Staff members we spoke with knew what types of abuse and examples of poor care people might experience. They understood their responsibility to report any concerns to the relevant organisations.

Care plans we looked at contained risk assessments. These had been completed to identify the potential risk of accidents and harm to staff and people who lived at the home. Risk assessments provided instructions for staff members when delivering support for people. For example if people were at risk of falls, plans were put in place to reduce the risk such as pressure mats or walking aids. Care records contained instruction for staff to ensure risks were minimised, these had also been reviewed on a regular basis. For example risk assessments were completed for falls, mobility and fire safety.

We found the registered manager had safe systems in place to protect people from the employment of unsuitable staff. Staff recruitment records contained references and criminal record checks obtained from the Disclosure and Barring Service. We also noted personnel files contained documented evidence staff had completed induction training to support them in their new roles. Staff spoken with confirmed this.

We looked at how the service was staffed and checked staffing rotas to ensure sufficient staff were on duty to care for people who lived at the home. All staff we spoke with told us they felt there were sufficient staff to care for people. For example one staff member said, "Yes we do have enough staff around to care. We get chance to go out on a one to one with people which is good." We observed the day was relaxed, staff attended to people when they requested support. One person who lived at the home said, "They always come straight away if I need them. It is a relaxed home."

We looked at how medicines were recorded and administered. Medicines had been checked on receipt into the home, given as prescribed and stored and disposed of correctly. We looked at medication administration records for people following the lunchtime medication round. Records showed all morning medication had been signed for. We checked this against individual medication packs which confirmed all administered medication could be accounted for. This meant people had received their medication as prescribed and at the right time.

The registered manager had audits in place to monitor medicines procedures. These meant systems were in place to check people had received their medicines as prescribed. We observed the medication trolley was locked securely whilst staff attended to people with their medication.

We found equipment had been serviced and maintained as required. Records were produced for us confirming gas appliances and electrical facilities complied with statutory requirements and were safe for use. We found window restrictors were in place where they were required. Water temperatures checked delivered water at safe temperatures. Records kept at the service confirmed they monitored water temperatures to ensure people's safety. We had a walk around the building and found good signage around to help support people living with dementia. For example pictures of toilets on bathroom doors and pictures of beds on bedroom doors. This would help people to be more familiar and safe with the surroundings. People had access to outside garden areas that were kept well and had seating for people. The building was clean and staff made appropriate use of personal protective clothing such as disposable gloves and aprons. Hand sanitising gel and hand washing facilities were available around the building



# Is the service effective?

## Our findings

People received effective care because they were supported by a staff team that were trained and had a good understanding of people's needs and wishes. This was confirmed by information we received when talking with staff and training records we looked at. One person who lived at the home said, "The staff are always going on training courses they tell me that. It shows because they do know about caring and what I need."

We discussed training opportunities with staff and looked at individual training records. Staff we spoke with told us access to training was good. One staff member said, "Don't mention training there is loads of it and it does help." Staff also told us they if they wished to pursue qualifications that would develop their skills and knowledge the registered manager would support them. One staff member said, "I have done professional qualifications that was supported by [registered manager]". This ensured people who lived at the home were supported by staff who had the right knowledge and skills that would support people who lived at Westfield.

Staff records included details of supervision sessions with the management team, this was provided on a regular basis. Supervision was a one-to-one support meeting between individual staff and the registered manager to review their role and responsibilities. These were two-way processes that consisted of discussion about, for example, training, the needs of people who lived at Westfield and personal care. Identified issues were addressed through discussion or actions. This showed the registered manager had supported staff to carry out their duties effectively.

People who lived at Westfield or their representatives had signed consent forms to demonstrate their agreement to care. Care records included information about people's wishes and preferred approaches to support. We confirmed in care records people had signed them.

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 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The staff working in Westfield make sure that people have choice and control of their lives and support them in the least restrictive way possible; the policies and systems in the service support this practice. We did not observe people being restricted or deprived of their liberty during our inspection.

People we spoke with were complimentary about the food and meals provided. Comments included, "We have lovely meals as you can see." Another said, "Yes very good choice of food here." Others told us the food was always hot and the quantities were sufficient.

The Food Standards Agency had awarded Westfield a rating of five following their last inspection. This graded the service as 'very good' in relation to meeting food safety standards about cleanliness, food preparation and associated recordkeeping. We found kitchen cleaning records up to date with a routine of cleaning to be undertaken.

There were meal options on offer daily for people who changed their minds. People's food preferences were displayed in the kitchen and the cook had a good awareness of what people liked and disliked. Information was available about special diets, such as diabetic or blended foods.

Staff worked closely with other healthcare services in meeting people's changing healthcare needs. Care records held contact details of other professionals involved, such as GPs, social workers and opticians. Staff documented the visits and appointments in the person's daily records and kept their relatives informed.

## Is the service caring?

### Our findings

We arrived at Westfield in the morning when people were having breakfast and getting ready for the day. Initial observations found people were sat in the lounge, dining room or in their own living space. It was a relaxed atmosphere and we noticed good interaction between staff and people who lived at the home. For example staff were talking with people and supporting those who required assistance with their breakfast. We spoke with one person who had their breakfast in the lounge area who said, "It's always relaxed in the morning you get up when you want and can have breakfast when you want."

A recent report from Healthwatch Blackpool contained positive responses from their findings. For example one long term resident said the care and support they received has had a, "Massive Impact on their life" and also said they were, "Still alive because of their care."

We observed a good example of staff understanding an individual and being patient with them whilst they took their time with breakfast. The staff member spent some time with them, encouraging the person to eat breakfast, however the person was not rushed. We spoke with the person who lived at the home later who said, "The staff have to be patient with me as I always take my time, they are wonderful." Eventually the person ate some breakfast and had a hot drink.

People who lived at the home told us the best aspects of living at Westfield were the compassion, and caring attitude of staff. They also praised the staff for the way they supported them during the day. For example one person said, "I generally go out on my own but had a fall recently so now a staff member comes with me. It is so nice it has not stopped me going out."

Throughout the inspection visit we saw people who lived at the home please themselves how they spent their time. They were encouraged to make decisions for themselves. For example one person informed staff they would be going out in the morning, others spent time in the lounge. One person preferred to sit in the garden area. We observed routines within the home were relaxed and arranged around people's individual and collective needs.

Staff maintained people's privacy and dignity throughout our visit. During the day we saw staff knocked on people's bedroom doors before entering. Staff also addressed people in their preferred name. One person who lived at the home said, "Yes they do always knock and I feel they do respect my privacy."

Staff had a good understanding of protecting and respecting people's human rights. Training had been provided by the service for guidance in equality and diversity. We discussed this with staff, they described the importance of promoting each individual's uniqueness.

Care records contained information about their daily routines and any health appointments for the day. These records were up to date and comprehensive. They described the daily support people received and activities they had been involved with. The records were informative and enabled us to identify how the registered manager and staff supported people with their daily routines. There was evidence in care records

people's care plans had been reviewed with them.

We spoke with the deputy manager about access to advocacy services should people require their guidance and support. They had information details that could be provided for people if this was required. This ensured people's interests would be represented and they could access appropriate services outside of the home to act on their behalf if needed.

People's end of life wishes had been recorded so staff were aware of these. We saw people had been supported to remain in the home where possible as they headed towards end of life care. This allowed people to remain comfortable in their familiar, homely surroundings, supported by familiar staff. Staff confirmed to us they had received end of life training.

Before our inspection visit we received information from external agencies about the service. They included the local Healthwatch Blackpool which is an independent consumer champions for health and social care. A recent Healthwatch report had been compiled and was positive about the care and support provided by the service.

## Is the service responsive?

### Our findings

We discussed what activities and entertainment was provided for people who lived at the home. Comments were positive and included, "Yes a lot better now. Tomorrow we are going to the Winter Gardens (theatre) for a dance and sing long." Also another person said, "We have games and film afternoon now which is good." An activity co-ordinator was now involved with organising trips and social events such as singers and entertainers. A staff member said, "We have a lot more going on now." This was confirmed by talking with people who lived at the home.

We noted the hairdresser was visiting the home on the day of our visit. This was not their normal visiting time. However the deputy manager told us they requested this because people had wanted the visit prior to going to Winter Gardens. One person who lived at the home said, "Look that's better I have had my hair cut for tomorrow."

We observed staff consistently offered individuals choice throughout our inspection. For example, staff checked what individuals wanted to do, where they would like sit and constantly offered drinks and snacks. This demonstrated the deputy manager and staff used a person-centred approach in response to people's preferred daily routines.

Two people who lived at the home told us they felt the management team and staff were responsive and met their needs with an individual approach. For example one person who lived at the home said, "If you need anything or don't feel well they sort you out straight away."

We looked at care records of one person to see if their needs had been assessed and consistently met. Their care plan been developed with the person. We found they identified what support they required. There was evidence the person had been involved in their own care plan. The person told us they had been consulted about support that was provided for them. The care plan was person centred and developed around the individual who lived at the home. For example a person liked a routine to go out to local shops on a regular basis. This was facilitated by staff. We spoke with the person who said, "I do enjoy going out and I tell the staff when I am going and what time I will be back."

Westfield had a complaints procedures and related information provided for people and their relatives. This outlined how they could comment about the service and care they received. This included timescales to resolve the concerns and how this would be managed. The deputy manager told us they had not received any complaints in the last 12 months. All people who lived at the home told us they felt confident if they had a complaint they would be listened to and action taken. One person who lived at the home said, "Never complained but would speak with [registered manager] if needed to."

Contact details for external organisations including social services and the Care Quality Commission (CQC) had been provided should people wish to refer their concerns to those organisations This demonstrated there was a procedure in place, which staff were aware of to enable complaints to be addressed.

## Is the service well-led?

### Our findings

We found the home had clear lines of responsibility and accountability with a structured management team in place. The registered manager had over 17 years experience and with the deputy manager were experienced, knowledgeable and familiar with the needs of the people they supported. Discussion with the deputy manager confirmed they were clear about their role and with the registered manager provided a well run home. People who lived at the home commented about the management and said, "[Registered manager] and [deputy manager] are always around they run the place very well." Another person who lived at the home said, "I like a bit of order and organisation and this place is like that." A staff member said, "They are both supportive and know how to run care homes, for the benefit of the people who live at Westfield."

From discussions with staff and people who lived at Westfield we found the registered manager and deputy manager were part of the staff team and supported staff in caring for people who lived in the home. One staff member said, "[Registered manager] is very supportive and always available if you need to talk with her." Another staff member said, "Yes very supportive both of them."

The deputy manager produced minutes of staff and 'resident' meetings that were held although not on a regular basis. Staff and the deputy manager told us there are informal talks with people daily and suggestions on any issues or improvements were sought on an informal basis. We confirmed this by talking with staff and people who lived at Westfield. One staff member said, "This is a small home so we are constantly together and discuss improvements with people and their families." A person who lived at the home said, "We have had a meeting in the past but to be honest we just chat all the time with staff and the manager."

The registered manager had systems and procedures in place to monitor and assess the quality of their service. These included seeking views of people who lived at the home and their relatives in the form of surveys and questionnaires'. For example 13 surveys were sent out in 2016 with positive responses returned such as. 'The carers are outstanding.' Also, 'My father is content at Westfield. He is well looked after.' Two surveys commented that people would like more activities to be provided to ensure people were stimulated. The management team reacted by employing an 'activities co- coordinator' and more trips out organised. One person who lived at the home said, "Definitely more going on now."

The registered manager had auditing systems to assess quality assurance and continue to improve the service for people who lived at the home. We found regular audits had been completed by the registered manager. These included medication, care records and the environment. Any issues found on audits were quickly acted upon and lessons learnt to improve the care that was provided.

The registered manager worked in partnership with other organisations to make sure they were following current practice, providing a quality service and people in their care were safe. These included social services, district nurses and other healthcare professionals.

Legal obligations, including conditions of registration from CQC, and those placed on them by other external

organisations were understood and met. There were good relationships with healthcare professionals and services involved in people's care and support.

The service had on display in the reception area of the home their last CQC rating, where people visiting the home could see it. This has been a legal requirement since 01 April 2015.