

Croftwood Care Ltd

Westhaven Care Home

Inspection report

10 Lighthouse Road
Hoylake
Wirral
Merseyside
CH47 2AG

Tel: 02084227365

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13 November 2017

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 10 and 13 November 2017 and was unannounced on the first day. This was the first inspection of a new service that was registered by CQC in August 2016.

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

Westhaven is registered to accommodate up to 52 people in a purpose-built three-storey property. The home is set in its own grounds in a residential area of Hoylake. There were bedrooms and communal rooms on the ground, first and second floors, with staff and service areas on the ground floor.

The home is required to have 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. The home's registered manager was a registered nurse with considerable previous experience of managing care homes.

There were enough qualified and experienced staff to meet people's needs and keep them safe. The required checks had been carried out when new staff were recruited and all staff had received induction training before they commenced employment.

We observed that all parts of the home were clean and well maintained and records we looked at showed that regular health and safety checks were carried out. All areas were furnished and decorated to a high standard.

Medicines were managed safely and records confirmed that people always received the medication prescribed by their doctor.

People's capacity to make decisions was assessed and, where appropriate, applications had been made to the local authority for Deprivation of Liberty Safeguards.

People were mostly happy with their meals and told us that choices were always available.

The members of staff we spoke with had good knowledge of the support needs of the people who lived at the home. The staff we met had a cheerful and caring manner and they treated people with respect. People who lived at the home and visitors who we spoke with expressed their satisfaction with the care provided and with the staff.

The care plans we looked at gave information about people's care needs and how their needs were met.

They also gave information about people's individual choices and preferences.

There was a friendly, open and inclusive culture in the home and many of the people we met during our visits spoke highly of the home manager. Regular quality audits were completed and a satisfaction survey had been carried out.

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.

The home was clean and well maintained and records showed that regular environmental safety checks were carried out.

There were enough staff to support people and keep them safe.

The required checks had been carried out when new staff were recruited.

People's medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

Staff had completed an induction training programme and had regular supervision meetings.

The service was compliant with the Mental Capacity Act.

Menus were planned to suit the choices of the people who lived at the home and alternatives were always available.

People enjoyed a high standard of accommodation.

Is the service caring?

Good ●

The service was caring.

Staff working at the home were attentive to people's needs and choices and treated them with respect.

There was a friendly and inclusive atmosphere and visitors were made welcome.

Is the service responsive?

Good ●

The service was responsive.

People had choices in daily living and staff were aware of

people's individual needs, choices and preferences.

The care plans we looked at provided information about people's care and support needs and how their needs should be met.

A copy of the home's complaints procedure was displayed and a complaints log was maintained.

Is the service well-led?

Good ●

The service was well led.

The home had an experienced manager who was registered with CQC.

There was a positive and open culture and people were given opportunities to express their views.

Regular quality audits were carried out.

Westhaven Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

The inspection took place on 10 and 13 November 2017 and was unannounced on the first day. The inspection was carried out by an adult social care 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.

Before the inspection we looked at information CQC had received including an 'Enter and View' report from Healthwatch Wirral. During our visit we spoke with ten people who used the service, six relatives, and nine members of staff. We observed lunch being served in the ground floor dining room.

We looked at care plans for four people who used the service, medication records, staff records, health and safety records and management records.

Is the service safe?

Our findings

Everyone we spoke with at Westhaven said they felt safe and there was always someone around to help them if they required assistance. One person said "Everyone is so safety conscious – I just feel safe. They have got rules and they abide by them." and another said "Absolutely – I've no reason to feel unsafe. They look after me very well." A relative stated "There is nothing threatening or to worry about in the building or in her room."

People told us that when they used their call bell it was responded to quickly. One person said "They come pretty quick – staff say don't worry, that's what we are here for." and another "I never have to wait for anything."

We looked at staff rotas which showed that there was always at least one registered nurse on duty on the middle floor and a team leader on the ground and top floors. There was a minimum of six care staff on duty during the day and night. Records we looked at showed that these numbers were maintained with some use of agency staff. Information about the staff supplied by agencies, showing their training and qualifications, was available and there was evidence that agency staff received an induction to the home.

At the time of the inspection, 37 people were living at Westhaven, some of whom were having a temporary stay at the home. The manager told us that staff numbers were continuously reviewed to reflect occupancy and dependency. Recruitment was on-going. The home also employed an adequate number of clerical, housekeeping and catering staff, an activities organiser and a maintenance person.

We looked at the recruitment records for four members of staff. The records showed that robust procedures had been followed to ensure that staff were safe and suitable to work with vulnerable older people.

There were either two or three domestic staff on duty each day and a laundry assistant. We walked all around the premises and all areas were clean, tidy and well-maintained. The laundry, sluices and storage areas were clean, tidy and well-organised. Disposable gloves and aprons were available and were used appropriately. Cleaning schedules were maintained and waste disposal contracts were in place. The home had a five star food hygiene rating.

We spoke with the maintenance person and looked at the maintenance records he kept. These showed that regular checks of services and equipment were carried out. Utilities and equipment had been newly commissioned in 2016 and the manager was aware of the dates when they required servicing by external contractors. We saw a number of features incorporated into the building to make it safer, for example lights in the en suites that came on automatically.

A weekly fire alarm test was carried out and monthly fire equipment checks and fire drills. Fire evacuation aids were provided for staircases. We saw good records of fire drills. A 'grab file' was available on each floor and this contained a personal emergency evacuation plan for each of the people using the service.

Generic risk assessments covering all aspects of the service were in place. Accidents were fully recorded and investigated and there was a monthly accident audit.

Safeguarding policies and procedures were in place and staff had completed a programme of training about safeguarding. Safeguarding referrals had been made as needed and untoward events had been responded to appropriately.

Medication was administered by registered nurses on the middle floor and by team leaders on the ground and top floors. Records showed that all staff who administered medication had completed a medication competency assessment. All of the people we spoke with said they received their medicines as required. We observed several medicine rounds taking place and people were asked if they had any pain. We also saw that the nurse or team leader ensured that people had taken their medicines before leaving them.

There was a medicines room on each floor and these were clean and tidy. Each of the medicines rooms had a cabinet for the safe storage of controlled drugs and a drugs fridge. Room and fridge temperatures were recorded daily on the nursing unit to ensure that medicines were stored at a safe temperature, but there were gaps in the records on the ground floor.

Medicines were dispensed mainly in blister packs. A running total was kept of any medication that was not supplied in blister packs. We made a sample check of controlled drugs and numbers were correct. Records we looked at indicated that people always received their medicines as prescribed by their doctor. When medication was prescribed to be given 'as required' (PRN), there were protocols in place to guide staff in deciding whether the medication needed to be given. We noticed that some handwritten entries on medication administration sheets were not signed and the manager said she would address this.

One person sometimes refused medication that was important for their health and well-being. We looked at this person's care file and found that correct procedures had been followed and the relevant people had been involved in making the decision that this person's medication could be given 'covertly' ie disguised in food or drink.

Is the service effective?

Our findings

Most people we spoke with were positive about the meals. They told us "I'm very fussy and can't always eat things but staff cut things up and help."; "It's a mixture – sometimes good, sometimes not so good."; "The meals are very good and you can have a full English." and "The meals are excellent – but hot drinks could be a bit hotter."

The expert by experience joined people for lunch and reported "The tables were laid with a table cloth, cutlery, place mats and paper napkins. There were fresh flowers on each table. There was a choice of chicken or fish. The meal of chicken wrapped in bacon with fresh vegetables was delicious. This was followed by pineapple sponge or poached pear. All residents appeared to enjoy their meal. There was a very pleasant and unhurried atmosphere with residents chatting to each other. Staff were attentive and helpful to residents and water and hot drinks were readily available."

Tea, coffee and biscuits were served in the morning and afternoon and after the midday meal. People told us they enjoyed the home-made soup and sandwiches or lighter snack in the evening. We spoke with one of the hostesses who were responsible for food and drinks service. She said that she gave people fresh water jugs during the day and reported to the care staff on people's fluid intake. She had a detailed knowledge of what people liked and didn't like.

Care records we looked at showed that people's nutritional status was assessed and monitored and people's weights were recorded monthly.

There was a training file for each member of staff. The records we looked at showed that new staff completed a programme of induction training before they started working at the home. The deputy manager had a background in training and was able to provide moving and handling instruction for the staff team. Most of the staff had a national vocational qualification (NVQ). Records showed that staff had an individual supervision meeting four times a year and a supervision and appraisal planner was in place. People we spoke with all felt the staff were highly trained and could care for their needs.

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met and found that they were.

Some people who lived at the home had a DoLS in place and applications had been made to the local authority for other people and were awaiting consideration. The care plans we looked at detailed people's capacity to give consent and recorded where a Power of Attorney was in place. We saw that, where appropriate, relatives had been involved in making decisions about people's care.

People enjoyed a well-appointed environment which was spacious, light and bright. Each of the three floors had a large lounge, a comfortably furnished dining room and a nurses' station. Bedrooms had an en-suite shower room and there was also an assisted bathroom and shower room on each floor. All bedrooms had a wall-mounted TV and a profiling bed. Pressure relieving mattresses and other equipment were provided to meet individual needs. Different types of hoists and slings were available to ensure that people could be moved and transferred safely. Assistive technology was in place where needed to reduce the risk of falls.

Is the service caring?

Our findings

We asked people about the staff and their comments included "It's a good place to be in. I was hesitant before I came in but staff are nice."; "They've always got a smile, never dull and always happy."; "They are lovely, the treatment and care is very good."; "Very helpful – we are very lucky here in every way." and "This place is good. They are kind but there are a certain few who are not as good."

People felt they were treated with dignity and respect. One person said "I've never heard anyone being outspoken or rude." Relatives said "She is poorly but she still likes banter and a chat. They always have time. They centre care to Mum's needs."; "There is quite a good variety. The young men look after her – they will chat and give as good as they get." One visitor told us that an agency worker had spoken unkindly to their relative and the other staff apologised for this.

We observed staff supporting people around the building, accessing toilets, giving medication and drinks and snacks.. Care was given kindly and promptly and staff interaction with the people who lived at the home indicated familiar and mutually respectful relationships.

We observed positive interactions between staff and people's relatives. Staff appeared to know relatives well and interacted with them in a friendly and informative way. We saw thank you cards and letters that had been received from families. One person had written "All levels of staff have ensured Mum's safety, dignity and have encouraged her to achieve her full potential despite being so unwell. The staff have cared for mum but also us as a family."

We saw that people were supported to maintain a high standard of personal hygiene and appearance. A hairdresser visited twice weekly. A relative we spoke with mentioned how pleased they were with the care taken of personal clothing.

People were able to personalise their bedrooms with their own belongings, pictures and items of furniture. We noticed that one person's bedroom was filled with their collection of ornaments and dolls.

Information was provided for people in the entrance area including a welcome brochure, however the manager was still completing a comprehensive service user guide. Other information was displayed around the home including copies of menus, the activities timetable, and details of forthcoming events.

People's personal information was kept securely to maintain confidentiality.

Is the service responsive?

Our findings

All of the people we spoke with felt they had choices in daily living. Their comments included "I like to get up early. The night staff gave me a cup of tea today and then I went to the dining room."; "It's like being in a hotel. I can do what I want." and "I please myself when I get up and what to wear." A visitor we spoke with said their relative had always been a very private person and appreciated being able to stay in their own bedroom and watch TV.

We asked people if they would know how to raise a concern if they were not happy. All said they would tell the staff if they needed to raise an issue. Everyone was confident that complaints would be dealt with quickly and efficiently.

Visitors said they would not hesitate to raise concerns but they had not had any so far. The home's complaints procedure was displayed in the entrance area. It gave contact details for individuals and bodies that people could approach if they wished to make a complaint or raise a concern. This included contact details for the provider. The manager maintained a complaints log which showed that complaints had been investigated and responded to appropriately.

All relatives we spoke with reported that they had filled in an extensive form about the needs of their loved one when they were admitted to the home. Two relatives said they had read the care plans and a third said they felt very involved with the care.

Comprehensive care files were in place for all of the people living at the home. A shortened form was used for people having a short stay. The files contained assessments of people's support needs and any risks to their health, safety and well-being. Plans were written based on an 'activities of daily living' model which resulted in the files being very big. The information was to some extent person-centred, but we also noticed some generic statements that were repeated in all of the files.

Assessments and plans had been reviewed regularly and there were good records of communication with people's relatives and visits by medical professionals. Staff we spoke with had good knowledge of people's care needs and were able to describe in detail the support they provided to individuals.

At the time of our inspection, nobody living at the home was receiving end of life care. The manager and the deputy manager had both completed a training course relating to end of life care. Thank you letters we looked at indicated that families had appreciated the care their loved ones had received at the end of their lives, for example "It was a difficult time for all of us, but knowing she was getting such excellent care made it easier for us to carry on the best we could."

The activity co-ordinator had only been in post for three weeks but told us they were enjoying their new job. A second activity coordinator had been recruited and the manager told us she was awaiting employment checks before they also started working at Westhaven. A programme of social activities was displayed and this included quizzes, music, films and other activities. There was a cinema type projector in the ground floor

lounge and staff sometimes put on movies in the evening, musicals being particularly popular. Entertainment was provided regularly by external groups and included musical entertainment and drama therapy. Several people told us they were taken out by relatives. Other people said they would like the opportunity to go out more often. On one of the days we visited, a number of people went out to a lunchtime event at a local church.

Is the service well-led?

Our findings

The home had a manager who was registered with CQC. She was a registered nurse with considerable previous experience of managing care homes. The manager was supported by a deputy who also had considerable experience and a management qualification. Most of the people living at the home who we spoke with knew who the manager was and most knew her name. All said they would speak to her if they wanted to raise a concern. One person said "She is always fair. I wouldn't hesitate to go to her and she would sort any problems."

A relative we spoke with said they had a "high level of trust" in the manager. They told us they lived a distance away and received regular communication by phone and email. All the relatives we spoke with felt they could go to the manager or deputy if they had any issues. They told us "The manager is good, very approachable and couldn't have done more to help mum settle in"; "I can't fault the place. I am so happy. Everything has been designed well and Mum is so happy". "Yes, it is very pleasant. She's well looked after and happy. We have no complaints" and "Everything runs so smoothly."

We spoke with several members of staff who had various roles within the home. All except one said they enjoyed working at Westhaven. One member of staff told us they had experience of working in a number of nursing homes said this was the best place they had worked in. They felt very lucky to be working at Westhaven.

The new home had been built on the site of the previous Westhaven Nursing Home, which had been demolished in 2015. The manager and approximately 20 of the staff had worked at the 'old' Westhaven and had chosen to come back. One member of staff told us that the change had been difficult for everyone because the old home had been much smaller and more intimate, however they were adapting.

Records showed that regular staff meetings were held where staff were able to express their views. Monthly resident meetings were held and were well attended. Agenda items included safeguarding and complaints as well as activities. Quarterly relative meetings were also well attended. Records of these meetings showed that people had felt able to express their views and make suggestions.

A satisfaction survey had been carried out in May 2017 and a summary of the responses produced. This showed a high level of satisfaction.

We saw records of monthly audits carried out by the manager including health and safety, kitchen audits, medication, infection control and care files. The home had a weekly visit from head office staff and a monthly provider quality audit.

Providers are required to send the CQC statutory notifications to inform us of certain incidents, events and changes that happen. The manager had sent in statutory notifications to the CQC for the events that happened at the home.

