

Croftwood Care UK Limited

# Westhaven Care Home

## Inspection report

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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

### About the service

Westhaven care home is a care home providing nursing and personal care for up to 52 people. At the time of the inspection there were 45 people living in the home, some of whom were living with dementia. The home is based over three floors with lift access to all floors.

### People's experience of using this service and what we found

People told us staff were, "Wonderful", "Kind" and "Like friends." Staff had developed meaningful relationships and knew the people they supported well, including their individual preferences regarding their care. People's independence, dignity and privacy were promoted and protected by staff.

People told us they felt safe living in the home. There were sufficient numbers of safely recruited staff available to support people. The environment was safely maintained and risks to people had been assessed and mitigated. When necessary, referrals had been made to the local safeguarding team appropriately.

People's consent to their care was sought and recorded in line with the principles of the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People's needs had been assessed and they were supported to access relevant healthcare services when needed, to meet their needs. People's specialist dietary needs and preferences were known and met by staff.

Detailed and individualised care plans were in place to inform staff how best to meet people's diverse needs. A range of activities were available to people, both within the home and in the local community. Staff were aware how best to communicate with people to ensure they were able to engage and have their views heard effectively. A system was in place to manage complaints and people were aware of this. Staff had been trained to provide holistic end of life care and people's lives were celebrated.

Systems were in place to monitor the quality and safety of the service. When necessary, actions were taken to improve the service. The registered manager was aware of their responsibilities and strived to ensure good quality care was provided to people.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 20 October 2018). We identified breaches of Regulations 12 (Safe care and treatment) and 17 (Good governance) at the last inspection. The provider completed an action plan to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Westhaven Care Home

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was undertaken by two inspectors.

#### Service and service type

Westhaven Care Home 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.

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection and sought feedback from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with eight people who used the service about their experience of the care provided. We spoke with six staff members, as well as the registered manager, deputy manager and the nominated individual. The

nominated individual is responsible for supervising the management of the service on behalf of the provider. In addition to this, we gained feedback from the chef and two care staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at four staff recruitment files and a variety of records relating to the management of the service, including policies and procedures.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection

We received feedback from three people's relatives and a health professional. We also received updates from the registered manager regarding the findings of the inspection and actions taken.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At the last inspection the provider was in breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as risk to people was not always assessed and mitigated to keep people safe from avoidable harm.

At this inspection, we found that enough improvements had been made and the provider was no longer in breach of regulation regarding this.

- Individual risks to people had been assessed and measures were in place to mitigate any identified risks. Care plans clearly recorded how risks should be managed.
- Regular checks were made on the building, utilities and equipment to ensure they remained safe. Certificates were available to support this.
- Staff were aware of emergency procedures and had been trained in the use of emergency evacuation equipment. Care files included personal emergency evacuation plans that provided information on what support people required should they need to evacuate the home.
- People told us they felt safe living in the home and could speak with staff if they had any concerns. One person told us, "[Staff] look after us well."

### Systems and processes to safeguard people from the risk of abuse

- Contact details for the local safeguarding team were on display in the home for all to refer to.
- A safeguarding policy was in place to guide staff in their practice. A whistleblowing policy was also in place, and staff were aware of the procedures to follow with regards to this.
- Concerns had been referred to Wirral safeguarding team appropriately.

### Staffing and recruitment

- Staff were recruited safely as safe recruitment checks were evident in recruitment files. This helped to ensure that only people suitable to work with vulnerable adults were employed.
- Three people living in the home had been part of the latest recruitment processes, so they could meet potential staff, ask them questions and provide their feedback to the registered manager.
- When agency staff worked in the home, information was received from the agency to ensure they had been recruited safely and had the necessary skills to support people safely.
- There were sufficient numbers of staff on duty to meet people's needs in a timely way. One person told us, "They're not short of staff" and another person said, "We are constantly being looked after."

### Using medicines safely

- Medicines were administered safely by staff who had received training and been assessed as competent.
- Records of administration were maintained and completed comprehensively.
- People who were prescribed their medicines as and when needed (PRN), had required protocols in place to guide staff when their medicines should be administered.
- When people administered their own medicines, risk assessments were completed to ensure they could complete this safely.
- People's allergies were recorded within their care plans and in the medication record file and the registered manager was working with the pharmacist to ensure this information was clearly recorded on each person's medication administration record.

#### Preventing and controlling infection

- An infection control policy was in place to guide staff in their work. When required, the service worked closely with the local infection control team to ensure best practice was followed in line with guidance.
- Bathrooms contained liquid soap dispensers and paper towels in line with infection control guidance. Hand gel was available throughout the home.
- Staff had access to gloves and aprons to help prevent the spread of infection and we saw that these were used appropriately.

#### Learning lessons when things go wrong

- A system was in place to monitor and record accidents and incidents. They were reviewed regularly to look for any trends and identify whether future incidents could be prevented.
- Records showed that appropriate actions had been taken following incidents, such as contacting emergency services, recording people's observations and updating risk assessments.



# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed prior to them moving into the home, so that staff were aware of their needs and how they could be met effectively.
- Champion roles had been developed to help promote best practice within the staff team.
- Staff had access to best practice guidance to help guide them in their roles. This included NICE guidelines for oral healthcare and the Royal Pharmaceutical Society guidance on administration of medicines in healthcare settings.

Staff support: induction, training, skills and experience

- All staff told us they felt well supported in their roles. They received regular supervisions and an annual appraisal and could speak with the registered manager at any time if they had any concerns. One staff member told us, "Supervisions and appraisals are in place. One to ones are also available for those who don't quite understand something. Matron will go through everything with you."
- Staff completed a variety of training courses to help ensure they could meet people's needs effectively. As well as courses considered mandatory, additional training was available for all staff. For instance, staff had recently attended training in the use of thickener in fluids and dementia awareness.

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

- People's nutritional needs had been assessed and staff were aware of people's needs and preferences. Specialist diets were catered for and special occasions, such as birthdays, were celebrated.
- People had enough to eat and drink and told us they enjoyed the meals on offer. One person said, "The food is always nice and you get a choice. They come around and ask you what you want."
- If there were any concerns regarding people's weight, referrals were made to a dietician for their specialist advice.

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

- If there are concerns regarding people's health and wellbeing, referrals were made to other health professionals in a timely way, for their specialist advice.
- People told us staff supported them with their health needs and arranged for visits from relevant professionals when needed, or to attend medical appointments.
- When people had diagnosed medical conditions, information regarding this was available in people's care plans. This helped staff understand how it may impact on the person, to ensure they supported them

effectively.

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

- A lift was available to help people reach all floors of the home. Bathrooms had been adapted to help ensure all people could access them.
- People's bedroom doors contained their name and a room number, and each door was painted a different colour, that coordinated with the feature wall and furnishings within the room. This helped people identify their rooms.
- People's en-suite bathrooms had sensor lights in place to assist people with any visual impairment.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- DoLS applications had been made appropriately and staff were aware of the authorisations in place. A system was in place to monitor the authorisations, to ensure they were reapplied for before they expired and that any conditions were being met.
- When able, there was a system to obtain people's consent to their care had been sought and recorded, in areas such as care planning, photography, access to records and medication administration.
- When people were unable to provide consent, decisions were made in their best interest and relevant health professionals and family members were involved.
- When an authorised Power of Attorney was in place for people, this was usually evidenced within the care plan, to help ensure relevant people were involved in decision making when needed.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us staff were kind and caring and treated them with respect. Their comments included, "They're very kind", "They look after us well", "They're like good friends" and "They didn't know me from Adam and they welcomed me."
- The service received several thank you cards from both people who lived in the home and their relatives. Some comments in these included, "I want to thank you for all your exceptional care of my [relative]. I always felt she was safe in your care", "[Name] was always treated with kindness and respect. The support given to myself and family was amazing" and "The present you got [name] was a lovely gesture. Yet another example of the care and consideration the Westhaven family show their residents."
- Relative's comments from recent surveys included, "All of the staff at Westhaven are wonderful. They have shown immense kindness and patience to my relative" and "The staff are caring, approachable and friendly."
- It was clear that meaningful relationships had been developed between staff and the people they supported. Staff knew people well, including their needs and preferences. We observed warm and familiar interactions between people and staff throughout the inspection.
- People's diverse needs were known and respected. Policies were in place in areas such as equality, diversity and inclusion and personal and sexual relationships. People were supported to maintain and practice their faith and beliefs.

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

- The registered manager had started including people who live in the home in the recruitment process for potential staff. People told us they had enjoyed being part of this. One person said, "Yes it made me feel like my opinion mattered" and another person said, "It made me feel that I was listened to, I enjoyed it."
- People's feedback regarding the service was sought regularly. People felt included and one person said, "They do indeed listen, that's the reason I came here." People were also encouraged to nominate staff for employee of the month if they felt they had gone above and beyond what was expected of them.
- A service user guide was available to people. This provided information about the service and what people could expect to help them make decisions about their care.
- People were supported to make decisions, and when necessary, support and advice from advocacy services was requested.

Respecting and promoting people's privacy, dignity and independence

- Care plans were written in ways that promoted independence. They described what people could do

for themselves and what they required staff to support them with. Equipment was in place to promote people's independence, such as assisted baths, falls alarms and sensors.

- Staff described ways they protected people's dignity and privacy when providing care, such as ensuring doors and curtains were closed, knocking on doors and ensuring people were covered when receiving personal care.
- Confidential records regarding people's care were stored securely to protect people's privacy.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Each person had an individualised care plan in place, which was based on an assessment of people's needs and had been reviewed regularly.
- People's preferences in relation to their care and treatment were reflected throughout the care plans. This enabled staff to get to know people as individuals and people told us they received care that met their personalised needs and preferences.
- Care files showed that people, or their relatives were involved in the creation and review of their care plans.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs had been assessed and care plans were in place to guide staff how to meet these needs.
- The registered manager told us they could provide records in different formats should it be required.
- People's en-suite bathrooms had sensor lights in place to assist people with any visual impairment.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There was a range of activities available to people in the home and people told us they enjoyed these. Children from a local nursery visited each week and we saw that people enjoyed singing with the children. One person told us, "I love the babies coming in." We also observed games taking place and a therapy dog coming to visit people.
- People's friends and relatives could visit the home at any time and told us they were always made welcome.

Improving care quality in response to complaints or concerns

- A complaints policy was available and information on how to make a complaint was included within the service user guide. People told us they knew how to raise any concerns and would not hesitate to speak to staff about them.
- A log was maintained, that showed complaints were recorded, investigated and responded to

appropriately.

#### End of life care and support

- Staff had undertaken end of life training to help ensure they could support people effectively at the end of their lives. They had also begun working towards a locally recognised end of life care award.
- Care plans showed that people had been given the opportunity to discuss their end of life wishes. These were recorded so staff could provide support during this time in line with people's preferences. One person's plan included hymns they wanted at their funeral as they had significant meaning to them.
- A service was held every year to celebrate the lives of any residents who had passed away that year. It was held by the local vicar and people's names were written on wooden doves and placed on a tree displayed within the home.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

### Continuous learning and improving care

At the last inspection the provider was in breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as systems in place to monitor the quality and safety of the service were not effective.

At this inspection, we found that enough improvements had been made and the provider was no longer in breach of regulation regarding this.

- A system of audits was in place to assess and monitor the quality and safety of the service. These checks covered important areas of the service and were completed regularly. We saw that when actions were identified, they were addressed in a timely way to make improvements where needed.
- The registered manager took responsive actions during the inspection, to address any issues raised. One record regarding the checks made on air mattresses had not been completed accurately and this was updated and corrected during the inspection.
- An action plan had been developed following the last inspection and the registered manager had taken steps to ensure all required improvements had been completed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff enjoyed their jobs and were proud of the service. They told us, "It is like a breath of fresh air working here" and "One of the reasons I came to work in this home was because of the way the staff made me so welcome."
- Staff told us they were well supported in their roles were able to raise any concerns they had.
- The provider was committed to supporting staff. There were initiatives in place to reward staff, such as employee of the month and regular training and support was available.
- People's feedback regarding the quality of service they received was positive. One person told us, "I find the system here works really well" and another person said, "They're always trying very hard to make it good for us."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Relatives were kept informed of any incidents that involved their family member as required.
- Staff told us that they would not hesitate to inform the managers of any issues, concerns or errors they

were aware of. They were encouraged to speak up if they had any concerns and knew they would be listened to.

- Accidents, incidents and complaints were regularly reviewed and acted upon to ensure the service acted in an open and transparent way.

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

- Policies and procedures were in place to help guide staff in their practice.
- The registered manager was fully aware of events and incidents that needed to be notified to CQC and these had been submitted appropriately.
- Ratings from the last inspection were displayed within the home and on the provider's website as required.
- The registered manager and staff were clear about their roles and the responsibilities. Staff files included copies of relevant job descriptions, which helped support this.

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

- Systems were in place to engage with people and their relatives to gather their feedback regarding the service. This included care plan reviews, regular meetings, surveys and promotion of people participating in the recruitment of staff.
- Staff feedback was sought through regular team meetings. Staff told us they could always share their views.
- The registered manager and staff maintained good working relationships with other health and social care professionals, to ensure good outcomes for people.
- The registered manager was looking to appoint a member of staff as the community champion, who would go out and engage with the community and represent the home. They would also show people around the home when they came to view it.