

Westdale Quaker Housing Association Limited

Westdale Residential 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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Westdale Residential 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 provides accommodation for people living with a learning disability. The home can accommodate up to 18 people. At the time of our inspection there were 16 people living in the home. The service offers care for people with social care needs and most of the people needed no or minimal assistance with personal care. The service does not offer a service to people who have high needs.

At the time of our inspection there was a registered manager in post. 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. In this report when we speak about both the company we refer to them as being, 'the registered persons'.

At the last inspection the service was rated, 'Good'. At the present inspection the service remained 'Good'. At this inspection we found the evidence continued to support the overall rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People were offered the facility to manage their own medicines. For those who didn't their medicines were managed safely.

Suitable quality checks were being completed and the provider had ensured that there was enough staff on duty. In addition, people told us that they received person-centred care.

There were systems, processes and practices to safeguard people from situations in which they may experience abuse. Risks to people's safety had been assessed, monitored and managed so they were supported to stay safe while their freedom was promoted. Background checks had been completed before new staff had been appointed.

The service was clean and fresh and there were arrangements in place to prevent and control infections.

Staff had been supported to deliver care in line with current best practice guidance. People were able to eat and drink enough to maintain a balanced diet. People had access to healthcare services so that they received on-going healthcare support.

People were supported to have maximum choice and control of their lives and to maintain their independence. Staff supported them in the least restrictive ways possible. The policies and systems in the service supported this practice.

Staff were exceptionally kind and caring. People's dignity and independence were promoted at all times and great care was taken to ensure people were living in a kind and caring, family atmosphere. People's consent on how the service was managed was central to how the service was run and what was provided for people. This created a sense of ownership of the service and people were clear they were part of the running of the service. They had an active representative on the committee than ran the service. This ensured the managers of the service they knew how people wanted to be care for. Staff were caring and compassionate and ensured people's families were a part of daily life in the service.

Information was provided to people in an accessible manner. People had been supported to access activities and community facilities. The registered manager recognised the importance of promoting equality and diversity. People's concerns and complaints were listened and responded to in order to improve the quality of care.

There was a positive culture in the service that was focused upon achieving good outcomes for people. Further information is in the detailed findings below.

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 continues to be safe.	Good ●
Is the service effective? The service continues to be effective.	Good ●
Is the service caring? The service continues to be exceptionally caring.	Outstanding ☆
Is the service responsive? The service continues to be responsive.	Good ●
Is the service well-led? The service continues to be well led.	Good ●

Westdale Residential 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. This was a comprehensive inspection.

This inspection took place on 10 August 2018 and was unannounced and was carried out by one inspector.

Before the inspection we looked at information the registered persons sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also examined other information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about.

The registered manager was not available at the time of the inspection visit and the deputy manager provided all the information we needed. During the inspection we spoke with four people who lived at the service, two members of care staff and the deputy manager. All the people using the service are able to make their views known.

We looked at records in relation to the managing of the service these included records of care planning, managing risk, administration of medicines and the recruitment of staff.

Is the service safe?

Our findings

The provider and the registered manager continued to ensure people were living in a safe environment. People we spoke with felt safe in the service. One person told us, "I choose to come here I could be at home, so of course I'm safe here." Another said, "I could get up and walk out of here now and would do so if I was not safe."

People continued to be supported by staff who recognised the signs of potential abuse and how to protect people from harm. Staff had received training in protecting people from the risk of abuse and staff we spoke with had a good knowledge of how to recognise the signs that a person may be at risk of harm. These staff knew how to escalate concerns to the registered manager or to external organisations such as the local authority.

Risks to individuals continued to be assessed. This included the risk presented if staff did not promote people's independence. Staff were aware people may be asked to leave the service should their physical ability decline. They showed patience in ensuring people remained self-caring for as long as possible and the risks around this was well managed.

People we spoke with told us, while they did not need staff input there was always staff available when they needed support. There were enough staff to meet the needs of people who used the service. The registered manager told us that staffing levels were based on the dependency of the people who used the service and staff said they felt there were enough staff to meet the needs of people. Most people using the service had a high level of independence.

The registered manager continued to ensure staff appointed were fit and safe to support people. Before staff were employed the registered manager carried out checks to determine if staff were of good character and requested criminal records checks, through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in making safer recruitment decisions.

The registered manager continued to ensure people were administered their medications safely. This included ensuring those who chose to manage their own medicines were safe to do so and that staff administered medicines safely. Medicines were stored safely. All of the people we spoke with told us that staff gave them their medicines as prescribed. One person told us, "I manage my own medicine. I always have and I am pleased to carry this on. I chose to live here for the company and the social life."

Where staff administered medicines we found the systems were organised and that people were receiving their medicines when they should. Staff were following safe protocols, for example they completed stock checks of medicines to ensure they had been given when they should. Staff had received training in the safe handling and administration of medicines and had their competency assessed prior to being authorised to administer medicines.

Is the service effective?

Our findings

People had a pre-admission assessment prior to coming to live at Westdale. They were invited to stay for a period of up to six weeks to assist them to make their decision. People we spoke with confirmed they partook in drawing up their care plan and confirmed the plan met their needs and wishes. Care plans we reviewed covered all areas of care and gave staff clear directions on how to manage people's needs and wishes.

The provider continued to ensure staff were trained to care for people. People were supported by staff who had the skills and knowledge they needed to support people safely and appropriately.

The service continued to have a core of trained staff who had been with the service for many years and who knew the people's needs well. Records and discussions with staff and people showed the provider continued to be proactive in providing training for staff in areas such as caring for people who are living with dementia. At the time of the inspection no one using the service was living with this condition. New staff were appropriately introduced to the service and were suitable to care for people and were appropriately trained.

People were cared for by staff who received feedback from the management team on how well they were performing and to discuss their development needs. Staff told us they had regular supervision from the registered manager and were given feedback on their performance, records we saw confirmed this.

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.

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 saw that people's ability to make decisions about their care and support was detailed in care plans. The deputy manager told us that all of the people who used the service had the capacity to make their own decisions and all three care plans we looked at contained an assessment which showed this. The deputy manager and staff we spoke with had an understanding of the MCA and their role in relation to this. This meant if a person was at risk of losing their capacity to make decisions staff would know how to support the person under the MCA.

The provider continued to support people to eat and drink enough. People told us there was always sufficient supplies of food they wanted to eat. One person said, "The problem is not if there is enough to eat it is resisting the lovely food when I know I'm full." We observed lunch and saw people were given a three course meal and there were extra portions offered. Drinks and snacks were freely available. At the time of the inspection visit there were no problems with people's nutritional needs.

The provider continued to ensure people were supported with their day to day healthcare and were assisted, where needed, to attend routine health appointments and health checks. There was a GP designated to the service and they held a surgery every fortnight and did home visits in between if needed. People continued to have access to health and social care professionals. These included opticians and chiropodists and physiotherapists.

Is the service caring?

Our findings

At our last inspection in February 2016 we found the service to be outstanding in this area. The service continues to be outstanding in how it cared for people.

The service continued to be inclusive and to provide person centred care. People who lived at the service had good verbal communication skills and all of them told us they chose to live at Westdale and they were really happy with the service. They all said it was a home from home and staff created a family like atmosphere they enjoyed and they had flourished as individuals. They told us they lived their life on their own terms and were consulted on how the service was run and managed to ensure continued person centred care. One person who had been lonely and isolated in their own home said, "I now have more friends that I could have imagined and have a better social life than I ever had. Living here has been very good for me."

People and staff told us there was a family atmosphere. This was supported throughout our conversations and observations. For example, all people we spoke with referred to the service as our home or as us. All felt they were involved in and were part of how the service was run. People told us they had made new friends there. We saw people chatted to each other and were considerate of others. We saw people check their activity, such as watching television, was not interfering with others.

People had a representative on the managing committee, people knew who this was and how to have their views listened to and acted on. There was a clear sense of the service belonging to the people who used it, for example, the representative continued to refer to the service and the committee as us. One person told us, "We love going out as a group and we say what we want and it is arranged for us. No fuss no bother."

Staff continued to be caring and kind and it was clear they knew the people they were caring for, what their needs were and how they like their needs and wishes met.

There was an atmosphere of caring between staff and people and people with each other. This created a relaxed atmosphere that allowed people to be themselves and live as they wished. People knew about their care planning and assured us it revolved around their needs and wishes. One person said, "Of course I know about my care no one here does anything to you, it's all about working together." Our observations supported this. We saw people were consulted throughout our visit.

People's needs and wishes continued to be at the heart of the service. All aspects of the service were inclusive, this included menu planning, activities and the current refurbishment of the premises. Staff we spoke with and our observations showed they understood the values in relation to respecting privacy and dignity and treating people as individuals in their own right. People were spoken with in a respectful manner at all times. We saw staff and people joked together and enjoyed each others company. Everyone we spoke with was very happy with all aspects of the service. No one had any aspects they would like to have changed. Everyone felt they were treated with the upmost respect and their dignity was always upheld.

There was continued ownership of the service by staff and people. The service revolved around the people who used it and meeting their needs and wishes. People were treated with respect and dignity and privacy was fully supported. People's consent was sought at all times. People chose the time they rose and went to bed. While the front door was closed to people coming into the service people had free access to leave whenever they chose.

Independence continued to be promoted. People whose physical and mental health deteriorated may have to leave the service, staff were fully aware of this so particular care was paid to promoting independence. One person said, "I came here while my relative's home was being renovated and I decided I didn't want to go home again, even though I am capable to looking after myself. I have made good friends here and I'm happy. There is so much to do." Another person who was fully independent said, "You would be mad to want to live elsewhere we have all we need and some."

We observed people going out into the community independently. One person who used the service told us. "This is our home and I am lucky enough to live with my friends. What could be better?" Another said, "I get a taxi and go where I please. I have the benefits of home life without the bother of running a household. There is no place like this. I feel blessed to live here."

Is the service responsive?

Our findings

The service continued to be responsive in how it recognised and met people's needs and wishes.

People's needs continued to be assessed and planned prior to them moving into the service and continuously reviewed with the person. People continued to be invited to visit to the service prior to deciding if it was the right place for them. All people we spoke with were delighted to be living there and felt it was the best place for them. One person had lived 'down the road' and regretted not moving into the service sooner. "They said "Since living here I can now do the things I want. I love growing things and I have a crop of new potatoes nearly ready for the pot. Living here is the best thing to happen to me"

Staff continued to know about people. Most people were able to have discussions about their past with staff and staff absorbed this and knew the people well. This had been transferred to records of their life history and this was placed in their care plan so that staff knew about people's life and their achievements.

People were supported by staff who were given information about their support needs. We saw that people's care plans contained information about people's health needs and guided staff in how to support them.

People were supported to follow their interests and live an active and fulfilling life. The service was run by a registered charity and the board of committee, made up of the registered manager, volunteers (who have a connection to the service such as relative using the service) staff members and one person who used the service. The service user was actively involved in the service and was a representative of people. They were the link between the management and the committee and the people. They told us they felt listened to and the service was there to support people in the manner they wanted. We noted throughout the inspection people referred to decision makers as 'us'. This showed the service was inclusive and focused on people's needs and wishes.

The service continued to ensure people had a full and active life. People had the opportunity to take part in an activity when they choose. There were daily activities outside the service and those who wanted to, were supported to follow their religious beliefs.

People knew what to do if they had any concerns and were aware of the complaints procedure, which was on display in the service. People felt assured their concerns would be responded to. We viewed the service's complaints records and saw one minor concern had been recorded. The record showed the registered manager had dealt with this straight away and resolved the issue with the person.

We saw people had been involved in discussions about their care and support at the end of their life. Their wishes had been recorded in detail in their care records to ensure staff would know what to do when the time came.

The provider complied with the Accessible Information Standard. The Accessible Information Standard (AIS)

was introduced to make sure people with a disability or sensory loss are given information in a way they can understand. We saw people were encouraged to communicate in ways which suited them. Staff made sure people has access to their hearing aids and glasses.

Is the service well-led?

Our findings

The service continued to be well led. The service continues to have stable management and has the same registered manager as at the last inspection in February 2016.

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 service continued to put people, their needs and wishes at the centre of the service. They assure they capture those wishes in a variety of ways, the principle one being the representation of people and staff on the committee that runs the service. Other ways include meetings and questionnaires. During this inspection we experienced positivity from all the people and staff we spoke with. All felt supported and felt their views were sought, listened to and responded to.

Staff continued to speak positively about the service and said they felt they delivered care that was centred on individuals. One member of staff said, "I would put myself here not to mention my mum." One person said they tell everyone to "Book a place here as soon as possible." A staff member told us, "They couldn't consider working anywhere else."

The registered manager was not available on the day of our inspection visit, however their influence was clear. The deputy manager was clear about their responsibilities and CQC had always been notified of significant events in the service.

People continued to be supported by a team of staff who were part of an open and inclusive leadership. We observed staff and they looked relaxed, happy and were organised in their work.

They told us the registered manager was a hard worker and expected everything to be done by the book. Staff felt they could speak to the registered manager and be open about mistakes they may make. They were aware of the whistleblowing procedure and said they would use this if the need arose.

People could continue to be confident the quality of the service would be monitored. We saw there were audits carried out on all aspects of how the service was recognising and meeting people's needs and wishes, how they were kept safe and as independent as possible. These included audits on how medicines were administered, recorded and stored and how people were kept safe from the spread of infection.

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed this in the home.