Barchester Healthcare Homes Limited

Westwood House

Inspection report

9 Westwood Hill
Sydenham
London
SE26 6BQ

Tel: 02087767065
Website: www.barchester.com

Date of inspection visit:
18 May 2016

Date of publication:
04 July 2016

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

This inspection took place on 18 May 2016 and was unannounced.

Westwood House is a nursing and residential care home for up to 43 people. At the time of the inspection the service was providing support to 40 people.

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

People in the service were safe because staff had the training and knowledge to identify abuse and take steps to protect people if they suspected they were at risk. Staff assessed people's risks to ensure they were safe from preventable harm. People were assessed for their risk of pressure ulcers and action was taken when people's skin integrity was threatened. There were enough staff available at all times to support people and they were recruited using robust procedures to ensure they were safe to work with potentially vulnerable people. Staff ensured that medicines were administered safely and that mobility equipment was safe to use.

Trained staff were supervised and their delivery of care to people was appraised by their managers. People consented to the support staff provided and staff delivered support in line with mental capacity legislation. People were supported to eat and drink sufficient amounts and support was provided to people with specific dietary needs. People had timely access to healthcare professionals and care plans were produced to implement professional guidance.

People received support from staff who were caring. People made choices about the care they received and they were treated with respect. Staff addressed problematic behaviours with kindness and sensitivity. People approaching the end of life were treated with compassion and dignity.

The service was responsive to people's changing needs. People's needs were identified through assessments and care plans were written to meet identified needs. People were involved in their assessments and care plans ad these were updated following reviews. People were supported to participate in a range of activities. People and their relatives had a number of opportunities to share their views about the quality of the service being received and complaints were dealt with appropriately.

The service was well run by the registered manager who was open in their management style. The quality of service delivery was the subject of on-going auditing and the service worked in partnership with other organisations to ensure people experienced good care.

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. Staff understood the provider's safeguarding procedures and the actions they should take if they suspected a person was at risk of abuse.

People's risks were assessed by staff to prevent avoidable harm.

Staff took steps to protect people at risk of pressure ulcers.

People were supported by staff to mobilise safely and use equipment when required.

There were enough staff to meet people's needs and staff were recruited safely.

People's medicines were stored and administered safely.

Is the service effective?

Good

The service was effective. Staff were trained, supervised and appraised by their line managers.

People gave their consent to the care and support they received.

Staff supported people in accordance with the requirements of mental capacity legislation and followed local authority protocols with regards deprivation of liberty safeguards.

People's risks associated with eating were managed. People at risk of choking or malnutrition were assessed and plans written to support them to eat safely and to maintain their weight.

People were supported with referrals to and input from health and social care professionals.

Is the service caring?

Good

The service was caring. People cited numerous examples of staff being kind and compassionate.

People living with dementia were supported sensitively when they presented with behavioural support needs.

People's privacy and dignity were maintained.

People were supported by staff specifically trained and with care plans specifically written to ensure their end of life was dignified

Is the service responsive?

Good

The service was responsive. People's needs were assessed and they were involved in the care plans designed to meet their needs.

People were supported to participate in activities of their choosing.

The provider sought the views of people and their relatives and used these to better the service.

Is the service well-led?

Good

The service was well run. People and staff felt the management team were open, approachable and knowledgeable.

The registered manager conducted a range of audits to measure and improve the quality of the service.

The service was responsive. People's needs were assessed and they were involved in the care plans designed to meet their needs.

The service worked alongside and in partnership with local agencies to ensure the best outcomes for people.

Westwood House

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 unannounced inspection took place on 18 May 2016 and was undertaken by one inspector, one specialist nursing advisor and one 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.

Prior to the inspection we reviewed the information we held about Westwood House including notifications we had received. Notifications are information about important events the provider is required to tell us about by law. We used this information in the planning of the inspection.

During the inspection we spoke with eight people, five relatives, the registered manager, deputy manager and regional manager. We also spoke with 10 staff and the chef. We reviewed 11 people's care records, risk assessments and medicines administration records. We looked at documents relating to staff and management. We reviewed 10 staff files which included pre-employment checks, training records and supervision notes. We read the provider's quality assurance information and audits. We looked at complaints and compliments from people and their relatives.

Following the inspection we contacted eight health and social care professionals to gather their views about the service people were receiving.

Good

Is the service safe?

Our findings

People told us they felt safe. One person told us, "I always feel safe because the staff care and no I don't worry." Another person said, "I feel very safe. I've got security here at night. All the doors are locked at night and there is always staff on."

People were kept safe because staff knew how to follow the provider's safeguarding procedures. The registered manager ensured that all staff received training in identifying abuse and responding appropriately if they suspected it. Staff we spoke with were clear about the actions they would take if they were concerned a person was at risk of abuse or neglect. One member of staff said, "I would alert a manager immediately and complete the necessary paperwork." The service reported all safeguarding concerns to the local authority in a timely manner. Staff were aware of the provider's whistle-blowing policy which encouraged them to raise concerns about the treatment of people with external agencies if the provider failed to address them.

People's risks were identified, assessed and managed. Staff undertook risk assessments to protect people from avoidable harm. Care records showed that people received risk assessments as part of care planning. Areas of risk assessed by staff included nutrition and hydration, moving and handling, pressure area care and personal care.

People were protected from the risk of pressure ulcers. People with skin integrity risks due to underlying health issues were identified and appropriate steps were taken to monitor and prevent pressure sores. We saw that action plans were put in place when skin discolouring was noted. For example, people were supported to use pressure mattresses and staff maintained repositioning charts in care records. When pressure ulcers were detected nurses undertook a root cause analysis to determine how they occurred and made prompt and appropriate referrals. For example, records showed staff obtained the involvement of the GP, tissue viability nurses, podiatrists and dieticians. This meant people at risk of pressure ulcers received the support they required to prevent their condition deteriorating or recurring.

People's mobility was safely supported. Staff were trained in moving and handling techniques. We observed people being safely supported to transfer from chairs to beds and from wheelchair to arm chairs. Personalised care records provided guidance to staff through specific movement instructions. There were handrails fitted throughout the service and we saw several residents making good use of these.

People who presented with behaviours that could be a risk to themselves or others received support to keep them safe. Staff made timely referrals to the specialist mental health intervention team to assess people's behavioural needs. The outcomes of assessments along with guidelines for staff were recorded in people's care records.

People and their relatives told us there were sufficient numbers of staff to support people effectively. One person told us, "There seems to be [enough staff]. They're always busy but I think there's enough." The registered manager explained that staffing levels were determined by a dependency tool which was

adjusted as people's needs changed. People had access to call bells to alert staff to their need for assistance. People spoke positively about the speediness of the staff response. One person told us, "I have a call bell by my bed and there's one in the toilet. I've only had to use it once and they came very quickly." This meant there were enough staff to safely respond to people's needs.

The provider operated a safe recruitment process which protected people from the risk of receiving care and support from unsuitable staff. Prospective staff submitted an application and attended an interview. Prior to starting work the employment histories of successful candidates were verified with previous employers. The provider satisfied themselves as to people's identities, right to work in the UK and any offending backgrounds. New staff worked through a three month probationary period.

The service managed people's medicines safely. One person told us, "Staff give me my medication and the staff watch me take them." Medicines Administration Record (MAR) charts contained people's photographs to ensure the right person received the right medicine. People received their medicines from nurses and records showed the regular auditing of MAR charts and medicines stocks had taken place. Staff explained the routine for reporting errors and how the information was used to learn lessons and prevent future mistakes. We read in one person's care records that they received their medicine 'covertly' and we saw this was agreed by the multidisciplinary team due to the person's needs. Medicines were stored securely.

People were protected from avoidable infection transmission by the provider's good hygiene practices. For example, hand gel was available throughout the service, staff wore personal protective equipment when delivering personal care and colour coded bags were used for clinical waste and soiled linen. We found that care home odours were kept to a minimum by a robust and responsive cleaning schedule. Washable chair cushions were regularly washed, dried and returned via the in-house laundry system.

People told us they felt safe when staff supported them to use mobility equipment. Hoists and other movement aids were clean, in good working order and accessible. We saw that faults were reported to the service's maintenance manager who was described by staff as "very responsive in assisting with repairs." He also ensured hoist, electrical installation and lift engineer checks were up to date and recorded.

Good

Is the service effective?

Our findings

People and their relatives told us the staff providing care and support were capable and skilled. One person told us, "Good staff. Good home." A relative told us, "The nurses obviously have their professional knowledge and training but they know the [people] here on a deep, deep level."

People received care and support from trained staff. The registered manager ensured that all staff had up to date training which included dementia awareness, moving and handling, falls prevention, skin integrity, safeguarding, mental capacity and food hygiene. Training sessions were followed by written tests to ascertain the level of knowledge staff had accumulated from the courses they attended. Nurses received training and support to maintain their registration with professional bodies. For example, nurses undertook refresher training in the use of catheters and specialist feeding equipment. New staff completed a 12 week induction programme which included completing a detailed work book and shadowing experienced staff who role modelled best practices in providing care.

Staff received support from managers to deliver care to people effectively. Line managers delivered one to one and group supervision sessions to staff were people's changing needs were discussed. For example, the minutes of one staff members' supervision showed their line manager explaining the importance of making detailed entries into people's daily care records. The registered manager coordinated the annual appraisal of staff when performance and personal development was discussed. For example, we read the records of an appraisal in which a nurse discussed their revalidation with the nursing and midwifery council. This meant people received care from supervised staff.

People told us staff always asked for their consent before delivering care. One person told us, "[Staff] always ask for my consent before they do anything." Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards(DoLS) and explained specific circumstances in which least restrictive practices had been used. The MCA is a law providing a system of assessment and decision making to protect people who do not have the capacity to make decisions or give consent themselves. DoLS are legal safeguards that ensure people who lack capacity are not unlawfully deprived of their liberty. Care records showed that DoLS applications were clear and highlighted dates of approval and expiry.

People told us they were happy with the quality of their meals. One person told us, "The food here is excellent, cooked well and I have a good choice." People also told us their hydration needs were met and they had snacks whenever they chose. One person told us, "I don't get hungry or thirsty at night". Whilst another person said, "I always have cheese and biscuits during the late evening when watching TV." We saw that typed menus were available on each table in the dining room and people were offered choices. For example, on the day of the inspection people were offered main meal choices of a French dish, coq au vin, seabass and a vegetarian option. When people had difficulty understanding the options available staff explained them to people individually.

People were supported with a malnutrition risk assessment upon admission. People's weights were monitored monthly and increased to weekly checks if there was concern about weight loss. People's

weights were entered onto graphs which the registered manager reviewed. When people experienced rapid weight loss action was taken. For example, people were referred to dieticians who made recommendations. These included providing drink supplements and fortifying meals in order to increase people's calorie consumption. Staff received training in food safety, food allergens, modified diets and choking risks. People at risk of choking had guidance for staff in their care records. For example, one person's care plans stated they required a soft moist diet and staff had direction to use extra sauce or gravy to ensure their swallow was safe.

People's health needs were met with the on-going involvement of healthcare professionals. People were supported throughout the day by nurses employed at the service. A supporting GP practice did regular rounds of the service and referrals were made to local resources whenever people required them. For example, staff made timely referrals to the physiotherapists, dieticians and tissue viability nurses. This meant the provider ensured people's health needs were assessed by the appropriate healthcare professional.

Good

Is the service caring?

Our findings

People and their relatives told us the staff were kind and caring. One person told us, "It is excellent here." Another person said, "I like the staff and how they treat the residents." One relative told us, "I thought as soon as I spoke to staff on the phone that this was where I wanted my [relative] to be and I have not regretted it since." Another relative said, "I only visit once or twice a week now that [relative] does not know me, but I always feel confident leaving her. I get phone calls if there is anything I need to know."

People we spoke with individually recalled instances of staff being caring and compassionate towards them. One person told us, "I've been tearful once or twice since I've been here and [staff] talk to me and give me a cuddle they are very kind here." Another person said, "However low I feel [staff name] will always sit with me and talk and cheer me up. I think the world of her." We observed staff interactions with people to be warm and friendly throughout our inspection.

People were supported to make decisions. One person told us, "[Staff] like you to make your own decisions and they support you whatever they are." Another person said, "[I'm] never rushed in the morning and I choose when I go to bed. It's very laid back here." Care records reflected people's choices. For example, one person's care records noted they preferred two pillows and three blankets and a duvet on their bed. People's care records contained a section entitled 'Hopes and concerns for the future'. We read one person say "I do not want to go to hospital if I am unwell." In another it said, "I want to carry on going to church."

People with behaviours that may have an adverse impact on their personal dignity were supported sensitively. We observed one person exhibiting behavioural support needs at the time of the inspection. Staff providing support remained calm and used distraction techniques to reduce the person's level of agitation so their needs could be met. This meant that staff had knowledge of dementia and problematic behaviours and employed their skills in a caring and appropriate manner.

Information that was important to people about their past was recorded in care records. Within the 'Personal Life History' sections of people's care records staff and relatives supported people to gather and record accurate accounts of their past. The service encouraged relatives to gather mementos to aide people's recall and personalise their bedrooms.

People's privacy was respected. One person told us, "Staff always knock my room door before they come in." Another person said, "[staff] come to my room to do anything they close the door." Care records stated the name by which people would like to be referred. We observed people referred to by their first names, nicknames and formally as Mr or Mrs in line with the choices expressed in care records.

People approaching the end of their life were supported with end of life care plans. Families were involved in supporting people in the creation of advanced care plans. Staff attended end of life care training at St Christopher's Hospice. This meant people were supported by staff who received training in best palliative care practice.

Good

Is the service responsive?

Our findings

People received an assessment prior to their admission. This meant the provider knew people's needs and whether the service was capable of meeting them. People received care that was responsive and personalised to their individual needs.

People told us that staff knew their needs and preferences. People's care records were reviewed on a regular basis and when their needs changed. Care plans were written with the involvement of people and their relatives and provided clear guidance to staff on how people's needs should be met. For example, one person's care records noted that due to living with dementia their short term memory was affected. Care records directed staff to help orientate the person by reminding them where they were and what they were doing.

People were supported to participate in activities that interested them. Among the activities available were reminiscence groups, bingo, cards, hand massage, reading sessions and gardening. Several people told us they particularly enjoyed discussion groups and day trips. During the afternoon of the inspection a performer was providing musical entertainment to people. One person told us, "I absolutely love this. You can't beat the old songs." We observed people singing and dancing and continuing to discuss the performance several hours after it finished.

The provider sought the views of people and their relatives. We read a survey conducted by the provider in which 83% of people who responded strongly agreed with the statement, "Staff are sensitive to how I am feeling." 100% of respondents strongly agreed with the statement "I can have visitors when I want". In free text feedback we read comments which included, "The home has gone out of its way to help in every aspect." We read that one person wrote, "Perhaps a choice of ethnic food for [people] from different backgrounds." We saw that the registered manager had responded to the suggestion by working with the chef to ensure a range of culturally diverse dishes were available to people.

People and their relatives were empowered through residents and relatives meetings. These meetings enabled people to make suggestions about improving the service and share any concerns they had. People and their relatives were aware of the provider's complaints procedure and we read that complaints were dealt with in accordance with the provider's policy. For example, in response to a written complaint from a relative we read the manager had conducted an investigation and presented the findings to the complainant in writing within the timeframe of the provider's complaints policy.

Good

Is the service well-led?

Our findings

People, relatives and staff told us the service was well run. One person told us, "The manager is always around. She's friendly to me and I've not seen her bossy to the carers. But they do what she says." A relative told us, "I think it helps that the manager and her deputy are both qualified nurses. It gives them proper authority." Another relative said, "The manager is a very nice lady I always have a laugh and joke with her and she always has time for me. She's been a rock to me, like my second mother." A member of staff told us, "They [the registered manager and deputy manager] lead from the front. They lead by example. They are visible, caring and supportive and that's what we [staff] need."

People and staff told us the registered manager was approachable. One person told us, "[The manager] is always good for a chat. Always has the time. A member of staff told us, "I feel comfortable and confident when going to talk to [the manager]." During the inspection we saw a flyer advertising an 'Open surgery with the manager' displayed on the notice board. This meant the manager was open to hearing and sharing ideas about improving the service people received.

The registered manager received support. The regional manager provided them with one to one supervision at which people's needs were discussed. The provider had a number of care homes and the registered manager attended bi-monthly meetings with other registered managers to discuss organisational policy and best practice in delivering care and support. This meant the registered manager kept up to date with best practice concepts in care.

The registered manager organised team meetings for all staff as well as specific meetings for registered nurses and night staff. We read that whistleblowing and the provider's vision were discussed in team meetings. On three days each week the manager chaired brief standing up meetings for heads of departments to discuss people's changing needs.

The registered manager analysed accidents and incidents to ensure lessons were learned and to prevent recurrences. She also ensured that, when necessary, referrals were made to health and social care professionals to reassess people's needs.

The quality of care people received was the subject of frequent and robust checks. The registered manager oversaw audits of health and safety, housekeeping, repairs, people's nutrition, hydration and medicines. When it was necessary the registered manager developed action plans to address shortfalls and we saw these were reviewed to ensure successful outcomes.

The service attended the local authority's provider's forum where good practices in service delivery were discussed. The service worked in partnership with other agencies and involved local resources in meeting people's needs. For example, referrals were made to healthcare professionals, social workers and safeguarding teams when specialist support was required. The registered manager understood their responsibilities of registration with the Care Quality Commission and notified us of important changes affecting the service.