

# Random inspection report

## Care homes for older people

Name:	Westcroft Nursing Home
Address:	5 Harding Road Hanley Stoke-on-trent Staffordshire ST1 3BQ

The quality rating for this care home is:	two star good service
The rating was made on:	09/06/2009

A quality rating is our assessment of how well a care home, agency or scheme is meeting the needs of the people who use it. We give a quality rating following a full review of the service. We call this review a 'key' inspection.

This is a report of a **random inspection** of this care home. A random inspection is a short, focussed review of the service. Details of how to get other inspection reports for this care home, including the last key inspection report, can be found on the last page of this report.

Lead inspector:	Date:							
Peter Dawson	1	5	0	2	2	0	1	0

## Information about the care home

Name of care home:	Westcroft Nursing Home
Address:	5 Harding Road Hanley Stoke-on-trent Staffordshire ST1 3BQ
Telephone number:	01782284611
Fax number:	01782215265
Email address:	
Provider web address:	None

Name of registered provider(s):	Pradeep Arvind Patel
Type of registration:	care home
Number of places registered:	28

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
dementia	28	0
old age, not falling within any other category	0	28

Conditions of registration:									
The maximum number of service users who can be accommodated is: 28									
The registered person may provide the following category of service only: Care Home with Nursing (Code N); To service users of the following gender: Either; Whose primary care needs on admission to the home are within the following categories: Dementia (DE) 28, Old age, not falling within any other category (OP) 28									
Date of last inspection	0	9	0	6	2	0	0	9	
Brief description of the care home									
Westcroft Nursing Home is a small nursing home providing personalised care for up to 28 people. It is located close to Hanley town centre and is a large pre-war house with purpose built 2 storey extension. There are 17 single and 5 shared bedrooms, 18 having en-suite facilities. There are 2 bathrooms (one assisted) and a walk-in shower									

#### Brief description of the care home

room. There are 3 lounges, a conservatory, separate dining room and the usual office, kitchen and laundry facilities on the ground floor. There is a small attractive garden/patio area for residents use accessed directly from the conservatory. Bedrooms are located on both floors and there is a shaft lift access to the first floor. The home provides care with nursing for up to 28 people, some of whom may have a physical disability, mental disorder or dementia care needs. The home is staffed by nurses at all times as well as adequate numbers of care and other support staff.

## What we found:

This service was last inspected 9th June 2009 when it was awarded a 2 Star Good rating.

This random inspection was carried out by one inspector on 16th February 2010 from 8.0 am - 3.0 pm. The focus of the inspection was upon observing and evaluating care and practice in the home.

We found that the one requirement of the last inspection to repair or replace a heater in one of the main toilet areas had been addressed. This presented a potential danger to people using the service. A new heater was installed following the inspection.

A bath hoist in the main bathing area was not in operation at the time of the last inspection and a recommendation made to urgently repair or replace the hoist was made. The suppliers had been awaiting delivery of a part for the hoist and this was fitted within a few days of the last inspection.

We had made a recommendation that all staff receive training in Safeguarding Vulnerable Adults, there had been previous training but further and updated training was needed. Records showed that 12 staff have received Safeguarding training since the inspection and a further 6 are booked on courses. This means that all staff in the home will have had updated training in this important area.

At the time of the last inspection we recommended that wound care treatment plans must be established to monitor the progress of treatment of pressure damage or other wound care treatments. This would provide clear evidence of the standards of care and treatment in this area of work.

We were told during this inspection that one person had pressure damage. We examined records for this person, saw her in her room with a visiting relative and spoke to staff about her care. The lady is on an airwave mattress, with a chart in her room recording regular turns in bed throughout the 24 hour period. We saw a food and fluid intake chart completed daily evidencing good food and fluid intake, the latter exceeding the required daily input to maintain hydration. This person was being nursed in bed where she had been for the previous 2 days following concerns about further developing pressure damage. The home have put into place body maps, mapping and grading of pressure sores. Pressure damage has been managed for several months for this person with some success. However we saw from mapping that 2 sacral sores had improved but a chart 2 weeks later had recorded a new grade 3.4 pressure sore not recorded on the previous chart. This was discussed with the Manager who agreed to refer the matter to the Tissue Viability service for advice/assessment. The person had 2 pressure sores to a heel recorded as "healing" in January. We were told that these had healed but this was not recorded. The care plan for pressure damage did not include when dressings were to be replaced which was presumed to be 3 days. The Manager agreed that this information should be recorded and available to nurses and that good practice deemed that changes of dressing should be recorded. Some information about wound care was in daily notes but this must be recorded and kept separately and chronologically as part of the wound care plan. We saw that the person cared for in bed did not have any pressure relieving device in place to relieve pressure to the heel. The Manager will review this. The visiting

relative of this person said that she was kept informed of her mothers changing health care needs and the family were highly satisfied with the care being provided at Westcroft Nursing Home.

We saw a sample of other care plans that did contain adequate and good information about the health and personal care needs of people with clear instructions for staff in meeting those needs.

The overall dependency levels in the home are high at this time. Several have dementia care needs and are in the moderate/advances stages of the illness with high physical dependency needs. We observed and discussed with staff that 7 people currently need direct assistance with feeding or staff presence to prompt and encourage eating. We observed people being assisted at both breakfast and lunch time - staff fed people individually in an unpressurised way, talking to people as they fed them and allowing time to eat and digest. We examined records that showed 11 people had food and fluid intake charts recording details of daily intake, all having the required intake to sustain their health. Additionally several people had supplements prescribed by the GP as part of their daily intake. Nutritional risk assessments were in place for all and there was evidence of good nutritional care.

We looked at medication records that showed detail of the receipt, storage, administration and disposal of medicines. At the time of the last inspection we identified that improvements were needed in the instructions for staff in the use of prescribed creams. We found on this visit that instructions were clear, including the site for administration of a cream.

In the communal areas we found good heating on a cold day. The heating in the conservatory had been supplemented with a portable electric fire. This was connected to a trailing socket along the back of the room that could present a potential trip hazard. This was re-routed later by the person responsible for maintenance. We saw a urine bottle on the toilet cistern in one of the main toileting areas. This should be stored in the sluice prior to and after use and will ensure good infection control practice.

Most communal and bedroom areas have been upgraded by the present providers. We observed that many chairs in the lounge areas looked "tired" with worn upholstery and many chips on wooden arms/legs. Replacement would improve comfort and presentation.

There were six staff on duty at the time of this unannounced inspection - 2 nurses and 4 carers. There were 25 people in residence and 3 vacancies. Dependency levels are high as stated above and the care staffing ratio of 4:1 is statistically good but during the peak morning time staff were extremely busy, 7-8 people require the use of a hoist needing 2 staff for each operation, a similar number needing individual support to eat. All staff on duty were spoken with and demonstrated a positive commitment to care and we observed positive and appropriate interactions between staff and the people they were supporting. We saw examples of staff explaining what they were going to do and why (hoisting), culminating in staff saying "thank you for that..... (name)". People using the service able to express a view and the two visitors seen, were complimentary about staff saying that they were treated well and respectfully and had no complaints or concerns.

We looked at a sample of staff records. Many staff are long-serving in this home and there has only been one new staff appointment in the last 8 months. Records showed

that all checks, references and documentation were in place in the records sampled, indicating good recruitment practice and protection of people using the service.

## **What the care home does well:**

This is a small nursing home providing a good level of personal care with close relationships established between people using the service, staff and visitors.

The Registered Manager works hands-on in the home and is directly involved in aspects of nursing and personal care. He is readily available within the home and has ongoing contact with people using the service, staff, visitors and other professionals. People are able to speak to the Manager on a daily basis.

People tell us that their chosen lifestyles are known and met with sufficient flexibility of routines to accommodate their choices. There is a well established activities programme, lead by 2 members of staff. Activities are tailored to individual needs and many people need 1:1 input for stimulation and activity.

There is a relaxed atmosphere. Visitors say they are welcomed and feel comfortable in the home. They say that they are kept informed of their relatives progress and involved in decisions about their care.

We observed good interactions during this inspection between people in the home and staff on duty. Several people have limited or no communication but staff establish a range of non-verbal means of communication with people to understand their needs and wishes and support them appropriately.

Staffing numbers are good but many people have high dependency needs particularly at peak times for care. Although this presents inevitable pressures, staff were seen to manage this well.

## **What they could do better:**

Progress has been made in documenting pressure damage and general wound care, but further detail is necessary. Care plans for wound care must include a plan for replacement of dressings. Records should show when this takes place with comments about progress. Where wounds have healed, records must clearly indicated that this has been achieved and when.

A person with treatment for pressure ulcers over a period of time and now cared for in bed must be referred to the Tissue Viability service for advice and review. This will also provide a second opinion about the treatment regime.

Pressure damage to the heel of this person should be more accurately recorded and a pressure reviewing device, in addition to the airwave mattress should be provided to relieve pressure upon the heel.

The additional portable electric heater in the conservatory had a trailing cable that presented a potential trip hazard. This was re-routed on the day of the inspection.

Urine bottles must be stored in the sluice and not on the cistern in a toileting area. This

will reduce potential infection control risks.

Many chairs in the main lounge areas are "tired" and need replacing to improve comfort and presentation.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details set out on page 2.

Are there any outstanding requirements from the last inspection?

Yes

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No

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## Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action



## Requirements and recommendations from this inspection:

### Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action

### Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action

### Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations
1	8	Further improvements are needed in recording wound care treatment. More detail is required to detail dressing changes, progress being made and when wounds are finally healed.
2	8	Where pressure damage to heels have been treated, the treatment plan must include devices for further relieving pressure in those areas. This also includes where an alternating mattress is in place.
3	19	Consider replacement of some lounge chairs to improve comfort and presentation.
4	25	Ensure where portable electric heaters are used they are either wired and fixed or trailing cables do not present a potential trip hazard.

## Reader Information

Document Purpose:	Inspection Report
Author:	Care Quality Commission
Audience:	General Public
Further copies from:	0870 240 7535 (telephone order line)

Our duty to regulate social care services is set out in the Care Standards Act 2000. Copies of the National Minimum Standards –Care Homes for Older People can be found at [www.dh.gov.uk](http://www.dh.gov.uk) or got from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: [www.tso.co.uk/bookshop](http://www.tso.co.uk/bookshop)

## Helpline:

**Telephone:** 03000 616161

**Email:** [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk)

**Web:** [www.cqc.org.uk](http://www.cqc.org.uk)

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