

Regency Medicine LTD.

Westerleigh Nursing 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

This inspection took place on the 19 October 2016 and was unannounced.

The service is registered to provide accommodation for up to 31 older people who require nursing care. At the time of our inspection there were 27 people staying there.

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

People received care from staff that knew them and were kind, compassionate and respectful. Their needs were assessed prior to coming to the home and care plans were in place and were kept under review.

There were appropriate recruitment processes in place and people felt safe in the home. Staff understood their responsibilities to safeguard people and knew how to respond if they had any concerns.

There were sufficient staff to meet the needs of the people; staffing levels were kept under review.

Staff were supported through regular supervisions and undertook training which helped them to understand the needs of the people they were supporting. People were involved in decisions about the way in which their care and support was provided. Staff understood the need to undertake specific assessments where people lacked capacity to consent to their care and / or their day to day routines. People's health care and nutritional needs were carefully considered and relevant health care professionals were appropriately involved in people's care.

People were cared for by staff who were respectful of their dignity and who demonstrated an understanding of each person's needs. This was evident in the way staff spoke to people and the activities they engaged in with individuals. Relatives spoke positively about the care their relative received and felt that they could approach management and staff to discuss any issues or concerns they had.

There were a variety of audits in place and action was taken to address any shortfalls. Management was visible and open to feedback, actively looking at ways to improve the service.

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.

People felt safe and staff understood their roles and responsibilities to safeguard people.

Risk assessments were in place to ensure people's safety.

There were sufficient staff; staffing levels were reviewed regularly to ensure people's needs could be met.

There were appropriate recruitment practices in place which ensured people were safeguarded against the risk of being cared for by unsuitable staff.

There were safe systems in place for the administration of medicines.

Is the service effective?

Good ●

The service was effective.

People received support from staff that had the skills and experience to meet their needs and who received regular supervision and support.

People were involved in decisions about the way their support was delivered; staff understood their roles and responsibilities in relation to assessing people's capacity to make decisions about their care.

People had access to a healthy balanced diet and their health care needs were regularly monitored.

Is the service caring?

Good ●

The service was caring.

People received their support from staff that were friendly and treated them with kindness and compassion.

People were treated as individuals and staff respected people's dignity and right to privacy.

People were encouraged to express their views and to make choices.

Visitors were made to feel welcome.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed before they came to stay at the home to ensure that all their individual needs could be met.

People's needs were continually kept under review and relevant assessments were carried out to help support their care provision.

People were aware that they could raise a concern about their care and there was written information provided on how to make a complaint.

Is the service well-led?

Good ●

The service was well-led.

The views of people's experience of their care and support were actively sought to enable the leadership to look at ways to continually improve the service.

There was a culture of openness and a desire to continually improve to provide the best possible person centred care and experience for people and their families.

Quality assurance audits were regularly completed by the registered manager to ensure that standards were maintained.

Westerleigh Nursing 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 unannounced inspection took place on 19 October 2016 and was undertaken by one inspector.

Before the inspection we reviewed the previous inspection reports and checked the information we held about the service including statutory notifications. A notification is information about important events which the provider is required to send us by law.

We contacted the health and social care commissioners who help place and monitor the care of people living in the home and other authorities who may have information about the quality of the service.

During our inspection we spoke with five people who lived in the home, eight members of staff including four care staff, an activities co-ordinator, a cook, the deputy manager and the registered manager. We were also able to speak to a health professional and three relatives who were visiting at the time and we observed the interactions of people with staff.

We looked at records and charts relating to four people and four staff recruitment records. We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, maintenance schedules, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

Is the service safe?

Our findings

People looked relaxed and happy in the presence of the staff. The people we spoke with all said they felt safe in the home. One person told us "I have had no trouble here; the staff are great, no nasty ones." A relative commented that they visited almost every day and was happy with everyone and their relative was at ease with everyone.

The staff we spoke with all understood their roles and responsibilities in relation to keeping people safe and knew how to report concerns if they had any. One member of staff told us "If I saw any poor practice or had any concerns I would speak to the matron [registered manager]." We saw from staff training records that all the staff had undertaken training in safeguarding and that this was regularly refreshed. There was an up to date policy and the contact details of the local safeguarding team were all readily available to staff. Staff told us that if they had any concerns they would speak to the registered manager or deputy manager and if they were not satisfied with what happened they would report the incident outside of the home. We saw that the registered manager had contacted the local safeguarding team when any concerns had been raised. There had been no safeguarding investigations as a result of contact with the local authority.

There were a range of individual risk assessments in place to identify areas where people may need additional support to manage their safety. For example, people identified as being at risk of damage to their skin due to pressure or who were at nutritional risk had been assessed; appropriate controls had been put in place to reduce and manage the risks. Records showed that the care specified had been provided for example people were supported to change their position regularly and had their food and fluid intake monitored to ensure their well-being. We saw that the information recorded for each person was kept up to date and that the information was regularly collated which helped the nurses and registered manager to monitor people's general health and well-being and keep them safe.

People told us that they felt there was a sufficient number of staff. The staff we spoke to said they felt there were enough staff and that staffing levels depended on the needs of the individual people. We observed staff responding to call bells and spending time with individuals throughout the day. One person told us "I just ring my call bell in my room if I want the staff and they usually come straight away, I don't have to wait long." There was a dependency tool in place which ensured that staffing levels met the assessed needs of people. The registered manager kept this under review and told us that the provider was supportive if more staff were required. We saw from staff rotas that the level of staff was consistent and during a handover meeting, staff were deployed to areas of the home and designated lead carer for people. The nursing staff and care staff were also supported by catering and housekeeping staff and activities co-ordinators.

People were able to call staff to assist them by using the call bell system in the home, with bells in each room. We observed that staff had ensured that when people stayed in their own room they had access to their call bell.

People were safeguarded against the risk of being cared for by unsuitable staff because there were appropriate recruitment practices in place. All staff had been checked for any criminal convictions and

satisfactory employment references had been obtained before they started work at the home.

People received their medicines, as prescribed, in a safe way and in line with the home's policy and procedure. We saw staff spent time with people explaining their medication and ensuring they had taken their medicines. Medicine records provided staff with information about a person's medicines and how they worked. There was also information about medicines people could take on a flexible basis, if they were required and when and how they should be used. People's medicine was stored securely in a locked cabinet within a locked air conditioned room. The registered manager undertook monthly audits of the medicines and any issues identified were dealt with in a timely fashion to ensure medicine errors did not happen, and if they did they could be rectified. There was a system in place to safely dispose of any unused medicines.

There were regular health and safety audits in place and fire alarm tests were carried out each week. Each person had a personal evacuation plan in place. Equipment used to support people such as hoists were stored safely and regularly maintained.

Any accidents/incidents had been recorded and appropriate notifications had been made. The registered manager collated the information around falls and accidents/incidents on a monthly basis and took action as appropriate.

Is the service effective?

Our findings

People were supported and cared for by a well trained staff team. People told us they felt confident in the skills and knowledge of the staff. One person said "The staff are pretty good; they know you as a person." The relatives we spoke to all expressed their confidence in the staff caring for their relative. One relative said "The medical staff are fine, very approachable."

All new staff undertook an induction programme which was specifically tailored to their roles and experience. One member of staff told us "I worked alongside other staff for a few weeks until I was confident to work alone." Newly recruited staff also undertook the Care Certificate which is based on 15 standards. It aims to give employers and people who receive care the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. New staff were not allowed to care for people independently until they had undertaken all mandatory training which included moving and handling, safeguarding and infection control.

We looked at staff files to review the training provision which underpinned staff knowledge and abilities in their role and responsibilities. Training in key areas such as first aid, fire safety, medication, moving and handling and safeguarding was refreshed regularly to ensure staff kept their skills and understanding up to date. We noted that staff had appropriate qualifications to reinforce their abilities in their work. Staff told us that they were able to discuss and reflect upon their training needs in supervisions with their manager. We saw that the provider maintained a training matrix for staff which ensured that staff were booked on to any training they needed.

Staff felt supported and listened to. Staff told us they received supervision regularly. One member of staff told us "I can discuss my training needs with [registered manager]; I have been encouraged to undertake a National Vocational Qualification (NVQ) level 2."

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 decisions 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 procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and we saw that they were. The registered manager and staff were aware of their responsibilities under the MCA and the DoLS Code of Practice. We saw that DoLS applications had been made for people who had restrictions made on their freedom and the management team were waiting for the formal assessments to take place by the appropriate professionals.

People were involved in decisions about the way their support was delivered. Staff sought people's consent before they undertook any care or support. We heard one member of staff say "[Name of person] its lunchtime, shall we try to eat something?" another asked someone if they needed help with their meal.

People were encouraged to do as much for themselves as possible.

People were regularly assessed for their risk of not eating and drinking enough; staff used a tool to inform them of the level of risk which included monitoring people's weight. A daily record kept in each person's room demonstrated that staff monitored people's fluid and food intake if they were at risk. If there were any concerns about people not getting enough nourishment referrals had been made to the dietitian for advice and guidance.

People were supported to eat a healthy balanced diet. There was a choice of meals available each day and the cook was able to offer alternatives if someone did not like what was on the menu. People told us the food was good and there was enough of it, one person commented "You can have as much as you like and more; there is plenty of choice."

People were able to choose whether they ate in one of the dining areas, lounge or in their own rooms. There were enough staff to support those who needed some assistance with their meals. People who were unable to chew food or had difficulties with swallowing had their food pureed; food that needed to be pureed was kept separated to enable people to experience the different flavours of the food they were having. The cook was regularly updated on any special dietary requirements, the need for fortified foods and any specific likes or dislikes for people. There were drinks and snacks available throughout the day.

We saw from the care files that a variety of health professionals had been contacted such as speech and language therapists and an occupational therapist. The nursing staff had the appropriate training and their competencies tested on a regular basis. People told us they saw a GP when they needed.

Is the service caring?

Our findings

People looked happy and relaxed and there was a warm, friendly atmosphere around the home. People told us that they felt happy living at Westerleigh Nursing Home. One person told us "It's nice living here; the staff are great." Another person said "They [staff] know you as a person; they are all good." We observed some very good interactions between the staff and the people living in the home and we saw several letters and cards that relatives had sent in about the care their relative had received. The comments included 'A heartfelt thank you for your care, kindness and patience.' A health professional had also written to the registered manager 'Thanks and sincere respect to yourself and your nursing staff for the excellent care that [name] receives within your home.'

People's individuality was respected and staff responded to people by their chosen name. Staff knocked on bedroom doors before entering and checked with people whether they were happy for them to enter. Staff spoke politely to people and asked people discretely if they needed any assistance. People told us that their wishes were respected; one person commented that if they wished to spend time in their room the staff would come and assist them to their room whenever they wanted.

People were encouraged to express their views and to make choices. People confirmed that the staff involved them in decision making and allowed them to make choices. One person said, "I can get up and go to bed when I like and I can spend my day between the lounge and my bedroom, depends on how I feel." Another person told us "I can come and go as I want; I have just recently been away."

We could see in people's rooms that people had been able to bring in personal items from home to make them feel more settled. One person showed us the equipment they had in their room to help them be as independent as possible.

The registered manager was aware that if people were unable to make decisions for themselves or had no identified person to support them that they would need to find an advocate for them. There was no information available at the time of the inspection but having pointed this out to the registered manager they agreed to address this immediately.

Visitors were welcomed at any time and those who we spoke to said they always felt welcomed. One relative told us "I come whenever I want to; all the staff are very approachable."

Is the service responsive?

Our findings

People's needs were assessed before they came to live at the home to ensure that all their individual needs could be met. The registered manager explained to us that they went out to meet with people and their family if appropriate. This enabled them to gather as much information about the person as possible and to assess what equipment may be needed to support them, for example, a hoist for those people with mobility difficulties. People were encouraged to visit the home if possible before making the decision as to whether to live there. We saw the information gathered which was used to develop a person centred care plan which detailed what care and support people needed and their likes and preferences.

The care plans contained all the relevant information that was needed to provide the care and support for the individual and gave guidance to staff on each individual's care needs. Staff demonstrated a good understanding of each person in the home and clearly understood their care and support needs. People's needs were continually kept under review and relevant assessments were carried out to help support their care provision. These included assessment of skin integrity and where necessary people were provided with appropriate pressure relieving equipment and were supported to change their position regularly. We saw that adjustable levels of the pressure relieving mattresses were set to the needs of each person. Records kept in each person's room detailed when they had been moved or repositioned, what people had drunk and what personal care needs had been undertaken. Care plans were reviewed on a regular basis and people had a 'Remember I am me' care chart in their room which ensured that all the staff knew who they were caring for and how they liked to be looked after.

We observed staff interact with people in a confident and carefully considered manner and they were responsive to individual needs. People were encouraged to follow their interests; for example we saw a small group of people who liked to bake take part in a baking session. Another person had been encouraged to help with planting hanging baskets and flower pots as they loved to garden. There were plenty of activities offered to everyone through the day and week. Each person had an activities programme given to them each week so they knew what was going on and could join in if they wished. Each month there was a themed day chosen by one of the people living in the home. On the day of the inspection the theme was Croatia; the activities co-ordinators had dressed in traditional Croatian outfits and people reminisced about the places they had visited. The cook had prepared a special Croatian meal. Everyone appeared to enjoy the day. One person told us "There is always plenty to do if you want to here."

Those people who were able went out to pursue their interests. One person told us that they liked to go to church each week and go out shopping. The staff also helped one person to stay in contact with their relative who lived in another care home nearby; they assisted the relative to visit whenever they wished.

People were aware that they could raise a concern about their care and there was written information provided on how to make a complaint. Relatives said that the registered manager was approachable and that if they had any concerns they would also be happy to talk to the staff that provided the care to their family member. The registered manager told us that they tried to resolve any concerns as quickly as possible and we saw that where complaints had been raised the registered manager had responded promptly and

sought the relevant advice and support to resolve things. One person said "I would talk to [registered manager] or [deputy manager] if I had any concerns; when the owner visits I talk to them."

Is the service well-led?

Our findings

People were supported by a team of staff that had the managerial guidance and support they needed to do their job. The registered manager was visible and approachable and when the provider visited they took time to speak both to the people living in the home and the staff. We saw that people were comfortable and relaxed with the managers and all the staff. All the staff we spoke with demonstrated knowledge of all aspects of the service and the people using the service.

We received positive comments from staff and other health professionals about the home and how it was managed and led. Staff said they were well supported and felt listened to. One member of staff said "[Registered manager] always finds time for us if we need to speak to them." Another said "[Registered manager] is always willing to listen and respects your views and ideas." A health professional told us "[Registered manager] is very responsive to any suggestions made to improve things; we suggested that an electronic record system would benefit the home and improve on the effectiveness of the records for the staff and they are currently in the process of implementing an electronic system." We saw the system which was due to be launched shortly once all the staff had been trained how to use it.

People living at the home and their relatives were encouraged to provide feedback about their experience of care and about how the home could be improved. Regular audits and surveys were undertaken and these specifically sought people's views on the quality of the service they received. People were generally happy and content. The activities co-ordinator was given time to speak with people to gather any feedback. Where people had feedback the registered manager was pro-active in addressing any issues raised. A monthly newsletter was given to people and was available to families giving information on forthcoming events and sharing past events.

It was evident that the staff worked well together as a team. At the daily handover meeting all staff contributed to how things had gone on the previous shift and how people were. There was a genuine commitment from all the staff to ensure they were providing the best possible care. There was a culture of openness and a desire to continually improve to provide the best possible person centred care and experience for people and their families.

There were systems and processes in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of people using the service. People were assured of receiving care in a home that was competently managed on a daily as well as long-term basis. Records relating to the day-to-day management and maintenance of the home were kept up-to-date and individual care records we looked at accurately reflected the care each person received. Staff understood their responsibilities in relation 'whistleblowing' and safeguarding and there were up to date policies and procedures to support them.

People's care records had been reviewed on a regular basis and records relating to staff recruitment and training were fit for purpose. Records were securely stored to ensure confidentiality of information.

Quality assurance audits were completed by the registered manager. The provider made regular visits; some

unannounced. The audits and visits helped to ensure quality standards were maintained and legislation complied with. Where audits had identified shortfalls, actions had been carried out to address and resolve them; for example it was identified that a stand aid needed to be replaced and the staff had been involved in identifying a replacement.