

Yewcare Limited

# Westerham Place 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?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

Westerham Place 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. Westerham Place provides care and accommodation to a maximum of 33 older people with varying levels of need, including those living with dementia, mobility issues, frailty and diabetes. There were 24 people living there at the time of our inspection.

At the last inspection in November 2015 the service was rated Good. At this inspection we found the service remained Good.

Why the service is rated Good.

People were protected from abuse. Risks to people were assessed and minimised. There were sufficient numbers of staff in place to keep people safe and meet their needs. People received their medicines safely. People were protected by the prevention and control of infection where possible. Accidents and incidents were managed effectively.

People's needs and choices had been assessed when they started using the service. Staff were trained and their skills and competencies checked by the registered manager. People were supported to maintain a balanced diet. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff were seen to be kind and compassionate towards people. People and their relatives were involved with making decisions about care and support. People were treated with privacy and dignity.

People received care that was personalised to their needs. People were supported to take part in meaningful activities and to engage with the local community. People were encouraged to raise concerns or complaints.

There was an inclusive, open and transparent nature to the service. The registered manager understood the legal requirements of their role. The service had an effective system of checks in place which were used to assess the quality of care provided by staff. The service worked in partnership with other agencies to ensure care was provided in a joined up way.

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.

<b>Is the service safe?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains Good.	<b>Good</b> ●

# Westerham Place 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 checked 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.

The inspection took place on 13 and 14 December 2017 and was unannounced. The inspection consisted of two inspectors and an 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. The Expert by Experience who took part in the inspection had specific experience of caring for people with dementia.

Before the inspection we looked at records that were sent to us by the registered manager and the local authority informing us of significant events. We reviewed the previous inspection report. The inspection was also informed by feedback from questionnaires completed by a number of people using the service, staff who worked at the service and other professionals who came into contact with the service. We used information the provider 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 spoke to five people who received a service to gather feedback. We also spoke to six relatives of those receiving a service, the registered manager, five care staff and one kitchen staff member. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We looked at five people's care plans and records. We looked at documentation that related to staff management and staff recruitment of three members of staff. We also looked at records concerning the monitoring, safety and quality of the service.

## Is the service safe?

### Our findings

People told us they felt safe when staff provided support. One person said, "I feel safe here because they look after me." A relative told us, "The home feels safe and secure. We know all the staff there, they are always very attentive to mother." Another said, "Mum is definitely safe, she is able to get about quite freely with no obstacles in her way."

People were protected from abuse. Staff received regular safeguarding training, knew how to identify potential signs of abuse and knew how to report concerns. One staff member told us, "In our training we were told how to look for marks on someone's body, changes in behaviour or changes to their appetite. I'd report any concerns to the manager, but if for some reason I wasn't listened to I'd speak to head office." The registered manager knew to report concerns to the local authority when necessary. Staff understood the service's whistleblowing policy and told us they would be confident in using it if the need arose.

Risks to people were assessed and minimised. Risks associated with people's care had been identified and risk assessments were in place covering areas such as moving and handling and falls. Positive risk taking was encouraged. For example, one person was starting to be more confident in using their walking frame and wanted to be able to mobilise without the supervision of staff. Their risk assessment was regularly reviewed in order to ensure staff provided sufficient support to keep the person safe. Each person had a personal emergency evacuation plan (PEEP) which provided guidance to staff on how to support people in an emergency. The provider had ensured that the environment was safe for people. There were up-to-date safety and maintenance certificates for gas appliances, moving and handling equipment, fire equipment and legionella. Contingency plans were in place for situations that included loss of electricity and gas.

There were sufficient numbers of staff to keep people safe and meet their needs. The registered manager used a dependency tool to determine the numbers of staff required on shift each day, based upon the needs of people. One relative told us, "When we visit there appears to be a good number of staff about. There are always staff in the lounge either chatting with residents or doing activities with them." Staff were recruited safely. During our inspection we looked at three staff files and saw the service was following its recruitment policy. This included keeping records of application forms and interviews; photographic identification; employment history and reference checks from previous employers and Disclosure and Barring Service (DBS) checks. These checks identified if prospective staff had a criminal record or were barred from working with people that need care and support. Where agency staff were required the registered manager used one provider, and was supplied with staff profiles of the candidates which included details of their qualifications, photographic identification and DBS checks.

People received their medicines safely. During our inspection we saw staff administering medicines to people and accurately recording when they had been taken. Staff told us the training they had received enabled them to feel confident in managing people's medicines. Medicines were stored safely and securely. The registered manager carried out a monthly audit of medicines and regularly assessed the competency of those administering them. Any issues or concerns identified were discussed with staff through supervisions and staff meetings.

People were protected by the prevention and control of infection where possible. All staff had received infection control training and were aware of the importance of using personal protective equipment (PPE) when supporting people. Management provided staff with gloves and aprons to be used when required. If specialist equipment was being used, such as a hoist, serial numbers were recorded in the persons' care file and used by staff to help prevent cross contamination.

Accidents and incidents were reported by staff in line with the provider's policy. The registered manager investigated any concerns, and changes to care and support were communicated to staff. Care plans and risk assessments were updated to reflect the changes.

## Is the service effective?

### Our findings

People told us their needs were met and staff were skilled in carrying out their roles. One relative told us, "By the way the staff talk to and handle residents shows that staff are extremely knowledgeable about the different needs of the residents. Some staff are medically trained, one of the deputy managers has had a lot of experience of dementia." Another said, "Mother cannot clearly communicate what she wants. Staff do a good job and never rush her. She relates to the staff and there seems to have a good rapport between them."

People's needs and choices were assessed when they moved into the home? The assessments took into account the persons mental, physical and social needs, and included details on how the person wanted to be supported, and contributions from family members and other professionals. People were protected from discrimination. People's protected characteristics, such as their race, religion or sexual orientation, were recorded during the initial assessment and staff had received training on Equality and Diversity which they told us helped them in their role. One staff member told us, "We're taught to value people's differences."

Staff were trained and their competencies were checked by the management team. Each new staff member received an induction and completed two weeks shadowing before being assessed as competent by their senior. Management used a training plan to ensure staff were knowledgeable on the provider's core subjects such as safeguarding, infection control and moving and handling, and staff members knowledge was tested at the end of the training. New staff completed the Care Certificate. The Care Certificate is designed for new and existing staff and sets out the learning outcomes, competencies and standard of care that care homes are expected to uphold. Staff were also supported to undertake other health and social care qualifications relevant to their roles. One staff member told us, "We have a lot of in-house training, it's good quality and I feel prepared for doing a good job." Staff told us they received regular supervisions from their senior and they offered an opportunity to discuss work issues and development needs.

People were supported to maintain a balanced diet. People's care plans showed what people liked to eat, and when and where they wanted to eat it. One relative told us, "Prior to moving to the home mum was not eating properly. Now she's eating much better and has gained weight. She eats three proper meals a day. "Information about dietary requirements, such as people with allergies to specific foods, or those who needed a soft food diet, was easily accessible to kitchen staff. People were included in making decisions about what food was on offer. For example, minutes of a recent resident's meeting showed people contributed to what food was prepared for the upcoming Christmas meal.

People were supported to access healthcare services and advice. People attended routine health visits and were getting support from the dentist, chiropodist and the GP. A local optician had provided training to staff in order to help them support people who had difficulties with their vision. The district nurse and speech and language therapy team visited when needed, and feedback from health professionals was positive. One health professional told us, "They call us appropriately and are responsive to direction and requests by both myself and the residents."

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.

People's rights had been protected and staff were acting in accordance with the Mental Capacity Act 2005. The registered manager had carried out MCA assessments and liaised with the local authority appropriately. Staff had an understanding of the MCA. One staff member told us, "We always ask for consent before giving care because it can be scary for people if they don't know what is happening."

## Is the service caring?

### Our findings

People told us they were treated with kindness and compassion. One person told us, "Staff are nice, they check up on me." A relative told us, "They're such caring staff. It's a supportive and caring establishment. Mum treats it as her home now." A health professional said, "I find the home is very caring to its residents and that the carers know the residents well."

Staff were kind and compassionate towards people. Throughout our inspection staff treated people with respect. We saw staff speaking to people at eye level, using people's names and holding their hands. On one occasion a member of staff noticed somebody had fallen asleep in the lounge, so they fetched them a blanket to keep them warm. On another occasion we saw someone was upset. Staff sat with the person and spoke to them about their family, which gave them reassurance. When we looked at the persons care records, we saw staff were following guidelines set down in their care plan. Staff told us they were given time to get to know people and their wishes. One relative told us the staff knew their mother well, adding, "They call her by her preferred name which she loves."

People and their relatives were involved with making decisions about care and support. Formal reviews took place each year, or more often if there were changes to people's needs. Family members and professionals such as social workers were included in the reviews when the person wished. A relative of a person who had had a recent fall told us, "I discussed their care and agreed the new plan with two seniors. The changes particularly related to the fall and how to get them up and moving about again. The review was completed whilst they were in hospital so staff were ready for them when they came back home." Staff supported people to access external advocates when appropriate. For example, on the day of the inspection a local solicitor had been arranged to visit to speak to people about drawing up a will if they had not done so already.

People were treated with privacy and dignity. Staff had recently received training in dignity and respect, and were able to give examples of how they respected people's privacy such as knocking on the door before entering the person's room, or closing the door when providing personal care. A relative told us, "Staff always knock door before they enter his room. They'll offer to tuck his shirt in if it is sticking out. It seems a natural response by staff to check that nobody is looking unkempt." People's private information was stored in the office which only staff had access to. Friends and relatives were made to feel welcome and were able to visit whenever they wanted to. One relative told us, "We visit when we want to and always welcomed by staff with a cup of tea and a piece of home baked cake".

## Is the service responsive?

### Our findings

People we spoke to told us the care and support they received was responsive to their needs. One person told us, "The girls always let me decide what I want to wear, and I choose if I have a shower or not in the morning." A relative told us, "People seem to be able to do their own thing. Last week we saw someone having their breakfast at 11am. A carer was sitting with them chatting away." Another said, "Dad loves talking to someone, he keeps moving around the lounge as people come in. He joins in and is actively involved in the activities. He likes playing games and cards with staff and other residents."

People received care that was personalised to their needs. Information in the care plans was gathered at the initial assessment when the person moved into the service, and updated at formal reviews. The care plans were personalised and took into account people's preferences, how they wanted to be supported and how staff should support them with their independence. For example, one person's care plan indicated that they wanted to decide what to wear in the morning, but had difficulty processing and retaining information so questions should be short and staff should give them time to respond and not rush them. Staff told us they thought the care plans helped them provide support tailored to the people they cared for. One staff member said, "I always read the care plans as they give me information on the person's likes and dislikes. This is helpful when people have dementia and can't necessarily tell me all the time." People were supported to take part in meaningful activities. The home employed an activities coordinator, who completed individual activity profiles for each person which took into account their personal interests. The service produced a weekly 'newspaper' which included articles from key historical dates. The articles were discussed between people and staff, and helped residents reminisce about the past. One relative told us, "Mum likes reading and the weekly newspaper is just right for her."

People were encouraged to raise concerns or make suggestions about improving the service. People and relatives were aware of the procedure to follow, and found it easy to use. One relative told us, "It is easy to go and speak to staff directly. Staff are quick to react to suggestions." The registered manager kept a log of complaints and compliments and monitored them for patterns.

People and their relatives were given support when making decisions about their preferences for end of life care. Do not attempt resuscitation (DNACPR) records were in place where people requested them, and staff knew how to access them. The registered manager told us, "We have close ties with a local hospice, and call for advice at any time." Records showed close involvement from the local GP and district nurses.

## Is the service well-led?

### Our findings

People, their relatives and staff told us they thought the service was well led. One relative told us, "The manager is very pleasant, she seems very efficient. The home is well run." Another said, "I'd describe it as restful, respectful and calming". One staff member said, "It's fast paced but I love it and I've never loved my job before."

The registered manager ensured the service was managed in a way that was transparent, honest and person focused. She told us, "The basis of being a good care worker is being kind and caring. I think all staff have pride in what they do. We try to have a relaxed atmosphere and staff can come to me with anything." Staff we spoke to said they were comfortable speaking out and felt management listened to their suggestions. Staff said meetings and supervisions were productive and meaningful. The service carried out an annual survey taking into account the views of people who live in the service and their relatives. Records showed management took suggestions on how to improve the service on board. For example, feedback received suggested people would benefit from more activities being provided. As a result the service took on an additional activities coordinator.

The service had an effective system of checks in place which were used to assess the quality of care provided by staff. These included audits of care plans, kitchen records, health and safety and staffing levels. Records we saw showed issues identified were being followed up by management or staff. The registered manager understood the legal requirements of their role. They had ensured that all notifications required as per the Health and Social Care Act 2008 had been made to the Care Quality Commission. They were aware of the statutory Duty of Candour which aimed to ensure that providers are open, honest and transparent with people and others in relation to care and support when untoward events occurred. The most recent CQC rating was on display at the service and on the provider's website. This is so that people, visitors and those seeking information about the service can be informed of our judgments.

The service worked in partnership with other agencies to ensure care was provided in a joined up way. Feedback we received from professionals showed there were effective working relationships. One professional told us, "Both the manager and deputy manager are very pleasant and I find them both easy to approach about any issues."