

Westfield Residential Home Ltd

Westfield Residential Home

Inspection report

16 Carr Lane
Willerby
Hull
Humberside
HU10 6JW

Tel: 01482651760

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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?	Requires Improvement ●

Summary of findings

Overall summary

Westfield Residential Home is a home for up to 23 people who may be living with dementia. At the time of our inspection 23 people were using the service. Westfield Residential Home is a family run home with a registered manager who has been in position for over 15 years. The registered manager was actively supported by the director. The management had a clear vision and spoke passionately about the service they delivered and the continuous improvements they were working towards achieving. However, we found the quality assurance systems in place were not used effectively to identify trends and lessons learnt.

The care workers kept people safe by monitoring and risk assessing safety equipment and utilities and infection control measures were effective. There was a communal lounge and dining room and areas for people to sit quietly if they wished. Bedrooms were personalised and staff were clear about the importance of paying attention to people's well-being, privacy, and independence.

The service provided safe staffing levels, and care workers received supervision and training. People were supported to have maximum choice and control over their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The service provided a good standard of care to the people who lived there. The care workers were aware of people's needs and treated them with dignity and respect. They listened to people and their needs and acted accordingly when asked for assistance. People who lived at Westfield Residential Home told us they felt safe and well cared for. When we discussed safeguarding with staff, we found they understood their responsibility to protect vulnerable adults from abuse and poor practice. Staff ensured documentation was regularly reviewed in order to ensure they continuously met the person's changing support requirements.

Staff supported people to live as they chose and to enjoy a variety of activities. People were supported to keep in touch with family and friends and visitors were made to feel welcome. Staff and relatives were aware of how to raise concerns and were confident any issues would be dealt with promptly.

Medicines were managed safely. We saw medicines being administered to people in a safe and caring way.

Staff were knowledgeable about people's needs and we found that people were receiving the care they required. However, training required updating in safeguarding, mental capacity and DOLS.

Staff were aware of people's nutritional needs. Support was provided with eating and drinking, people were supported to maintain a healthy diet, and people's dietary needs and preferences were catered for.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good	Good ●
Is the service effective? The service remains Good	Good ●
Is the service caring? The service remains Good	Good ●
Is the service responsive? The service remains Good	Good ●
Is the service well-led? The service has deteriorated to Requires Improvement A recommendation has been made to the provider	Requires Improvement ●

Westfield Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection which took place on 25th April 2018 and was unannounced.

The inspection team consisted of two adult social care inspectors.

Before the inspection, we reviewed the Provider Information Return (PIR) that the provider completed in January 2018. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also contacted the quality monitoring team and safeguarding team at East Riding of Yorkshire Council.

During the inspection we completed direct observations of the staff group and how they offered care to people. We spoke with three people who used the service, three visiting relatives and a visiting nurse practitioner, to gain their experiences of Westfield Residential Home.

The director and registered manager supported us throughout our visit.

We also spoke with one senior carer, two care workers and the cook.

Is the service safe?

Our findings

People who lived at Westfield Residential Home told us they felt safe. One person said, "I like it here, I am safe and well looked after; I have peace and quiet." A relative told us, "It is very safe and very caring."

Observations we completed showed that there were sufficient staff to support people. Call bells were answered promptly and staff were visible throughout the day. A relative told us, "Management are always in the building. There is always someone to speak to and if there are any problems they come and speak to me." The care team were supported by ancillary staff; three house keepers, a cook, kitchen assistant and a handy man.

We reviewed the duty rotas which showed that there was one senior and three care workers on duty in the morning and a senior and two care workers in an afternoon. There were two care workers on duty during the night and the director told us there was an on-call system in place, so that care workers could call for management support in the event of any concerns or emergencies.

Westfield Residential Home was clean and tidy. Staff had a good understanding of infection control and told us they had received training. Upon reviewing the training matrix, this was confirmed. However, this had not been completed since 2014 and so updates were due. There was no evidence of impact on people or on the cleanliness of the service.

Staff recruitment files showed procedures had been followed, however, two of the three staff files we looked at showed that the staff had a start date before their full DBS had been returned. During discussions with the director and registered manager, they informed us that these staff started work under the supervision of other members of staff and they had completed induction training within their first week. This ensured staff had good knowledge of the service and minimised the risk to people who used the service.

There was a safeguarding policy in place and staff had a good understanding in relation to safeguarding and the action to take if they had any concerns. One staff member told us, "I would explain and discuss with my manager and if no action was taken I would report outside the organisation." Staff completed safeguarding training as part of their induction.

Risks to people had been assessed and continually monitored to ensure safety but assessments were sometimes inconsistent and not always completed robustly. One care plan we looked at did not have any risk management plan in place, However, staff knowledge of the person's needs was good and sufficient to reassure us that the person was safe.

Medications were managed safely. We observed a care worker supporting people with their medicines, and they showed understanding and competence. Medication administration records confirmed that people had received their medicines as prescribed. Records showed care workers had completed medication training and we saw plans were in place for this to be updated.

The environment, equipment and utilities had been checked to ensure everything remained safe to use. The checks included documented fire risk assessments and gas safety. Where any recommendations, maintenance or repairs were required, the provider had ensured these were implemented in a timely way.

Is the service effective?

Our findings

We looked around the service taking note of the environment. One person told us they liked their bedroom. Their relative said, "These are [name of person] things from home. The photographs make it feel familiar." We saw that the environment was suitable for the people living at the service. People's rooms were personalised and they had easy access to secure outside space. A visiting relative told us, "It's like [Name]'s own little flat, these are her curtains and bedding from home."

People could access healthcare professionals with assistance from staff. A visiting nurse practitioner told us, "I find the staff really good." In care records we saw that people were regularly seen by community nurses, GP's and other healthcare professionals. When one person required transfer to hospital we saw that staff provided relevant information which accompanied them to the hospital. They also made arrangements for the person to be accompanied by their family.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found they were. We heard people being asked for their consent before the staff provided support. Staff demonstrated they were able to communicate effectively using a variety of methods to gain consent. However, some areas of care had not been agreed through best interest decision making which the registered manager agreed to review.

Staff had the skills required to provide care and support for people at the service. When we looked at the training matrix we could see that while all staff had received training in all the subjects considered mandatory by the provider, however, this training needed updating. Discussions with the manager informed us that they were aware that training was in need of update and they were planning to address this.

Staff supervision and staff meetings were held frequently and staff told us they felt supported within their role. Comments from staff included, "I have supervision with the registered manager every few weeks; staff meetings are held often to discuss changes and policies."

We spoke with the cook, who was aware of people's dietary requirements, including requirements relating to their beliefs. The menus were created with the people within the service and changed seasonally. We observed staff sat with people at lunchtime and gave support where needed. Staff asked people if they required support with cutting food up and applying condiments. People's cultural preferences were recognised and staff ensured people who required adapted cutlery to maintain their independence whilst eating had this before the meal was served. In addition, drinks were available for people throughout the day. It was a warm day and staff made sure people received hot and cold drinks frequently; this reduced the risk of dehydration.

Is the service caring?

Our findings

All the people we spoke with made positive comments about the care they received. People and their relatives told us that staff were very kind and caring. One person said, "They look after me really well." Another person told us, "They are good here, they keep me well." A relative told us, "They take care of her, a lovely atmosphere."

A visiting nurse practitioner was very positive about the staff. They told us, "Staff are friendly, helpful and approachable."

We observed staff interacting with people throughout the day. Staff had a caring approach and their responses to people indicated that nothing was too much trouble. Staff offered support to people and respected choice. Staff were aware of people's individual needs and were observed listening to people and responding to those requests in a manner that was respectful.

The atmosphere in the service was calm and friendly. Staff were in communal areas laughing and engaging with people in a warm manner. Conversations between staff and people were meaningful and staff took an interest in people, how they were feeling and what they were doing. For example, we saw one staff member discussing an up and coming hospital visit and the concerns the person had about this. The staff member gave lots of reassurance, and gave the person all the information they needed to support them to make a decision.

We saw minutes of residents and relatives meetings completed on a regular basis. One relative told us, "I am kept informed all of the time, the registered manager and director are happy to discuss or address things at any time."

People were supported by staff to maintain their personal relationships. This was based on staff understanding who was important to the person, their life history and, their cultural background. Family and friends were invited to participate in activities within the home and had recently attended a cheese and wine afternoon.

People's privacy and dignity was promoted. People's bedrooms were seen as people's own personal area and staff respected this, only entering with permission.

The director and registered manager spoke with pride about the importance of ensuring people's needs were held in the forefront of everything they did. Staff were very aware of people's needs. Information about people was stored in line with data protection guidance and each staff member had their own personal login details to use the online system.

On the day of our inspection, one person required medical attention. The registered manager responded promptly contacting the ambulance service to visit the person. Throughout this the registered manager was calm and comforting to the person and the family member, whilst acting in a professional manner and

getting the support the person needed.

Is the service responsive?

Our findings

People who used the service received the appropriate care when they required it. People told us, "They are always here for me, whenever I need anything." Another person told us, "There is always something going on and it's usually good fun."

Activities were organised every day, although people were not always aware of what they were going to be. On the day of our inspection there was an outing planned to the local garden centre. The director had arranged this outing and a mini bus, which included a ramp for people who used wheelchairs. We observed staff giving people the choice about whether or not they would like to attend. The director told us this trip was to support a garden revamp, as raised planters had been added to enable people do some gardening and plants needed choosing. A number of people chose to take up the opportunity.

Care plans were kept electronically, which enabled staff to complete records in real time. The system had recently been introduced and staff had an understanding of how the system worked. Some areas lacked detail but the records were still being developed. When we had a discussion with the registered manager, they told us the use of the system was being continuously monitored to identify further improvements in its use and these areas would be looked at immediately, and paper care files were still available for care workers to refer to, which reduced the impact to people. One care plan we looked at was not completed, areas within the pre-assessment had identified health needs in which care plans could have been completed from. Staff were aware of the needs of this person minimising any risk. We saw that care plans had been reviewed twice in the year unless there were any changes in which case they were updated more frequently.

The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss were given information in a way they can understand. We saw information was available for people presented in an accessible way, around the home, A large white board, displayed the day, time, weather, staff on shift and the day's menu. Writing was in black pen and supported by pictures. The director and registered manager were looking at ways in which they could improve the accessibility of information to ensure compliance with the AIS.

People were supported to keep in touch with family and friends and visitors were made welcome at the home. One family member told us, "I come whenever I like, and I am kept up to date with my relative's health." Relatives received emails to inform them of activities taking place at the home. We observed residents meeting minutes which showed that people had an opportunity to express their views on the care and support provided. The service provided Wi-Fi. This had just been renewed to ensure people had access to Skype and the ability to speak with family and friends effectively.

Staff and relatives told us they felt confident raising concerns and issues with the registered manager and the director. They were confident these would be listened to and acted upon straight away. There had been no complaints received within the service since our last inspection. One relative told us, "If there is a

problem I speak with the director or registered manager and it is dealt with straight away. I have nothing to complain about."

Is the service well-led?

Our findings

The registered manager had been in post for over 15 years. 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.'

We identified that whilst people were safe, record keeping at the service was not robust. Notifications had not been submitted and the rating from the previous inspection was not displayed. Whilst we accept there had been a change in management team and roles, the director and registered manager were very experienced and should have been aware of the legal requirements. These matters were addressed following the inspection after the inspector had guided them through the process and the CQC website. We are still awaiting receipt of some notifications relating to DoLS, which is being dealt with outside the inspection process.

Quality monitoring had not always identified and recorded where there were gaps and where action had been taken. Care plans and risk management plans were not always completed fully. One person had no care plan completed, despite been in the service for 10 days. Where audits had been undertaken action plans and completion dates were not recorded to show any improvements that were required or where action had been taken. One person had had numerous falls; but there was no information detailing what action the provider had taken. Following the inspection the manager completed an analysis of recent information gathered and clearly documented the person had been referred to the falls team. This had been completed retrospectively, following discussion with the inspector.

The director and registered manager had a clear understanding of what they wanted to achieve for the people living at the home and they were supported by seniors and all staff working at the service. There was no deputy in post, the director told us they were up skilling one of the senior members of staff to take this position to support the registered manager.

People, staff and relatives were aware of the management structure and who they should contact out of hours if needed. The director was fully involved within the service and was there to provide support on a daily basis along with taking a role in the on call system. We observed one person saying, "I know you, your name is (said registered managers name), you look after me well." People's relatives' told us they had good relationships with the managers' and staff in the home. One relative said, "One word; excellent, just excellent."

We saw some feedback had been sought from relatives recently but this had not been collated into a report so that the responses could be discussed in order to make improvements. This was in the process of being completed. Verbal feedback from people we spoke with on the day of the inspection was consistently positive. The nurse practitioner we spoke to said, "The management are very good at sharing information in regards to people's needs." We saw people had access to multidisciplinary teams such as chiropody and occupational therapists. Following the inspection the provider informed us this information had been

collated.

Staff told us the management team were hands on and assisted in the day to day running of the home. Staff had a good understanding of their roles and the needs of people within the service. They received updates at staff meetings which provided them with the knowledge to provide safe levels of care, consistent with people's needs. One member of staff said, "It's a really nice environment. I enjoy coming to work and if I had a problem I would raise it without worrying."

We recommend the provider completed research on, quality assuring a regulated activity.