

Parkcare Homes (No.2) Limited

# Westfield House

## Inspection report

Westfield Road  
Rawmarsh  
Rotherham  
South Yorkshire  
S62 6EY

Tel: 01709529412

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20 June 2019

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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

About the service:

Westfield House is a residential care home providing support to up to 22 people living with a diagnosis of a mental health condition. At the time of the inspection 20 people were using the service. The service is located in the Rawmarsh area of Rotherham, close to local facilities and the public transport network.

People's experience of using this service:

People told us they experienced a good standard of care at Westfield House. They told us they felt safe, and said they would recommend the service to others. Our observations showed staff were respectful to people using the service, and we saw positive relations between staff and people using the service.

People received care which was highly tailored to their needs. People were involved in planning their care, and people we spoke with told us they understood their care plans and felt they had control over them. People told us they felt there were enough staff on duty at all times. One person said: "There's always someone around, that's never a problem."

The service was safely managed, there were a range of audits in place to monitor the standard of safety within the home, and where issues were identified they were quickly acted upon. Managers had a good oversight of risks within the service and these were regularly reviewed to ensure they were managed appropriately.

People gave us positive feedback about the food available at Westfield House. We saw people were encouraged to make food choices independently, and staff spoke with knowledge about arrangements to support people to develop skills in this area. Mealtimes were unhurried and clearly dictated by people's choices and preferences.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Managers were highly visible within the service and accessible to people using the service. People told us they knew the management team well and could speak with them whenever they wanted to. Staff told us they felt supported by the management team, with one staff member describing the management team as "so supportive, always approachable."

People were supported in maintaining good health, and staff liaised with external healthcare providers where appropriate to ensure that care was provided in a way that met people's needs.

More information is in the full report

Rating at last inspection:

Good. The report was published in January 2017.

Why we inspected:

This was a scheduled inspection based on the last rating.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

## 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 was safe.

Details are in our Safe findings, below.

Good ●

### Is the service effective?

The service was effective.

Details are in our Effective findings, below.

Good ●

### Is the service caring?

The service was caring.

Details are in our Caring findings, below.

Good ●

### Is the service responsive?

The service was responsive,

Details are in our Responsive findings, below.

Good ●

### Is the service well-led?

The service was well led.

Details are in our Well Led findings, below

Good ●

# Westfield House

## **Detailed findings**

### Background to this inspection

The inspection:

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

Inspection team:

The inspection was carried out by one inspector

Service and service type:

This service 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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was unannounced.

What we did before the inspection:

We reviewed notifications we received from the service and reviewed any information we received prior to the inspection from people using the service, their relatives and care staff.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

What we did:

We observed care taking place within the home and spoke with four people using the service to gain their feedback about their experience of the home. We looked at five people's care records. We checked records relating to the management of the service and spoke with four members of staff, the service manager and the registered manager.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

At the last inspection this key question was rated as good. At this inspection this key question remains good.

People were safe and protected from avoidable harm.

### Staffing and recruitment

- When staff were recruited, Disclosure and Barring Service (DBS) checks been completed and references sought from previous employers. This helped to make sure staff were fit for the role. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.
- Staff were deployed in sufficient numbers so that people received care when they required it. Staff told us they felt there were enough staff on duty and described how staff supported one another to ensure people's needs were met.
- People using the service told us staff were available whenever they needed them. One said: There's always someone around, that's never a problem."

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Each person's file showed that a risk assessment had been completed before they began to receive care. These were thorough and reflected all the risks that people may be vulnerable to or may present. Where people's risks changed, risks were reassessed to ensure that the management of risks continued to meet people's needs.
- Staff told us they had time to read people's care records and were familiar with risk assessments and the steps they should take to protect people from harm. They spoke with knowledge about how risks were managed within the home, and understood their role in this.
- The registered manager told us they used feedback from staff and people using the service to implement improvements and changes to the service.
- The provider had a system of sharing information with all of its services where there has been an untoward incident or concerns in a service, so that all services could learn from this and improve the care provided.

### Using medicines safely

- The provider managed medicines in a safe way
- Each person's file showed they had a record of any medication that staff were required to support them in

receiving. Each person had a medication administration record (MAR) which staff signed to evidence they had administered medicines.

- Medicines were securely and appropriately stored, and regular checks of stock took place.
- Some people were prescribed medication to be taken on an "as and when" basis, sometimes referred to as PRN. Where this was the case the provider had developed protocols setting out what symptoms the medication was indicated for, and what the desired outcome should be.
- One staff member told us they were supporting one person to take their medication independently. There was a clear programme in place for this, so that the person was supported to develop independence in this area.

#### Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place which contributed to minimising the risk of abuse
- Staff had a good understanding of safeguarding processes, and had received appropriate training in this field
- People told us they felt safe at the home. One person told us: "It's as safe as houses, they [the staff] keep me safe."
- Where incidents had occurred, the provider had taken appropriate steps, including making reports to the relevant bodies, to ensure people were safeguarded.

#### Preventing and controlling infection

- Staff training records showed staff had received training in relation to the control and prevention of infection.
- The home was clean throughout, and we observed staff using personal protective equipment (PPE) where required.
- A regular infection control audit took place, and we saw that when actions were identified as a result of the audit, work was completed quickly to address this.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

At the last inspection this key question was rated as good. At this inspection this key question remains good.

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed by the provider when they began using the service. This was regularly updated to ensure it continued to reflect people's needs.
- Care plans were very person-centred. Care was planned and delivered in line with people's individual assessments.
- People told us they felt involved in their care planning. One person said: "They ask what should be in it [the care plan] and what I think about it."

Staff support: induction, training, skills and experience

- Staff told us they felt supported by the provider and told us they received training which helped them understand their roles. One staff member said: "The training's really good, and there's plenty of it."
- Staff training records showed they had received a range of training in areas appropriate to the needs of people using the service. Staff told us they received regular supervision and appraisal, and the records we checked confirmed this.
- People using the service told us they believed staff received a good level of training and understood their needs. One person said: "Staff are all very good, they know what I need."

Supporting people to eat and drink enough to maintain a balanced diet

- Where people were at risk of not maintaining a balanced diet, there was information in their care plans guiding staff how this should be addressed. Screening tools were used and people were referred to external healthcare professionals where required.
- We observed a mealtime taking place in the home. People were offered choices and staff ensured the focus was on people's preferences. The mealtime was very unhurried and clearly dictated by people's choices.
- People told us they enjoyed the food at the home. One person said: "I like it, I usually get my favourite [food]"
- The service manager told us that in a recent survey, a small number of people had requested some changes to the meals offered. In response to this they held a meeting with people to plan changes, and we saw these changes were being implemented at the time of the inspection.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked well with external professionals to ensure people were supported to access health services and had their health care needs met. Staff followed guidance provided by such professionals.
- Information was shared with other agencies if people needed to access other services, such as hospitals.

Adapting service, design, decoration to meet people's needs

- The premises was bright and airy, with ongoing improvements underway at the time of the inspection.
- People using the service gave us positive feedback about the premises. One said: "I like the place, I like the different rooms."
- There was easy access to the communal landscaped gardens, which people using the service were involved in developing.

Supporting people to live healthier lives, access healthcare services and support

- Records we checked showed that the provider worked closely with external healthcare providers to ensure people received care which met their needs.
- People's care plans contained information about how they preferred to access such services, and the support staff were required to provide to enable them to do so.
- External healthcare providers' information and assessments had been incorporated into people's care plans

Ensuring consent to care and treatment in line with law and guidance

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- We checked records to see whether people had consented to their care and treatment. In all of the records we checked there was evidence of this.
- The provider's systems ensured that where people lacked the capacity to make decisions about their care, the requirements of the MCA would be followed and decisions would be made in people's best interests.
- Staff had received training in relation to consent and capacity, and the service manager demonstrated a good understanding of their responsibilities in this area.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as good. At this inspection this key question remains good.

People were supported and treated with dignity and respect; and involved as partners in their care

Ensuring people are well treated and supported; equality and diversity

- People's cultural needs were assessed when their care plans were initially devised, and care records contained information about this.
- People we spoke with told us they felt staff treated them well and upheld their rights. One person said: "I would recommend [the home] to anyone needing help."
- Our observations showed staff were warm and genuine in their interactions with people using the service, speaking to them respectfully and recognising their diverse needs.
- The provider carried out surveys of people using the service and their relatives. In the most recent survey, everyone responding said they felt the service treated people with dignity.

Supporting people to express their views and be involved in making decisions about their care

- There were systems in place to ensure people's views were taken into consideration in every aspect of service delivery.
- People's views and decisions about care were incorporated when their care packages were devised.
- Regular meetings took place for people using the service, where they could make suggestions about the way the service was run, and we saw changes were implemented following these meetings.
- In our observations we saw staff routinely deferred to people when planning the day's activities, meals and day to day life, meaning that people were given opportunities to express their views.

Respecting and promoting people's privacy, dignity and independence

- Staff we observed treated people with dignity and respect throughout the inspection. We saw that when staff needed to discuss people's care they did so discreetly and ensuring the person's privacy was respected.
- Staff prompted people to maintain their own dignity, again in a discreet and respectful manner.
- People's care plans showed they were supported to develop their independence. One person told us this was really important to them, saying: "I like to do things my way, they [ the staff] help with that."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question remains good.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Each care plan we looked at showed the person's needs and preferences had been taken into consideration. People had clearly contributed their views when their care was planned, meaning they had choice and control over their care.
- Staff we observed routinely checked with people when carrying out any support tasks, ensuring that people's preferences were understood.
- People had regular meetings with a nominated staff member to review and discuss their care. Their preferences and interests were discussed in these meetings.
- The service had its own transport to increase flexibility of activities and social opportunities available to people. During the inspection a trip out to a local pub for lunch took place; the destination was chosen by people using the service.
- People went on holidays of their choice and trips out several times a year. These were planned during meetings so that people could choose what activities took place. People we spoke with told us they were looking forward to a forthcoming holiday.

Improving care quality in response to complaints or concerns

- The provider's policies and procedures relating to the receiving and management of complaints were clear and well managed, so that complaints improved the quality of care people received.
- The provider had received a small number of complaints since the last inspection. These were responded to appropriately and in accordance with the provider's own policy
- People told us they would be confident to make a complaint if they felt they needed to. One said: "No worries there [with regard to complaints] I'd let them know."

End of life care and support

- The provider had discussed people's views about any end of life needs or preferences, and these were documented in each person's care plan.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

At the last inspection this key question was rated as good. At this inspection this key question remains good.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- At the time of our inspection there was a registered manager in place. 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. The registered manager was supported in their role by a service manager, who oversaw the day to day management of the home.
- Staff we spoke with were positive about the registered manager and the wider management team. One staff member described the registered manager and the service manager as "so supportive, always approachable."
- Managers had created a culture which was open, collaborative and respectful. Staff we spoke with described the staff team as "flexible" and said there was a "good team atmosphere."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- We spoke with the registered manager and the service manager. They had a clear understanding of their roles and responsibilities and how their work contributed to the effective running of the service.
- A wide range of audits were undertaken by the management team; these were used by the service to measure health and safety issues as well as the performance of the service. Where any audits identified areas for improvements, work was implemented to address this. This meant there was a system of ongoing improvement as well as checks that regulatory requirements were being met.
- The registered manager understood the responsibilities of their registration. Notifications had been submitted to us (CQC) as required by law and the rating of the last inspection was on display within the premises.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's feedback was regularly sought, and incorporated into the way the service was run where appropriate. This was undertaken by means of regular meetings with people using the service as well as

conducting surveys.

- Staff told us they felt listened to and supported by the management team. One staff member told us about a situation where the management team had given them support around difficult personal circumstances.

Continuous learning and improving care

- Staff told us they had lots of opportunities for developing their skills. Managers told us they encouraged staff development and training, and minutes of staff supervision evidenced this.
- There was a culture of learning from incidents, complaints and feedback, which all staff contributed to. Staff meetings were used for all staff to discuss and contribute to developments arising from learning opportunities.
- The management team was committed to improving people's care and support outcomes.
- The most recent survey of staff showed the staff were extremely positive about their experience of working at Westfield House and the care provided.

Working in partnership with others

- The service worked with a range of professionals, commissioners and other organisations to help ensure the smooth operation of the service.