Review of compliance

Mr Pradeep Arvindbhai Patel Westcroft Nursing Home	
Region:	West Midlands
Location address:	5 Harding Road Hanley Stoke-on-Trent Staffordshire ST1 3BQ
Type of service:	Care home service with nursing
Date of Publication:	January 2012
Overview of the service:	The service provides personal and nursing care for up to 28 elderly people

Summary of our findings
for the essential standards of quality and safety

Our current overall judgement

Westcroft Nursing Home was meeting all the essential standards of quality and safety.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review to check whether Westcroft Nursing Home had made improvements in relation to:

Outcome 04 - Care and welfare of people who use services
Outcome 16 - Assessing and monitoring the quality of service provision

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 14 December 2011, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

We were supported on this review by an expert-by-experience who has personal experience of using or caring for someone who uses this type of care service.

What people told us

We carried out this inspection because we had not visited the service (home) since 2009 and we did not have enough information about the service to assess compliance. We wanted to see what life was like for the people who lived in the home. We also wanted to see whether the service had made any improvements since we last visited.

During this inspection visit we looked at outcomes four and sixteen of the essential standards of quality and safety, under the regulations of the Health and Social Care Act 2008. Outcome four looks at the care and welfare needs of people using the service. Outcome sixteen looks at how the service assesses and monitors the quality of the services that people receive.

We involve people who use services and family careers to help us improve the way we inspect and write our inspection reports. Because of their unique knowledge and experience of using health and care services, we have called them experts by experience. Our experts by experience are people of all ages, from diverse cultural backgrounds who have used a range of health and/or social care services.
An expert by experience took part in this inspection and talked to the people who used the service and their visitors. They looked at what happened in the home and what it was like

for the people who lived there. They took some notes and wrote a report about what they found and details are included in this report.

The visit was unannounced. This means that the service did not know that we were coming. We observed staff to be attentive to the needs and welfare of people and there was a happy friendly atmosphere at the home. People who lived in the home and their visitors were pleased to see us and were eager to chat and answer our questions. People told us that they felt well cared for by the staff. Without exception all of the people who lived in the home and their visitors were complimentary about the care and support they received. People were getting the care and support they needed but care plans did not clearly reflect people's individual choices, preferences and diversity.

The service provided a good skill mix of staff who felt that their training needs were addressed and they felt well supported by the registered manager.

What we found about the standards we reviewed and how well Westcroft Nursing Home was meeting them

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

People experience safe and effective care and support

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

The quality of services is monitored and people benefit from safe quality care and support

Other information

Please see previous reports for more information about previous reviews.

What we found for each essential standard of quality and safety we reviewed

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 04:
Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:
* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us
Through a process called 'pathway tracking', we followed the care of two people who lived in the home. We looked at the care records of these people and spoke with staff about the care they received. We also observed staff when they provided support. Pathway tracking helps us understand the outcomes and experiences of selected people as we look at documentation relating to them, observe the care given and speak to the person receiving care. The information we gather helps us to make a judgement about whether the service is meeting the essential standards of quality and safety.

Each person had a plan of care in place based on an assessment of their needs. These plans contained risk assessments and specific care plans designed to meet the needs of the individual person. Plans had been reviewed and updated regularly. When we looked at the care that people were actually receiving, this corresponded with that contained within their care plan. Daily records of care were very well maintained and demonstrated that people were receiving the care they required. We saw examples of daily records which clearly demonstrated that people were receiving assistance with eating and drinking and with changing position whilst in bed.

We observed people being assisted to eat and drink and staff were attentive to the needs of people. The menu that day was written on a board. The ongoing menus for meals provided over a four week period were printed in very small print on the wall. These were almost illegible and could not be read by many of the people who lived in the home. We were told that people had been asked the day before which meal choice they wanted for the next day. However this was not an appropriate or meaningful way

of offering choices of food for anyone with dementia. The service told us that ongoing menus would be made available in larger print and displayed weekly so that these could be read by more people. The service also told us that they intended to use pictures of the foods being served in order to help people make choices.

We observed that drinks were regularly provided to people in the lounge area and people in their rooms. Also a plate of fresh fruit was brought round to people with their mid-morning drink. A visitor reported that she thought the food generally good and that her relative was eating well, "Porridge and toast for breakfast, biscuits and fruit mid-morning, lunch and a sandwich for tea".

We spoke with eight of the people who lived in the home and four sets of relatives. Some of the comments we received included, "The manager makes sure I get my vitamins in my food every day". "They are very good carers". "The manager gets us everything we want". "They weigh us regularly". "When I first came it was overcrowded and there were not enough staff but its better now". We spoke with one person in their room and they told us that they preferred mostly to stay in their own room, except for occasionally "when there is anything on I join in". The person said that they never got bored but just liked to sit and think about things. They said that it was "nice and quiet" and showed us a newspaper that they received every day. When we asked if they had a choice about having a bath or a shower and how often this happened they said that they had a bath once a week. The same person told us that the meals were "terrific" and that "when you get to my age you are happy with anything done for you". The person had "never heard of a care plan" but said "the care is quite good here. If I want anything, they will get it for you. If you are ill it's terrific. I find it to be very good. Staff talk to you and say how are you?"

People who were able to communicate with us told us that their personal choices and preferences were upheld. One person said, "I like milk shake and they always bring me my favourite flavour". People were dressed in clothing of their own choice. One person was wearing lots of beads and told us that they liked to do this. Another person often refused assistance with personal care and the manager explained that although the staff encouraged this it was the person's own choice. Another person also appeared to be satisfied with the way they were cared for in the home, they said, "The atmosphere is good". They said that the food was "not quite as nice" as they were used to". They also said, "If there is something I don't like I go and tell them".
We spoke with the relatives of one person and their comments on the home were that it was "homely and friendly" and that they were able to "visit any time". They reported that their relative had been ill in the early hours of the morning and that the home had contacted them immediately to tell them what had happened. This helped to confirm that people were checked at regular periods throughout the night, as stated by the manager. A visitor reported that her relative shared a room with another person, not through choice, but because that was the only room available at the time. She said that the home was "spot-on with cleanliness". During our walk around the home we noted that screens were provided for people who were sharing a bedroom.

Some people who were living in the home had dementia care needs and were unable to communicate effectively and another person had a sensory disability. Although each person had a plan of care in place to meet these needs, plans did not clearly demonstrate how these specific needs impacted on their lives. The service told us that they were introducing documentation to highlight the main daily activities for each

person. These were to be discreetly displayed in people's bedrooms so that care staff could see the main characteristics of the person. The service also told us that monthly care plan reviews would be more individualised and more person centred.

We also saw records to evidence that people had received visits by health care professionals when they needed them, such as from the doctor, the chiropodist, the optician and the district nurse. The service also maintained links with specialist health care professionals such as the tissue viability nurse specialist and the community psychiatric nurses. This helped to ensure that people who lived in the home received best practice treatment, support and advice.

The service employed a staff member to plan and deliver a programme of activities and entertainment for people who lived in the home. This person was not on duty at the time of our visit. We were shown the records of therapeutic activities which the service maintained for each person. These records were very detailed and demonstrated that each person had been assessed for their individual abilities and preferences in relation to social and therapeutic needs. People had been encouraged to participate in either group or one to one activities on a regular basis.

On the walls there were collages of photographs of recent trips that had taken place. This had included a trip on a canal boat in October, a visit to a pantomime and a trip to a circus. There was evidence that people were involved with several events over the Christmas period and the day before our visit there had been a party involving many relatives and friends of people. In a small room off the lounge there were two new computers, but unfortunately these were not accessible to people due to the fact that several wheelchairs had been placed in front of them. It appeared that the home had acquired them in May this year but that nobody who lived at the home had yet been offered the chance to use them. The service was going to look at making these computers more accessible for people who want to learn how to use them.

Other evidence

We looked at the way the service managed medication. We spoke to staff about this and it was clear that only the trained nurses were responsible for this. There was a policy in place for people who wished to manage their own medication. We looked at records of the administration of medication and we also checked the recording and storage of controlled medication. The service had also recently received an inspection by their pharmacist. The report had highlighted one recommendation which the service had addressed.

The environment was showing signs of wear and tear and was in need of updating. The operations director told us that the service had ordered four new hospital beds. Also during our visit some of the carpets were being replaced and the electrician was on site replacing some of the lighting.
The service was going to continue with the programme of redecoration and refurbishment in order to ensure that the environment remained comfortable and suitable for carrying out the regulated activities.

At the time of our visit there were five care staff on duty and two nurses. We were also informed that most staff had been trained to either National Vocational Qualification (NVQ) levels two or three and staff received other ongoing training. We were informed that around ten of the people living in the home (out of twenty seven) had dementia

care needs. We were told that staff who worked at the home had received training for dementia delivered by Shropshire College over a six-month period as well as dementia awareness training. Staff we spoke with confirmed this and said that they felt equipped to meet the needs of people who lived in the home. We also saw records of staff training.

Our judgement
People experience safe and effective care and support

Outcome 16:
Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:
* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us
Relatives we spoke with felt that they were free and welcome to visit at all hours and that their views would be listened to. One person did say that they had never heard of the Care Quality Commission or the inspection process. The person asked us what would happen as a result of the visit and we explained the report process and said that the home would receive a copy of the report when it was completed. There was a copy of the last inspection report available in the reception hall but this could be made more accessible for people who are unable to access this.

Discussions with people who lived in the home and visitors identified that they found the manager of the service "very approachable". One regular visitor said that the manager always kept them informed of what was happening including any changes, and that the manager was "always accessible and very friendly". Another person told us that where they had had concerns in the past these had been "sorted out straight away by the manager". Another person told us that the manager "listens and responds" to questions. People who lived in the home told us that the service held meetings "every now and then" where they could make suggestions for improvements. Generally people felt that any suggestions they made would be listened to, taken seriously and acted upon.

Other evidence
The service had introduced a system for gathering, recording and evaluating information about the quality and safety of the care, treatment and support provided. This included an annual survey to obtain the views and suggestions of the people who

lived in the home and their representatives. We saw that the latest survey contained many positive comments and a few suggestions. The manager explained how the service had acted on these suggestions in order to bring about improvements.

People had individual risk assessments in place within their care plans and these were regularly evaluated and reviewed. This helped to ensure that people were supervised and kept safe.

Our judgement
The quality of services is monitored and people benefit from safe quality care and support

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

Document purpose	Review of compliance report
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