Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Westfield Nursing Home

34 Sleaford Road, Boston, PE21 8EU

Tel: 01205365835

Date of Inspection: 07 February 2014

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Management of medicines	✓ Met this standard
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	A & N Kachra
Registered Manager	Mr. Vimal Samuel
Overview of the service	Westfield Nursing Home is a two storey detached building in Boston with a purpose built extension to the rear. It provides services to people with learning disabilities or autistic spectrum disorder, older people, younger adults and persons with Dementia. It is registered to provide nursing and personal care for up to 32 individuals
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 7 February 2014, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

We talked with four people who used the service and they all said they were happy with the care and support provided. One person said, "It is very nice here. This is the best place I have been in." Another told us they felt the home was run very efficiently and the manager was excellent. They said staff were very kind and treated them with respect.

We looked at four people's care records and saw they were written in a person centred style and they were reviewed and updated monthly. Individual risk assessments had been carried out and action taken to reduce the risk. People who used the service were encouraged to participate in a range of activities available within the home and within the local community to promote their well-being.

We saw medicines were stored and administered safely and there were appropriate systems in place for the safe management of medicines.
We found systems were in place to monitor and review people's needs so that effective staffing levels were maintained. People were protected from the risk of inappropriate or unsafe care and treatment because there were procedures in place to assess and monitor the quality of the service provided.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

We talked with four people who used the service and they told us staff treated them with dignity and respect. One said, "They are very kind and they have respect for us." They told us their call bells were answered quickly. One person said, "If you ring, they are soon on the spot." We observed staff talking respectfully with people who used the service and offering them choices. When we talked with staff they described the steps they took to promote dignity and privacy when providing care. This included offering choice, asking permission before giving care and respecting the person's personal possessions and space. This meant staff showed respect for the people they cared for.

We looked at the care plans for four people who used the service and saw they contained a 'Patients' Charter of Rights. This gave a commitment to promoting people's dignity and independence, respect for social, emotional and cultural needs, personal privacy, provision of information and consultation about living arrangements. People's personal preferences in relation to activities of daily living such as hygiene, hair care, and shaving were recorded in their care records. We noted that people's bedrooms contained a range of personal items and were individualised. One person told us staff had accompanied them on a shopping trip to choose a new television for their room. This meant people's independence was promoted and they were treated as individuals.

We saw there was a consent form in the care plans signed by the person or their relative to indicate their agreement to the care and support provided. There were six monthly care reviews between the person, their relative and staff and these were signed by the person themselves or their relative. This meant people were encouraged to participate in decisions about their care and treatment.

We saw the care records contained documentation of enduring power of attorney, mental capacity assessments and best interest decisions for those people who lacked capacity to make some decisions for themselves. This ensured that decisions were made in their best interests.

Care and welfare of people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

We talked with four people who used the service and they were happy with the care provided. They made comments such as, "They look after us very well," and, "It's very nice here. This is the best place I have been in." They said if they had a problem with anything they would speak to the deputy manager or manager and it would be addressed.

We looked at the care records of four people who used the service and saw each contained a range of care plans pertinent to their needs. The care plans were written in a person centred way and had been reviewed and updated on a monthly basis. Each care record contained risk assessments for risks such as pressure ulcers, falls, nutrition and continence and actions were identified to reduce the risk. This meant steps were taken to protect people against the risks of receiving inappropriate or unsafe care.

The care records contained information about the activities the person enjoyed, such as dancing, pub evenings, bingo, jigsaws and crafts. An activities coordinator was available six days a week and a programme of monthly excursions was planned. One person said, "We have got lots of things coming up." On the day of the inspection, several people were being accompanied to the local 'pop in' centre. One person told us they had been given the opportunity to go out but had chosen to stay at home that day and were observed to be completing word puzzles. This meant both group and individual activities were available to promote people's well-being.

The care records indicated people had access to other professionals such as physiotherapists, chiropodists, community nurses and opticians. We saw records of regular family doctor visits. This meant systems were in place to support people with their health and prevent ill health.

Management of medicines ✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines

Reasons for our judgement

We saw the provider had a medicines policy and staff training records indicated staff had attended medicines administration training. We saw all the medicines were stored in a locked medicines trolley or cabinet and controlled drugs were stored appropriately. During our visit we carried out checks on the stock balances of two drugs and these tallied with the records. This meant that systems were in place for the safe storage, and management of drugs.

We observed the administration of medicines at breakfast time and saw staff check the medicines against the Medicines Administration Records (MAR) and record the administration appropriately. We saw a person who needed an injection, was taken to the clinical room to maintain their privacy. We examined the MARs for four people and saw that they had been consistently completed. There was a photograph of each person at the front of their medication record to facilitate correct identification of the person and reduce the risk of errors occurring. This meant people were protected against the risks of inappropriate or unsafe administration of medicines.

The people we talked with told us their medicines had been explained to them and were always given to them on time. The medicines for each person were identified in their care record. This meant people had been given information about the medicines prescribed for them.

Records showed that two staff checked the controlled drug balances at each shift change. We saw medicines audits had been carried out by the manager every three months and we were told audits were also undertaken by the community pharmacist every two to three months. This meant systems were in place to ensure the safe management of medicines.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough skilled and experienced staff to meet people's needs

Reasons for our judgement

On the day of our inspection, we saw staff appeared busy but attended promptly to people's care needs. People who used the service told us there were enough staff on duty to provide them with the help they needed, and their call bells were answered promptly. Staff told us there were normally enough staff on duty to provide the care required. They said when short notice absence occurred, permanent staff were usually willing to work additional hours. The service had recently registered to care for people who required nursing care. At the time of the visit there were no people who fell into this category and the home was full. The manager was a registered nurse but there were no other registered nurses employed within the home. The provider told us they were recruiting registered nurses centrally prior to accepting people with these needs.

We looked at staff rotas and talked with the manager about staffing levels. We saw records of a monthly assessment of staffing hours required, through the use of a dependency tool. This was carried out by the manager who told us he had the flexibility within his budget to increase staffing hours when needed. The rotas examined indicated the planned number of staff on duty matched with the actual number. This meant systems were in place to monitor and review people's needs so that effective staffing levels could be maintained.

The staff we talked with told us they felt very well supported by the manager and his deputy. We saw the minutes of staff meetings which occurred every two to three weeks. We noted they covered issues pertinent to the quality of the service provided including infection control, health and safety and service user issues. One member of staff told us they all had the opportunity to raise their issues at the meetings and they enjoyed them. They said, "We all get a say."

The staff we talked with and the manager told us staff had supervision meetings every eight weeks and we saw a record of these within the personnel folders for two members of staff. We also saw a record of annual appraisals which covered discussion of performance and a personal development plan. It was evident from the records and from our discussions with staff, that staff were offered the opportunity for personal development and promotion within the organisation. One member of staff said, "They are very encouraging. They give me the opportunity to grow." This meant staff received professional development, supervision and appraisal to enable them to reach their potential.

We talked with staff about the training they had received. All the staff we spoke with told us they were up to date with their mandatory training and said they were informed when their training was due. In addition to mandatory training, a large proportion of staff were undertaking a recognised qualification in learning disabilities or dementia. The manager showed us the training matrix. This meant staff had access to training to ensure they had the knowledge to provide safe and effective care.

Assessing and monitoring the quality of service provision ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

We saw there was an annual audit plan and the manager carried out a range of audits on a quarterly basis to monitor and improve the quality of care. These included infection control, food safety, environment, health and safety, and medicines. We saw there was an action plan developed at the end of the audits to address identified issues. For example, an action plan following a kitchen audit included the purchase of new chopping boards, the introduction of a kitchen risk assessment and hand washing audits. These actions had been completed and the next audit showed an improved score. Care plan audits were carried out quarterly.
The Area Manager also carried out audits based on the Care Quality Commission outcomes. The most recent one of these had been carried out the previous month. As with the previous audits, action plans were agreed to address the issues identified. This meant there were systems in place to assess and monitor the quality of care provided.

People told us they attended meeting every eight weeks where they could discuss the service they received and we saw the minutes of these meetings. At a recent meeting, people had said they would like to be more involved in the day to day activities within the home such as setting tables and folding laundry. As a result, an action plan had been developed by the activities coordinator to introduce this in a planned way. One person said, "If we mention anything, even little details, the manager writes it down and actions it. For example we said we would like to have pizza sometimes and the next day we were offered pizza."
We saw people who used the service had completed surveys to provide their views on a range of topics relating to their experience. These were carried out twice a year with relatives surveys and staff surveys in between. This meant the provider sought and had regard to the views of people who used the service.

We saw the minutes of the Health and Safety Committee and noted there was representation from carers, night staff, kitchen staff and housekeeping staff. We saw incidents and accidents were reviewed at this meeting and actions agreed. This meant systems were in place to analyse incidents and learn from them.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social 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 essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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