

The Leaders Of Worship And Preachers Homes Westerley Residential Care Home for the Elderly - Minehead

Inspection report

Westerley
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Inspected but not rated

Is the service effective?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Westerley Residential Care Home for the Elderly is a care home providing accommodation and personal care. The home is registered to provide care to a maximum of 30 people. The home specialises in the care of older people. At the time of the inspection there were 26 people living at the home.

People's experience of using this service and what we found
People felt well cared for at the home.

The home followed a Christian ethos and there were devotional services most mornings which people could choose to join.

People said staff supported them to follow their own routines and lifestyles. People made choices about their day to day lives.

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.

People had their needs assessed and received care and support in accordance with their needs and wishes. Staff knew people well and care plans gave guidance for staff to follow.

People's nutritional needs were assessed and met. People living at the home were happy with the quality and choice of food.

People's health and well-being was monitored, and staff worked with other professionals to make sure people received the care and treatment they required.

People had confidence in the staff who supported them. However, some staff said they would appreciate more high-quality training to make sure they could meet people's increasing needs. Some staff had not received up to date training in subjects required by the provider.

We have recommended that the provider reviews the training available to staff.

People had opportunities to follow their faith and there were activities available. The staff were expanding activities and entertainment available to people following the COVID-19 pandemic.

People lived in a home where the registered manager was very visible in the home and constantly monitored standards of care and sought people's views.

The provider had some systems in place to monitor quality and plan on-going improvements.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection – The last rating for this service was good (Published 23 October 2017)

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We received concerns in relation to person-centred care and how staff supported people to make choices. As a result, we undertook a focused inspection to review the key questions of effective, responsive and well-led only.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the Effective, Responsive and Well led sections of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has not changed from Good based on the findings of this inspection.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Westerley Residential Care Home for the Elderly on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

We have not reviewed the rating as we have not looked at all of the key question at this inspection.

Inspected but not rated

Is the service effective?

The service was effective.

Details are in our effective 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 ●

Westerley Residential Care Home for the Elderly - Minehead

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 functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Westerley Residential Care Home for the Elderly is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Westerley Residential Care Home for the Elderly is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We looked at the information we had received from and about the service.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

During the inspection we spoke with nine people who lived at the home and three visitors. We also spoke with six members of the care staff team.

The registered manager was available throughout the inspection.

We looked at a sample of records which related to people's individual care and the running of the home. These included; three care and support plans, minutes of staff and resident's meetings, in house audits and audits carried out by the provider, Staff training records and health and safety checks.

Is the service safe?

Our findings

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

At our last inspection this key question was rated Good. We have not changed the rating as we have not looked at all of the safe key question at this inspection. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. The registered manager told us they were reviewing domestic staff hours with a view to making domestic hours available seven days a week.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were able to see personal and professional visitors without restrictions.

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 our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- There were ongoing training opportunities for staff to make sure practice was in accordance with current best practice guidelines and legislation. However, the training records showed that not all required training and up-dates had been completed. For example, some care staff had not completed food hygiene training although they supported people with meals and there was no cook at the home in the evening. First aid training was also out of date for some staff. The registered manager gave assurances that staff would be receiving this up dated training in the near future.
- Staff did not all feel they had enough high-quality training to enable them to effectively support the people who lived at the home. One member of staff told us, "The needs of people has changed and I'm not sure the training is enough anymore."

We recommend the provider reviews the staff training available to make sure staff have the skills and confidence to effectively support people.

- People were supported by staff they had confidence in. One person told us, "I feel very safe with them when they hoist me. They know what they are doing."
- New staff completed a nationally recognised induction programme to make sure they were able to safely and appropriately support people. New staff also spent time shadowing more experienced staff to enable them to get to know people and how they wished to be cared for.

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

- People had their needs assessed before they moved to the home. This helped to make sure the home was able to meet their needs and expectations.
- People received care that met their needs and wishes because staff knew them well. Staff told us people's care plans gave them the information they required to safely support people in their chosen way.
- People received care which met their up to date needs because care plans were reviewed and up-dated regularly and when their needs changed.
- Information about people was kept in two different places. Some information was held on a computer system and other information was kept in paper format. This meant that assessments and daily records were separate making it difficult to follow people's care and support and monitor the effectiveness of care plans. However, all staff spoken with felt that the system worked well.

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

- People were happy with the food provided and said there were always choices. One person told us, "It's good food. Always get a choice." Another person said, "There are two cooks, and both are good."
- People specialist dietary needs were catered for. For example, one person required meals to be served at a specific consistency and we saw this was provided.
- People could choose where they ate their meals. There was a large dining room which several people liked to eat together in. Other people preferred to eat in their rooms and meals were taken to them.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had their health care needs met because staff worked with other professionals. People told us they were visited by doctors and community nurses. One person said, "The district nurse comes in. They [staff] are good at organising that sort of thing."
- Staff monitored people's health and well-being and sought advice and support from other professionals. For example, one person's daily records showed an issue had been identified and we saw a district nurse had been contacted and they visited the same day.
- Staff said they encouraged people to be active and healthy. On the second day of the inspection a high number of people took part in a gentle exercise class. One person told us they made sure they had, "A little walk every day."

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

- People lived in a home which was adequately maintained and comfortable. Accommodation was provided over two floors with a passenger lift between. This enabled people with all levels of mobility to access all areas.
- There was suitable equipment to support people. This included lifting equipment and easy access showers and baths.
- There were sufficient communal areas to enable people to meet together or spend time with visitors. There was also a pleasant garden which some people told us they enjoyed spending time in.
- People were able to personalise their rooms to give them a homely individual feel.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions

relating to those authorisations were being met.

- The registered manager informed us that no one living at the home was being cared for under the Deprivation of Liberty Safeguards. They said that no one needed this level of protection to keep them safe.
- The registered manager had a good knowledge of the Mental Capacity Act 2005. They knew who had given legal authorisation to another person to make decisions about their health and welfare if this was needed.
- Staff told us people made choices about all aspects of their care and support. Care records showed that people had given signed consent to their care. One person said, "They always ask what you want."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care which met their needs and wishes. People said they were able to make choices about their day to day lives. One person commented, "You can do most things when you want. Breakfast in bed, or downstairs. Suit yourself really." Another person told us, "You can go to bed when you want and get up when you want. Staff are very good."
- Staff knew people well, how they liked to be cared for and their individual routines. One member of staff told us about a person's particular routine. When we spoke with the person, they told us about the same routine.
- Care plans gave details about people's preferences and we saw these were respected. For example, one care plan stated what the person preferred to wear, and we saw this had been respected.
- The home followed a Christian ethos, but people were free to choose whether to follow this. One person told us, "I don't go to services. I'm not against it. It's my choice." Another person told us how important their faith was to them and how they valued the ethos of the home.

End of life care and support

- People told us they would be comfortable to remain at the care home till the end of their life. One person said, "It would be ok to stay here till the end. They would look after me well." Another person told us, "I signed a DNAR (Do not attempt resuscitation) and I don't want to be taken into hospital. They know my views."
- The staff worked with other professionals to make sure people received the care they required at the end of their lives. This included making sure medicines were available to maintain people's comfort and dignity.
- Senior staff told us when people reached the end of their lives specific care plans were written with them. This made sure that people were able to be part of decisions and receive care they chose.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People communication needs were documented in their care plans. Staff adapted their communication to meet people's individual needs. This included clear speech for people with sensory impairments.
- The provider told us in their Provider Information Return (PIR) that they provided information in large print or other formats and languages as and when required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff helped people to keep in touch with friends and family. Throughout the COVID-19 pandemic the staff had supported people to stay connected. This had included supporting people to meet safely with their loved ones in a specially adapted building. At the time of the inspection there were no restrictions on visitors.
- Visitors were made welcome in the home. We saw visitors were greeted by staff in a friendly manner and were able to spend time alone with the person they were visiting. One visitor said, "Always feel welcome."
- The home followed a Christian ethos and there were religious devotions most mornings. These were conducted by a member of staff or visiting clergy. People told us they were free to join in, but they were not pressured to do so.
- People benefited from a dedicated chaplain who visited the home most days. This ensured that as well as attending devotions people could be supported on an individual basis. Clergy from all denominations were welcomed into the home to make sure people's individual spiritual needs were met.
- There was a part time activity worker who supported people to take part in some organised activities. Trips out had also been recently introduced.
- Following the COVID-19 pandemic the activity worker was trying to enhance activities for people by arranging for outside entertainers and speakers to visit the home. However, a number of people told us they did not feel there was enough going on at the home. One person commented, "There's not much to do." Another person said, "Sometimes the day feels endless." A visitor said they worried about the lack of stimulation for people. The registered manager gave assurances they were enhancing the activities programme.

Improving care quality in response to complaints or concerns

- People told us they would be comfortable to make a complaint. One person said, "I have no complaints but if I did, I could say something."
- Visitors said they were confident that any concerns raised would be dealt with to make sure changes were made if needed. Where issues had been raised the registered manager carried out full investigations.

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 our last inspection we rated this key question Good. At this inspection the rating has remained Good.

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager was committed to promoting a culture which respected people as individuals and ensured they were able to make choices about their day to day lives.
- Some staff felt the staffing levels at the home did not enable them to provide truly person-centred care. One member of staff said the home had become, "Quite task focused." However, feedback from people did not support this.
- People's chosen lifestyles and beliefs were respected by staff. This meant people could follow their own routines and make decisions about their care and support.
- Most people were happy with the care and support they received. One person said, "You can't ask for better than this. It's all very good." Another person told us, "I'm well looked after. I'm happy here."
- People felt included and part of a large family. One person told us, "I feel staff are my friends." Another person said about the staff, "They love me, and I love them."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- People lived in a home where there was a staffing structure which gave clear lines of responsibility. It also ensured there were always senior staff available to people and other staff.
- The registered manager oversaw a series of monitoring audits. There was a monthly audit carried out by senior care staff. This covered people's care and the environment. The registered manager advised us that these audits worked well and were effective in maintaining standards.
- The registered manager was very visible in the home and spent time each day talking to people to seek their views. They provided hands on care to people which enabled them to constantly monitor people's needs and the support they received.
- The registered manager said they felt well supported by the provider who was always available to them to offer advice and support. The registered manager told us the provider carried out regular audits of the service. This included audits by the nominated individual and by the trustees. We only saw records of two audits carried out by the nominated individual within the last year. There were no outstanding actions from either audit.
- The registered manager was committed to ongoing improvements to make sure people received good quality care. They told us they constantly reviewed staffing levels to make sure they met the needs and

expectations of people living at the home. At the time of the inspection they told us they were looking into making domestic staff available at weekends.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong;

- People, visitors and staff felt that the management of the home was open and approachable. One visitor said, "You can always talk with [registered manager's name.]"
- The registered manager communicates with the Care Quality Commission when appropriate. Visitors said that communication between the home and themselves was good. One visitor said that if they raised any issues they were always responded to promptly and openly.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were able to share their views with staff through residents' meetings. Minutes showed that a variety of issues were discussed.
- People were consulted about routines at the home. For example, the timing of daily devotions had been changed in accordance with the wishes of the majority of people.
- Staff meetings were held to make sure staff were kept informed of any changes at the home.
- The staff worked with other professionals to make sure people received the care and support they required. The registered manager told us they had good relationships with local professionals.
- The registered manager and activity worker arranged events at the home which friends and family were invited to attend. They had recently held a garden party which we were told was well attended.