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?	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

Westerley provides care and accommodation for up to 28 people. The home specialises in the care of older people in a homely environment. The home provides a Christian ethos which is delivered to people through daily acts of worship and close links to local churches. People living at the home and staff working there are sympathetic to the Christian beliefs. At the time of the inspection 22 people were living at the service. One of the beds was reserved for people staying for a period of respite.

There is a registered manager in post. 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.

At the last inspection the service was rated Good. At this inspection we found the service remained Good.

People told us they felt safe in the home. They said they would be comfortable to discuss any worries or concerns with the registered manager. Staff said they knew how to report any concerns and were confident the manager would take appropriate action. People were supported by sufficient staff. The manager was pro-active when there were staffing issues to ensure people were protected and their needs were met.

Staff began work in the home after a robust recruitment process and a thorough induction. Staff were trained to meet people's individual needs. Staff competency was monitored on an annual basis to ensure staff were able to care for people with skill and knowledge

People received care and support that was personalised and respected their wishes and preferences. People were able to make choices about all aspects of daily living and were encouraged to maintain their independence.

People were offered a choice of food that was wholesome and appetising. People were pleased with the standard of food provided.

People confirmed their health care needs were met in the home. If they were unwell they received prompt attention from their GP and good care from staff. People were supported to attend hospital or clinic appointments. At the end of their lives people received effective and compassionate care from a team of health professionals.

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

The registered manager was experienced and knowledgeable about the people living in the home and the care and support they needed. They worked well with other health care professionals and maintained good

care standards.

Further information is in the detailed findings below

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remained Good.	**Good**
Is the service effective? The service remained Good.	**Good**
Is the service caring? The service remained Good.	**Good**
Is the service responsive? The service remained Responsive.	**Good**
Is the service well-led? The service remained Good.	**Good**

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.
This comprehensive inspection took place on 28 September 2017 and was unannounced. It was carried out by one adult social care inspector.
Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit. At our last inspection in October 2015 we did not identify any concerns with the care provided to people.

During this inspection we spoke with eight people in their own rooms and met others in the communal sitting room and dining room. We spoke with five members of staff, the registered manager and two relatives. We met with two GPs and a community nurse. Throughout the day we observed care practices in communal areas and saw lunch being served in the dining room.

We looked at a number of records relating to individual care and the running of the home. These included four care plans, medication records, three staff personal files and records of quality assurance measures.

Good

Is the service safe?

Our findings

The service continued to be safe. People told us they felt safe at the home and with the staff who supported them. One person told us, "They are looking after us well. I am quite happy. If I ring the bell they always come. " Another person said, "Yes, it feels very safe. If I was worried I would talk to the carers It is a lovely place to be. I am very lucky."

People were protected because the manager and staff knew them well. They understood their care needs and physical capabilities. All staff received training in how to recognise and report abuse. Staff were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. Staff gave examples of when there might be a concern about someone's safety and what action would be taken. They told us the registered manager would always act on their concerns.

Risks of abuse to people were minimised because the provider had a robust recruitment procedure. Staff files confirmed all new staff supplied two references from previous employers. The provider carried out disclosure and barring service (DBS) checks before staff started work. The DBS checks people's criminal record history and their suitability to work with vulnerable

Care plans contained risk assessments which outlined measures in place to enable people to take part in daily living or activities with minimum risk to themselves and others. For example people were encouraged to access the garden and risk assessments recorded any precautions to be taken to ensure this was done as safely as possible. People were encouraged to go out with their families and friends and to remain as independent as possible.

People were supported by sufficient numbers of staff to meet their needs. However the manager and staff told us there had recently been some staff recruitment problems and at times they had "been struggling." Although people's care needs had been met safely one member of staff said it would be nice to have a bit more time to talk with people. The manager was very pro-active in recruiting more staff and also in managing the staff available. For example management staff had been working as part of the direct care team and shifts had been adjusted to make best use of the staff hours available. As soon as a full complement of staff was available again the manager planned to increase the staff team in the morning by one.

People's medicines were safely administered by staff who had annual competency checks following training and supervision. There were suitable secure storage facilities for medicines which included secure storage for medicines which required refrigeration. There were clear records relating to the receipt of medicines in the home and their administration. The deputy manager carried out monthly audit of medication to further ensure safe practices. There were comments to indicate where practice could be improved and staff signed to say they had read these. The home received pharmacy advice visits that monitored all aspects of the medicine management in the home and made requests if any improvements were needed. One person said "I am pleased they look after my medication. I do not have to worry about it now, they bring the right ones to me."

In the PIR the registered manager stated there were measures in place to ensure the safety of the property and enable people to maintain their independence. These included regular safety checks of equipment including the fire detection system and lifting equipment. Records confirmed maintenance of the home and equipment was completed as required.

Good

Is the service effective?

Our findings

The service remained effective.

People received care and support from staff who had the skills and knowledge to meet their needs. Staff received a thorough induction programme which gave them the basic skills to care for people safely. Staff told us they received regular training and supervision and could always ask the registered manager or deputy manager if they were unsure about any aspect of care people needed.

The registered manager completed an annual training plan that included regular up-dates for staff in health and safety issues. A combination of training methods were used. Senior staff did some training in-house and external trainers came into the home. An on-line training system had been introduced which staff found useful. Staff told us they had recently completed Manual Handling and Fire training. Staff had completed nationally recognised qualifications and were encouraged to do further training.

People confirmed their health care needs were met in the home. They told us if they were unwell they received prompt attention from their GP and good care from staff in the home. People were supported to attend hospital or clinic appointments.

Care plans showed how people with complex care needs were supported to access treatment and monitoring appointments. People's care plans contained assessments of their risk of skin damage and malnutrition. When a risk was identified prompt action had been taken. One person told us about the help they had received to get them walking again. They said they had received help from a physiotherapist and staff in the home.

We met with two GP's during the inspection. Both said staff communicated with them very well to promote people's health needs. The GP was called promptly and their advice was followed closely. On occasion's the home acted as the person's advocate by telling the doctor what treatment had worked well and what had not. We talked with a community nurse during the inspection who told us staff in the home worked well with them and cared for people very well. They said this resulted in people's wounds healing and reduced the risk of people being admitted to hospital Records confirmed a chiropodist and optician attended the home regularly.

People told us how much they enjoyed their meals in the home. They were offered a choice of freshly cooked main meals at lunch time. People were also able to request a salad or snack if they did not want the main meals. People were encouraged to come to the dining room for lunch but their individual preferences were accommodated. Vegetables were brought to the table in a serving dish so people could serve themselves. People were offered appropriate and sensitive support to eat their meals when they needed it. One person had very poor sight. A member of staff described their meal to them so they knew where the different components of their salad were and ensured they had a plate guard so they and could access them with dignity.

People were monitored to ensure they were not at risk of malnutrition. Prompt action had been taken when people had lost weight. They had seen the GP, their weights had been monitored and close attention had been paid to their diets. Records showed some people had re-gained some weight whilst other's had stabilised.
Most people who lived in the home were able to make decisions about what care or treatment they received. People were always asked for their consent before staff assisted them with any tasks.

Staff had a clear understanding of the Mental Capacity Act 2005 (the MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant.

Care plans contained information outlining when a decision had been made in a person's best interests. Information included an assessment of the person's capacity to make a certain decision and the people who had been involved in making a decision in the person's best interests. This demonstrated the staff was working in accordance with the legislation.
People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS)

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. The registered manager had a good knowledge of this law and had made applications for a small number of people to be assessed to determine if they required this level of support.

Good

Is the service caring?

Our findings

The service remained caring.

People were very pleased with the care and support they received from staff. One person said, "You can always have a joke. They give you every consideration." Another person said, "They have been wonderful. Always polite and kind." A relative said of the staff, "The carers are wonderful. Friendly and considerate." One relative wrote that their family member "felt part of a special Westerley family and loved it." A person who had come to the home for respite care wrote "Thanks for looking after me so well during my short stay."

Throughout the inspection staff were kind, cheerful and considerate in their interactions with people. People were offered personal care discreetly and their privacy and dignity were protected at all times. They were encouraged to be independent. Staff gave people time to consider their answer and respond to questions about their care.

People were always consulted about the care and support they received. Care plans confirmed in writing that people had been consulted in putting the plans together. In addition to regular care plan reviews they received visits and reviews from social care professionals. One recent review showed how pleased the person had been with their care and how they appreciated the care they had received.

People were able to have visitors at any time. Families were welcomed into the home and were able to stay as long as they wished. They were able to share meals, sit in the garden and take people out for trips. One relative confirmed that they were kept fully informed of any changes in their family member's health and felt they were fully involved in supporting them.

People's rooms were their own domain where they were able to receive visitors if they wished to or, spend time alone. Rooms contained the things people enjoyed or treasured and reflected their personality. A member of the housekeeping staff told us how much they enjoyed keeping the home fresh and clean for people. People looked smart. They were able to access a hairdresser regularly.

Whenever possible people were cared for until the end of their life at the home. A GP talked to us about working with the service to provide palliative care for people. They said people considered the service as their home and wanted to spend the end of their lives there. Staff worked with GPs and community nurses to make this happen whenever possible.

One relative wrote they had made their family member's "parting as gentle and dignified as possible." Another relative had written, "nothing but thanks and admiration" for the care their family member had received at the end of their life. When a person was reaching the end of their life a specific detailed care plan was prepared. We reviewed one care plan and found evidence of regular, gentle and kind care that changed as the person's needs changed.

Good

Is the service responsive?

Our findings

The service continued to be responsive.

People were able to make choices about all aspects of their day to day lives. People lived in different ways in the home according to their wishes and preferences. Some people liked to spend a lot of time in their rooms and eat alone. Others liked to eat in the dining room and take part in all the activities available. One person said, ""I can please myself. Come and go as I please. If someone comes to see me I can go to the first floor lounge. I have a visitor every week and we sit up there." Another person said, "I like to stay in my room. I have plenty to do. I knit rugs, there might be a game or something going on. I might watch something on TV." People with poor eyesight told us they enjoyed listening to recorded articles of interest or had a visitor from a charity that supported people with sight problems.

An activities co-ordinator had been appointed and they talked to us about "bringing the outside world into the home." They said it was important to find out what people were interested in and wanted to do. People enjoyed meeting the co-ordinator's dog and going out for a wheelchair "dog walk." The autumn activities programme included music, a trip to a pantomime, a tea dance and Christmas activities.

The home aimed to meet people's spiritual needs as well as providing mental and physical care. People valued the Christian values and ethos of the home. There were daily acts of worship each day. There were close links with local churches. We saw a service taking place where readings and prayers and hymns were enjoyed by people who attended.
People's care plans were prepared in detail with them and up-dated regularly as their needs changed. People's physical and mental needs were understood and supported so they could live their lives as they chose. Care plans contained guidance on how people wanted their care needs to be met and also information about underlying medical conditions. It was clear how much assistance people needed with mobilising or whether they had been having falls or were at risk of pressure damage to their skin.

There were ways for people to express their views about their care. People met regularly with senior staff. They said they could raise any issues with them. There were residents meetings and we saw from the minutes of the meetings people had been asked their views. Each person had their care needs reviewed on a regular basis which enabled them to make comments on the care they received and view their opinions.

The registered manager was closely involved with the running of the home on a daily basis and was able to listen to any concerns people had and deal with any issues before they became formal complaints. There was a complaints procedure in place and an emphasis on listening to people and families so that any concerns were addressed promptly. People living in the home and staff said they would find it easy to raise issues with the registered manager which would then be addressed. The service often received thanks and compliments for the care provided to people from their relatives.

Good

Is the service well-led?

Our findings

The service remained well led. There was a registered manager in post. 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.

There was a staffing structure in the home which provided clear lines of accountability and responsibility. The registered manager led a management team of deputy manager, two floor managers and senior carers. The registered manager had managed the home for 9 years. This provided the constant management team that was much appreciated by people and staff.

In the PIR the registered manager described their commitment to an open and inclusive culture in the home. They wrote, "We promote an open atmosphere in our home and regularly hold team meetings and senior meetings. We carry out staff monitoring in the form of supervisions and appraisals, we also have daily handover meetings to ensure relevant information is passed on. We encourage open communication and have an 'open door' policy for all staff and residents to come and talk to us about anything, it can be work related but we also encourage staff to air any issues/concerns they have outside of work and offer assistance if we can. We promote a positive culture by listening to staff and residents and by implementing any relevant ideas they have for the running of the home and give them as much opportunity as possible for them to express them." The positive comments from people who lived in the home, the staff and health professionals indicated this was being achieved. People said they could easily talk to the registered manager. Staff said they felt supported by the manager and deputy.

The registered manager knew people who lived in the home really well. They were flexible and creative in the support they offered people. They demonstrated the ways in which they had engaged with families and other agencies to obtain for people the support they required.
The registered manager wanted to continue to promote the Christian ethos of the home which was very important to the provider and to many of the people who came to live in the home. They told us they felt it was important not to lose sight of the spiritual element amongst the many other demands of care provision.

The registered manager monitored the quality of care in the home and made regular improvements when they could. They spoke with people living in the home on a daily basis and listened to their views. The deputy manager carried out audits of care plans, medications, infection controls and risk assessments. They carried out unannounced spot check visits to the home to ensure standards of care were maintained at all times. A representative of the provider made monitoring visits and supported the manager. The registered manager and senior staff reviewed the way in which care was provided in the home and made improvements when they could. Recent changes had included a review of the response expected by staff to a possible fire and guidance regarding the application of topical medicines (creams.)