







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

Inspection report

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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	

Overall summary

This inspection was unannounced and took place on 20 and 21 October 2015.

The last inspection of the home was carried out on 24 April 2014. No concerns were identified with the care being provided to people at that inspection.

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

Summary of findings

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.

People told us they felt safe at the home and with the staff who supported them. One person said "I feel very safe. It is hard to think how you could be safer." Another person said "I am very safe! I wouldn't want to move from here. My family know I am safe. I don't like to go downstairs much but I like to go to the devotions."

People were supported by sufficient numbers of staff to meet their needs in a relaxed and unhurried manner. When staff were needed they came promptly. People said this was the same for day and night staff.

There were systems in place to reduce people's risks whilst maintaining their independence and freedom to make choices about how they lived.

People's medicines were administered safely by senior care staff who had received appropriate training.

People received effective care and support from staff who had the skills and knowledge to meet their needs. The health and well-being of some people improved after they came to live there.

People enjoyed the food provided in the home. There was a varied choice at all meals. People with specific nutritional needs had been assessed and received appropriate and effective support.

People said they were supported by kind and caring staff. All comments about staff were very positive. One person said "We are very well looked after. I can't fault any of them. They are diligent. We are very lucky." Another person told us "The staff are lovely people. We are ever so well looked after."

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 acts of worship in the home called devotions each day. These readings and prayers were enjoyed by people who attended. There were close links with local churches.

People received care that was responsive to their needs and personalised to their wishes and preferences. People were able to make choices about all aspects of their day to day lives. They chose where and how to spend most of their time. Some people enjoyed participating in the range of activities available. Other preferred to follow their own interests in their rooms.

Staff demonstrated an excellent knowledge of the people who lived at the home which enabled them to personalise their approach to each person. Staff were able to tell us about how different people liked to be supported.

People, staff and visitors felt the service was well led by an open and enthusiastic manager. The registered manager was always ready to listen and was continually looking at ways to make improvements to the home and the care provided. Staff said they felt well supported and had a clear idea of what was expected from them.

There were effective quality assurance systems in place to monitor care and plan ongoing improvements. There were audits and checks in place to monitor safety and quality of care. Senior staff actively sought the views of people living in the home on a regular basis to ensure they were satisfied with the care provided.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

There were systems to make sure people were protected from abuse and avoidable harm. Staff had a good understanding of how to recognise abuse and report any concerns.

There were sufficient numbers of experienced and appropriately trained staff to meet people's needs.

Good



Is the service effective?

The service was effective.

People received care and support from staff who received appropriate training to carry out their jobs.

People's nutritional needs were assessed and met.

People's health needs were met because staff monitored their healthcare needs and made referrals to other healthcare professionals where appropriate.

Good



Is the service caring?

The service was caring.

People were supported by kind and caring staff.

People's privacy was respected and they were able to choose to socialise or spend time alone.

People had opportunities to express their opinions about the care they received.

Good



Is the service responsive?

The service was responsive.

People were able to make choices about all aspects of their day to day lives.

Care and support was personalised to ensure people's wishes and needs were met.

People told us they would be comfortable to make a complaint and all felt any concerns would be fully investigated.

Good



Is the service well-led?

The service was well led.

There was a registered manager in post who was approachable and positive about the service they provided for people.

People's well-being was monitored and action was taken when concerns were identified.

People were cared for by staff who were well supported by the management structure in the home.

There were systems in place to monitor the quality of the service and plan ongoing improvements.

Good



Westerley Residential Care Home for the Elderly - Minehead

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 was planned to check 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 inspection took place on 20 and 21 October 2015 and was unannounced. It was carried out by an adult social care inspector.

Before the inspection we reviewed the information we held about the service. The provider had 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 home. This included previous inspection reports, statutory

notifications (issues providers are legally required to notify us about) other enquiries from and about the provider and other key information we hold about the service. At the last inspection on the service was meeting the essential standards of quality and safety and no concerns were identified.

At the time of this inspection there were 23 people living in the home. During the inspection we spoke with 10 people and 5 members of staff. We also spoke with three health and social care professionals.

We spent time talking to people in their rooms and in the communal areas so we could observe how staff interacted with the people who lived there.

We looked at a sample of records relating to the running of the home and to the care of individuals. These included the care records of four people who were staying at the home. We also looked at records relating to the management and administration of people's medicines, health and safety and quality assurance.

Is the service safe?

Our findings

People told us they felt safe at the home and with the staff who supported them. They understood they were able to raise issues with the manager, deputy manager or any of the staff. One person said “I feel very safe. It is hard to think how you could be safer.” Another person said “I am very safe! I wouldn’t want to move from here. My family know I am safe. I don’t like to go downstairs much but I like to go to the devotions.”

Risks of abuse to people were minimised because the provider made sure that all new staff were thoroughly checked to make sure they were suitable to work at the home. These checks included seeking references from previous employers and checking that prospective staff were safe to work with vulnerable adults.

Staff told us they had received training in how to recognise and report abuse. Records confirmed this. Staff spoken with had a clear understanding the actions taken to keep people safe and the actions to be taken if any concerns of abuse were identified. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. Where concerns had been brought to the registered manager’s attention they had worked in partnership with relevant authorities to make sure issues were fully investigated and people were protected.

People were supported by sufficient numbers of staff to meet their needs in a relaxed and unhurried manner. When staff were needed they came promptly. Most people said this was the same for day and night staff. People said “If ever I press the bell they do come. At night I have a mat which calls them. Usually I have just been to the bathroom but they come and check and help me settle down.” One person did say there were busy times when they had to wait a while longer but they said “I know they do their best. One morning it might be me getting the extra attention.” We reviewed the staff rotas and saw staff numbers were consistently maintained and there was a balanced skill mix of staff on at all times. This meant there were always senior staff available to support care staff and people living in the home.

Care plans contained risks assessments which outlined measures in place to enable people to

live in the home with minimum risk to themselves and others. Risk assessments were in place in relation to people’s mobility and the type of walking aid they required. General risk assessments had been undertaken in relation to the whole building and people’s activities within it.

One person who had some sight impairment told us how they had been supported to gain confidence in their new surroundings. As their health had improved they had begun walking in the garden with staff support.

People’s medicines were administered by senior care staff who had received appropriate training. We spoke with the senior staff who administered and audited the medicines. They confirmed they received regular training and there were policies in place to support them and avoid medicine errors.

There were suitable secure storage facilities for medicines which included secure storage for medicines which required refrigeration. The home used a blister pack system with printed medication administration records. We saw medication administration records and noted that medicines entering the home from the pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled the staff to know what medicines were on the premises. We also looked at records relating to medicines that required additional security and recording. These medicines were appropriately stored and clear records were in place. We checked records against stocks held and found them to be correct.

Some people were prescribed medicines on an ‘as required’ basis or could take a variable dose of medicine according to their needs. We saw records relating to these medications showed clearly how much had been given. There were regular audits of medicines carried out in the home and by the pharmacy supplying the medicines to ensure medicines were safely administered at all times. .

The home was very clean and free from odour. Staff had received training in infection control and were observed following appropriate guidelines relating to handwashing and the wearing of personal protection throughout the inspection.

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs.

People were supported by staff who had undergone a thorough induction programme which gave them the basic skills to care for people safely. There was a comprehensive training plan in place to make sure staff kept up to date with good practice and were able to undertake training appropriate to the needs of people who used the service. All staff undertook a range of fundamental training such as moving and handling people and infection control. Senior staff also received medication training. Some senior staff had attended training to meet people's specific needs. They had received training in caring for people with dementia and at the end of their lives.

People's nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. When necessary people were referred for assessment and support to a dietician. People who had any problems with swallowing were assessed by the Speech And Language Team (SALT.) One person nearing the end of their life was supported and encouraged to enjoy whatever food they preferred in a quantity that suited them. This varied from day to day and staff showed they understood the importance of a completely individualised approach to the nutritional preferences of this person.

Another person had been referred to the dietician because they had been losing weight. The home had followed the guidance given by the dietician and the GP. For example they had served small meals and augmented the person's diet with supplements. Weight charts showed the person's weight had stabilised for several months. Staff in the home had arranged multidisciplinary support to meet the person's specific needs.

People were very positive about the meals served in the home. One person said "The food is very good indeed. There is a good choice. I can't grumble about anything." Another person said "The food is excellent. There is a very good choice. If you don't fancy one thing they will bring you another." At lunch time we saw that people were able to choose where they ate their meal. We saw people had selected different meals. The dining room tables were set attractively and people chose to sit with people they wanted to talk to. Staff took time to assist people to sit in

their dining chairs and served meals politely. Food was presented well and looked appetising. Some people chose to eat in their rooms. One person said "I don't like going to the restaurant. I am happy here."

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. Records of a decision made for one person was appropriate and fully documented.

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 manager had followed the correct procedures and fully understood the situations in which DoLS should be considered.

Care staff reported any concerns about people's health to senior staff. People were monitored and it was clear from their comments and care records action was taken when people were unwell. The home arranged for people to see health care professionals according to their individual needs. One person had been visiting a physiotherapist to assist them to walk again after a fall. They told us they were now walking with the aid of a walking stick and could get about their room well now. People received regular visits from GPs. One person told us they were pleased to have "their own doctor" who had known them for a long time. Records showed short term health needs were addressed promptly. Long term health conditions were monitored and appropriate referrals and visits were made to consultants and specialist clinics.

Staff in the home worked with other health professionals to meet people's needs. The community nurses supported

Is the service effective?

people in the home with diabetic care. Community psychiatric nurses visited to support people who had mental health needs. People were referred to the dietician when there were concerns about their weight.

One person told us they had been “a bit poorly.” They told us the doctor had visited them promptly. Another person told us they had been escorted to the doctor’s surgery for tests and regular health monitoring. They had been to see a consultant about one health problem escorted by “lovely careful staff.”

People told us opticians and chiropodists visited the home regularly. Care records showed when health and social care professionals visited people and the treatment they received. We spoke with the chiropodist who told us the

home staff were very good at acting on any requests made to them. They said it was easy to communicate with staff. There was always someone to discuss with them any issues relating to treatments.

The manager discussed with us the action taken when people’s needs changed. Some people required nursing care or were assessed as needing support in a specialist dementia service. The home had been providing care under a health authority initiative called “Time to think.” This gave people an opportunity to receive short term care and support while they recovered their health or needed short term support. The home had been successful at supporting a number of people. Some people had decided to stay on in the home after their initial period of support.

Is the service caring?

Our findings

People said they were supported by kind and caring staff. All comments about staff were very positive. One person said “We are very well looked after. I can’t fault any of them. They are diligent. We are very lucky.” Another person told us “The staff are lovely people. We are ever so well looked after.”

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 called devotions each day. There were close links with local churches. These readings and prayers were enjoyed by people who attended.

Social care professionals told us they found staff to be caring. We talked to one professional who visited the home regularly. They said “Everyone smiles. I am made to feel welcome.”

People’s privacy was respected and all personal care was provided in private. When staff discussed people’s care needs with us they did so in a respectful and compassionate way and were aware of the need to be confidential. It was clear staff knew people well. Care plans were written in a manner that reflected the care people received. One night care plan said “Approach in a quiet way to give them time to come round. Say your name so they know who you are, even though at times they do forget you. It still gives comfort that you are there.”

During the inspection we saw staff supporting people and interacting with them in a kind and friendly manner. Some people were assisted to walk using frames. Staff assisted them with patience and kindness, encouraging them to remain mobile. One person was leaving the home to attend a club. They were sometimes quite nervous so were encouraged and supported by staff.

People told us they were able to have visitors at any time. Each person who lived at the home had a single room

where they were able to see personal or professional visitors in private. There was also a choice of sitting areas where some people and their relatives chose to spend time. People valued the support offered by family and friends. Several people had come to live in the home because it was near to family or friends.

People made choices about where they wished to spend their time. Some people preferred not to socialise in the lounge areas and spent time in their rooms. They told us staff visited them and made sure they were “alright.” One person said “Staff look out for you. Sometimes they notice things before you do yourself.”

There were ways for people to express their views about their care. People met regularly with senior staff. People told us the deputy manager visited them in their rooms very often. They said they could raise any issues with them. There were residents meetings when people 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. For example as one person’s health improved they wanted to have very regular showers. Plans were underway so they could move to another room with access to an en-suite shower which was more convenient. Another person had wanted to sit in the lounge till quite late at night. The night care plan showed this had been facilitated and the person was helped to bed “when they were tired.”

Whenever possible people were cared for at the home till the end of their lives. We saw care plans were written directing staff to provide care in a sensitive and kind manner. Day and night care plans addressed people’s needs and ensured people at the end of their lives were as comfortable as possible. The manager told us they always tried to support people to stay at the home with the support of other health professionals.

Is the service responsive?

Our findings

People received care that was responsive to their needs and personalised to their wishes and preferences. People were able to make choices about all aspects of their day to day lives. One person said “I can live as I chose. As well as I can. On the whole this is a very good place to be.”

People were encouraged and supported to remain as independent as possible. They said they could live as they wanted to. For some people this meant staying in their rooms. One person told us “I am able to do as I want. As you see I enjoy a lie-in. They come and see you. See if you want a meal. I like to go down for the tea- time meal. It’s very good indeed.” For others it meant coming to the communal rooms in the home for some or all of the day.

Each person had their needs assessed before they moved into the home. This was to make sure the home was appropriate to meet the person’s needs and expectations. People had been visited by the manager and asked about the support they needed.

Staff demonstrated an excellent knowledge of the people who lived at the home which enabled them to personalise their approach to each person. Staff were able to tell us about how different people liked to be supported. One member of staff explained how they tried to understand people. They said some people benefitted from encouragement to leave their rooms and meet others. They enjoyed some of the activities once they tried them. Other people were really much happier following their own interests. Some people really enjoyed “just resting and thinking.”

Care plans were personalised to each individual and contained information to assist staff to provide care in a manner that respected their wishes. There was information on how people liked to spend their days, their nutritional and manual handling requirements and information about their lives and family. We were able to see the care described in the care plan was being delivered to the person.

The staff responded to changes in people’s needs. In one care plan we could see as the person had regained health they had become more mobile and had begun walking in the garden. Other people required increasing amounts of care as their health needs increased. Additional equipment had been obtained to enable another person to remain mobile and independent.

People’s health and care needs were reviewed monthly to ensure the home was still meeting them in the best way. Records of reviews with other health and social care professionals confirmed additional support was considered when necessary.

People were able to take part in a range of activities according to their interests. Some people liked to come to the communal lounge and join in with the activities and events offered. One person said “I like the activities. They take me in a wheelchair. I like the story telling and the games. On the whole this is a very good place to be.” The activities programme was displayed in the main hall and included telling stories, music and bible study. The activities co-ordinator divided their time between activities in the sitting room and seeing people in their own rooms.

People who liked to stay in their room pursued their own interests. People liked to knit, read and listen to talking books. Other people liked to “rest and think.” One person said “I please myself all day. There are activities. I don’t go although I have tried the exercises. I don’t seem to get much time. I rest for an hour in the afternoon. I am happy and contented. I have nothing but praise for them here.

People were supported to maintain contact with friends and family. Visitors were welcomed into the home at any time. People talked about the importance of family to discuss concerns with or take them out for a short trip.

Each person received a copy of the complaints policy when they moved into the home. People told us they knew how to make a complaint. There had been very few complaints. The manager said they tried to address concerns raised by relatives promptly to avoid formal complaints.

Is the service well-led?

Our findings

People, staff and visitors felt the service was well led by an open and approachable manager. The registered manager was always ready to listen and was continually looking at ways to make improvements to the home and the care provided. Staff said they felt well supported and had a clear idea of what was expected from them.

The registered manager had a clear vision for the home. Throughout the inspection they demonstrated their enthusiasm and commitment to providing a comfortable home where people were able to live the life they chose as far as possible. The home was small enough for their vision and values to be communicated to staff through daily contact as well as more formal staff meetings. The registered manager kept their skills and knowledge up to date by on-going training and reading. They held regular meetings with senior staff giving them an opportunity to discuss and address any issue that might affect the home.

There were effective quality assurance systems in place to monitor care and plan on going improvements. There were audits and checks in place to monitor safety and quality of care. We saw that where shortfalls in the service had been

identified action had been taken to remedy the situation. The manager carried out regular surveys to gauge the views of people using the service, their relatives, staff and other interested parties.

There was a staffing structure in the home which provided clear lines of accountability and responsibility. The manager was supported by a deputy manager and two shift leaders. There was a night shift leader who supervised night staff. The appraisal and supervision of care staff was shared between the senior staff. This meant there were opportunities for staff to spend time with a more senior member of staff to discuss their work and highlight any training or development needs. They were also a chance for any poor practice or concerns to be addressed in a confidential manner.

People living in the home told us the deputy manager came to see them very often and asked if there were any problems. We spoke to two shift leaders during the inspection who demonstrated their knowledge and interest in people in the home.

All accidents and incidents which occurred in the home were recorded and analysed. The home has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.