

# The Leaders Of Worship And Preachers Homes Westerley Residential Care Home for the Elderly - Westcliff-on-Sea

## Inspection report

Westerley  
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Essex  
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Date of inspection visit:  
26 March 2019

Date of publication:  
10 May 2019

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Requires Improvement ●
Is the service caring?	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. People in care homes receive accommodation and personal care under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection. Westerley Residential Care Home for the Elderly provides a service for up to 20 older people, some of whom may be living with dementia. At the time of the inspection there were 19 people living at the service. Accommodation is provided over two floors and people have access to communal areas.

People's experience of using this service:

- People lived in an environment that was in need of re-decoration.
- Staff understood the risks to people and the measures in place to keep them safe. Systems were in place to manage people's medicines safely and to reduce the risks associated with the spread of infection.
- Staff received training that gave them the necessary skills and knowledge to carry out their roles and meet the specific needs of people using the service. There were enough staff on duty to deliver support to each person in the way they wanted.
- People were supported to maintain good health. Staff made referrals to health professionals when required.
- People were provided with the care, support and equipment they needed to stay independent. Staff were kind and caring and had developed good relationships with people using the service.
- People were supported to maintain their health and had access to food and drink based on their individual choice and preferences. People had access to a range of activities in the community and within the service, that reflected their culture and interests.
- Care plans guided staff to provide support that met people's needs which were in line with their preferences.
- People's privacy, dignity and rights were respected and upheld. People were supported to have maximum choice and control over their lives and staff supported them in the least restrictive way possible
- Systems were in place to monitor the service, which ensured that people's risks were mitigated and lessons were learnt when things went wrong. There was an open culture within the service, where people and staff could approach the registered manager who acted on concerns raised to make improvements to people's

care.

Rating at last inspection:

Good (report published 25 August 2016).

Why we inspected:

This was a planned inspection based on the rating at the last inspection. The service remains Good.

Follow up:

We will continue to monitor all intelligence received about the service to ensure the next inspection is scheduled accordingly.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was not always effective

Details are in our Effective findings below.

Requires Improvement ●

### Is the service caring?

The service was caring

Details are in our Caring 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 - Westcliff-on-Sea

## **Detailed findings**

## Background to this inspection

The 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.

Inspection team:

Consisted of an inspector, an assistant inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

Westerley Residential Care Home for the Elderly is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that the registered manager and provider are legally responsible for how the service is run and for the quality and safety of the care provided.

What we did:

Before the inspection we reviewed all the information that we have in relation to this service. This included notifications. A notification is information about important events which the provider is required to send us

by law. 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.

During our inspection:

We observed how the staff interacted with the people who used the service and looked at how people were supported throughout the day. We spoke with 10 people, five relatives/visitors, the registered manager, a representative of the provider, four care staff and two ancillary staff.

We looked at three people's care and support records. We viewed records relating to the management of the service. These included quality audits, medication records, incident and accident records.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm.

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Safeguarding systems and processes.

- Safeguarding systems were in place and all staff spoken with had a good understanding of what to do to make sure people were protected from harm or abuse. They had received appropriate and effective training in this topic area. One member of staff told us, "I would report any safeguarding, if it was management that concerned me. I would have no problem going above their heads and going to senior management."
- People who lived at the service told us they felt safe. One person said, "I'm happy here – yes, it is safe. Another person said, "I am safe, and very content here".

Assessing risk, safety monitoring and management.

- Care plans contained information for staff to follow to keep people safe. Staff understood where people required support and how to reduce the risk of avoidable harm. Records used to monitor those risks such as falls; nutrition and pressure care were well maintained.
- The environment and equipment was safe and well maintained. Emergency plans were in place to ensure people were supported in the event of a fire.

Staffing levels.

- The registered manager assessed people's needs on a regular basis and ensured there were sufficient staff on duty on each shift. Staff confirmed there were sufficient staff to meet people's needs.
- People and their visitors told us people received care in a timely way.
- We saw there were sufficient numbers of staff who responded to people's needs when required in a timely way. Call bells were responded to quickly.

Using medicines safely.

- People received their medicines safely and as prescribed.
- Staff had received training on how to manage and administer medicines. They also told us they had their competency checked on a yearly basis.
- Systems were in place to ensure that medicines were managed appropriately.
- People told us they were happy with the support they received to take their medicines.

Preventing and controlling infection.

- People's rooms were clean and bins had been emptied and liners had been replaced.

- Staff understood how to protect people by the prevention and control of infection. A member of staff told us, "I have plenty of cleaning materials, we never run out."
  - The provider had infection control and hygiene monitoring systems in place to ensure the location and people using the service were protected from the risk of infection.
- Staff continued to follow good infection control practices and used personal protective equipment (PPE) to help prevent the spread of infections.

Learning lessons when things go wrong.

- The registered manager was able to explain the action they would take following an accident or incident to reduce the risk of these reoccurring. They had had no recent accidents that had occurred. The registered manager told us they would always share any learning with the staff to prevent a further occurrence.

# Is the service effective?

## Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

Requires improvement: The effectiveness of people's care, treatment and support did not always achieve good outcomes.□

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

At the last inspection we found the service was in need of decoration. At this inspection again, some areas of the service were still looking tired and worn. People told us that work was slow. One person said, "I don't think the maintenance man here gets enough hours. There is a lot to do here." One member of staff told us: There needs to be a bit more decoration."

- There was a lack of signage to help people living with dementia find their way around the home. The registered manager agreed to review this.
- There were lots of information posters which were looking tatty being displayed on the walls in the main area of the home. Some of the information related only for staff. The registered manager agreed to them being removed and placed in the staff room.
- People were involved in decisions about the premises and environment; for example, the colour of their rooms, and supported to make their rooms homely with their own belongings.
- The premises had sufficient amenities such as bathrooms and communal areas to ensure people were supported well.

Technology and equipment, such as call bells and sensor mats, was used effectively to meet people's care and support needs.

- Following the inspection, the registered manager sent us a business plan which highlighted redecoration for communal areas and the dining room. A completion date has been set for end of June 2019.

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

- Assessments of people's needs were undertaken. Staff regularly reviewed people's care and support.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.
- Staff knew people well. Care plans contained information about people's needs. A visitor told us, "The staff are friendly and appear to be very capable".

Staff skills, knowledge and experience.

- Staff had received appropriate training and had the skills required to meet people's needs.
- Training plans were in place. Staff told us the registered manager responded to any training requests. One member of staff said, "Any other training I wanted, the (registered) manager was happy to put me through it."
- Staff told us they had regular supervision meetings with the registered manager to support their

development. Staff confirmed there was an open-door policy and they could also speak with the provider at any time. One member of staff told us about their supervision and support and said, "Every 6 weeks with the assistant manager. You can have one when you want, if you want to raise something. I can raise concerns if I want, I feel comfortable saying anything."

- Staff told us they felt supported. One member of staff told us, "Yes. She comes in and out all-day long. She sits in on changeover so she knows what's going on."

Supporting people to eat and drink enough with choice in a balanced diet.

- Lunchtime was very relaxed. Once everybody was sat and ready to eat, everyone joined in with saying grace. The meal was served by the chef who was knowledgeable about people's dietary requirements.
- Staff were aware of people's dietary needs and any support they required to eat and drink and to maintain a healthy weight. One person said to us, "I think that there are too many meals – we do get a lot – it's very nice food though." Another person told us, "I think the food is very nice. I had a lovely breakfast here by the window".
- People had choice and access to sufficient drink and food throughout the day. Food was well presented and people told us they enjoyed it. People were encouraged to be as independent as possible.

Staff providing consistent, effective, timely care within and across organisations.

- Staff attended a handover meeting at the beginning and end of each shift. This highlighted any immediate changes in people's needs during the shift and detailed people's high-level needs. This ensured that people received a consistent level of support from staff.
- We saw hospital transfer forms which were used to ensure that people received a consistent level of support between services.

Supporting people to live healthier lives, access healthcare services and support.

- External healthcare professional's advice was sought when required. Staff followed guidance provided by such professionals. Information was shared with other agencies if people needed to access other services such as hospitals.
- People had access to healthcare professionals. Records showed that people had attended appointments with G.P.'s, Chiropodists, consultants, and diabetic nurses.

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 Act requires 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

- Staff ensured that people were involved in decisions about their care; and knew what they needed to do to

make sure decisions were taken in people's best interests.

- Where people did not have capacity to make decisions, they 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.
- Information was provided in formats that suited people's needs, with family, friends and advocates involved where appropriate.
- Where people were deprived of their liberty, the registered manager submitted applications to the local authority to seek authorisation to ensure this was lawful.

## Is the service caring?

### Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

Good:  People were supported and treated with dignity and respect; and involved as partners in their care

Ensuring people are well treated and supported.

- We observed people were treated with kindness and were positive about the staff's caring attitude. We received feedback from people and visitors which supported this. One visitor told us, "It's just a family atmosphere here. They all love my [family member], the staff are excellent and very easy to talk with, especially the night staff who are absolutely super, and so kind and gentle with [family member]."
- Staff knew people's preferences and were able to tell us how each person liked to be cared for.
- Staff we spoke with all enjoyed working at the service and ensuring people received good care and support. One member of staff said, "We have a good rapport with everyone, not just the people but their families too. We are like an extended family." Another member of staff told us, "I feel happy. I think I do the best for the residents [people who live at the service]. I have peace of mind when I leave."

Supporting people to express their views and be involved in making decisions about their care.

- Staff supported people to make decisions about their care. Decisions were recorded in the care plans such as when to get up and when to go to bed.
- Staff signposted people and their relatives to sources of advice and support or advocacy; and provided advisors or advocates with information after getting permission from people.

Respecting and promoting people's privacy, dignity and independence.

- People's right to privacy and confidentiality was respected.
- Staff showed genuine concern for people and were keen to ensure people's rights were upheld and they were not discriminated against in any way.
- Staff were keen to offer people opportunities to spend time as they chose what they wanted. We observed staff waiting for people to respond when asked a question to ensure they knew the person's choice.
- People were supported to maintain and develop relationships with those close to them. One relative told us, "I come in three times a week, and a member of my family comes in the other days. It's a family atmosphere here."
- People were treated with dignity and respect and staff provided compassionate support in an individualised way.

## Is the service responsive?

### Our findings

Responsive – this means that services met people's needs

Good: People's needs were met through good organisation and delivery

Personalised care.

- Staff had worked with people and their families to try and find out as much about the person as they could. This included the person's likes, dislikes and how they wanted to spend their days.
- People were able to make choices and have as much control and independence as possible, including in developing care, support and treatment plans. Relatives were also involved where they chose to be and where people wanted that.
- An activities programme was on display and people told us that various activities took place. Activities included a daily service for which people chose hymns, a bible reading and prayers. One relative told us, "The activities lady here is excellent, she has a great personality and lifts peoples spirits up. She tends to do lots of one to one's which is nice for [family member]. She's like part of the family." One member of staff said, "We take people down (to the seafront) for a coffee." Unfortunately, the activities co-ordinator was off work on the day of the inspection and activities did not take place. We asked if there were enough staff to assist in activities, A staff member said, "Not always. We grab what we can."

Improving care quality in response to complaints or concerns.

- People knew how to provide feedback to the management team about their experiences of care and the service provided a range of accessible ways to do this. One visitor said, "The (registered) manager is always around and you can mention anything to them."
- People and relatives knew how to make complaints should they need to. They told us they believed they would be listened to and complaints acted upon in an open and transparent way by management, who would use any complaints received as an opportunity to improve the service. One person told us, "I do speak up at the resident's meetings."

End of life care and support.

- People were supported to make decisions about their preferences for end of life care, and staff empowered people and relatives in developing care and treatment plans. Professionals were involved as appropriate. One member of staff told us, "The end of life nurses are really good, they come in regularly."
- Staff understood people's needs, were aware of good practice and guidance in end of life care. Staff told us they had received training and one member of staff said, "We support each other in the team."
- There were no people living in the service that required this level of support at the time of this inspection.

# Is the service well-led?

## Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong.

- The registered manager had a good oversight of what was happening in the service. They knew the people using the service, their relatives and staff extremely well.
- The management team demonstrated a commitment to provide person-centred, good quality care by engaging with everyone using the service and stakeholders. One visitor said, "The home is absolutely first class. God kept [family member] here for the quality of their care". Another visitor said, "The staff have been wonderful here for my [family member]."
- The management team positively encouraged feedback and acted on it to continuously improve the service, for example by involving people in reviewing concerns or incidents to prevent them happening again.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements.

- Audits were completed in a wide range of areas of the service. Information gathered from audits and from the review of incidents and accidents was used to improve the service.
- Although a development plan was in place with a timescale for actions. The detail could be improved to make more specific the action around the environmental decoration
- The service was well-run. Staff at all levels understood their roles and responsibilities and the registered manager was accountable for their staff and understood the importance of their roles.
- Staff received regular supervision and an annual appraisal regarding their performance. Supervision is a formal meeting where staff can discuss their performance, training needs and any concerns they may have with a more senior member of staff.

Engaging and involving people using the service, the public and staff.

- The service involved people and their relatives in day to day discussions about their care in a meaningful way. People and their visitors all told us they felt involved in the running of the service. One visitor told us, "We hear all about what's planned for the building at the resident's meetings."
- The service had good links with the local community and key organisations, reflecting the needs and preferences of people in its care. A visitor who visit the home regular to see people told us, "It's a lovely home. I've been coming for years, and it's always the same. If ever there were problems I'd just mention it to

the staff. I certainly wouldn't be coming here if things weren't right".

- The registered manager had developed close working relationships with other health and social care professionals ensuring people's social and health needs were promptly met.
- The PIR stated, 'Being a Christian care home gives us support from the local Christian community. We have visits from local churches and groups to support our residents. We hold an annual Open day and we hope to attract those from the local community into our home and to see what we do and this may lead to us being supported by those other than the local churches'.

Continuous learning and improving care.

- A culture of continuous learning meant staff objectives focused on development and improvement. The PIR stated, 'We are always open to new ideas for improvement from any source. We are honest with any mistakes that we make, communicate and discuss these with service users and their representatives and to learn from them.'
- Information obtained from audits and analysis of incidents and complaints was used to drive improvement.
- The registered manager was committed to ensuring that a high-quality service was provided and sought information from people using the service, their relatives and staff to bring about improvements.

Working in partnership with others.

- The provider informed us they worked closely with partner organisations to develop the service they provide. They told us they attended meetings with the local authority and healthcare professionals to identify areas for improvement and aims for social care provision in the future.