Country Court Care Homes 2 Limited

Westfield Nursing Home

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

Summary of findings

Overall summary

Westfield Nursing Home is care home providing residential and nursing care for up to 35 people, including those living with dementia or a learning disability. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

We inspected this service on 12 December 2018. The inspection was unannounced. On the day of our inspection, 35 people were using the service.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People continued to receive a safe service where they were protected from avoidable harm and abuse. People and their relatives felt safe and staff understood their responsibilities in relation to the people they cared for. Risks to people's health and safety were assessed and interventions were put into place to mitigate those risks.

Staffing levels were planned to ensure there were sufficient staff with the right skills and experience to provide safe care that was responsive to people's individual needs. Safe recruitment processes were in place to ensure the suitability of staff for their roles. People's medicines were managed safely and people told us they received their medicines regularly.

The premises and equipment were well maintained and the required safety checks were completed. Processes were in place to maintain the cleanliness of the environment and equipment and to prevent and control infection.

People continued to receive an effective service. Care and support was delivered in line with good practice guidance. Staff were provided with training and development opportunities to ensure they were able to provide care that was effective and met people's needs. People were provided with a healthy and nutritious diet and were provided with the support they needed to eat and drink sufficiently. People were supported to access health services when required and staff sought specialist advice when necessary. 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 place supported this practice.

Staff treated the people they cared for with kindness and respect. Relatives commented on the positive relationships their family members had built with staff which added to their well-being and overall experience. People were involved in their care and encouraged to maintain their independence.

People continued to receive care that was responsive to their needs. Staff were proud of their personalised approach and their ability to spend time with people to enable them to spend time in the way they chose. People were treated equally, without discrimination. People were encouraged to maintain their relationships and contacts outside the home. A wide range of activities were provided, based on people's interests and wishes.

The service continued to be well led. The registered manager provided good leadership and was respected by staff. The quality and consistency of care was monitored through the use of audits and the views of staff, people using the service and visitors was sought. Improvements were identified from the results of these activities, to facilitate the continuous improvement of the quality of the service provided.

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 remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

Westfield Nursing Home

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 was a comprehensive inspection. The inspection took place on 12 December 2018 and was unannounced.

The inspection team consisted of an inspector and an expert-by-experience who had experience in the care of older people. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to this inspection, we reviewed information that we held about the service, such as notifications. These are events that happen in the service that the provider is required to tell us about. We also considered the last inspection report and information that had been sent to us by other agencies. We also contacted commissioners who had a contract with the service.

During the inspection, we spoke with seven people who used the service and seven relatives, to obtain their views about the service they or their relative received. We spoke with the registered manager, the operations manager, a nurse, two care staff, a housekeeper, and the chef.
We observed staff providing support to people in the communal areas of the service. This was so we could understand people's experiences. By observing the care received, we could determine whether or not they were comfortable with the support they were provided with.

We reviewed a range of records about people's care and how the service was managed. This included looking at three people's care records and associated documents. We reviewed records of meetings, staff rotas and staff training records. We also reviewed the quality assurance audits the management team had completed.

Good

Is the service safe?

Our findings

Staff took action to maintain the safety of people using the service and reduce risks to peoples' health and safety. People told us they felt safe at the home. For example, a person said, "I am safe here, just like home, I do not need to remember to lock the door, it is done for me." Another person said, "I could not have gone home, I know that I wouldn't have been safe there, but I only have to ring my buzzer and someone appears." Relatives also expressed their confidence in the safety of their family member at the home. The provider had effective safeguarding procedures to protect people from abuse and the registered manager was aware of their responsibility for reporting safeguarding issues. Staff were aware of the signs of abuse and knew about the action they should take to report concerns.

During the day we observed a person who had one to one care and observed times during the day when their behaviour may have been challenging to others. At all times, staff dealt with this sensitively and effectively. For example, at lunch the person became very anxious in the dining room. The staff took the person for a walk and returned when the person had settled, which meant they didn't affect the lunchtime experience of others and they were able to focus on their meal when they returned.

Staff completed individual assessments to identify risks to people, such as the risk of falls, choking, and the development of pressure ulcers. These were reviewed regularly. Staff and records confirmed that the action planned to reduce these risks, was consistently completed and our observations during the inspection also confirmed this. A relative said, "[family member] had come out of hospital with bed sores, but the staff here have the time to turn them every two hours." There were plans in place for emergency situations and each person had a personal emergency evacuation plan.

Staff completed incident and accident forms when necessary and the registered manager reviewed these monthly to identify any themes and learning to reduce the risk of recurrence.

People were supported by sufficient numbers of staff, who had the right mix of experience and skills. The provider used a formal tool to assess the number of staff required based on the needs of people using the service and the registered manager showed us how the number of hours of care provided matched or exceeded the number required. People told us they received care in a timely way and said they felt there were enough staff to provide personalised care. We spoke with a member of staff who had recently joined the service and they confirmed the required recruitment checks were completed before they commenced their employment. They also told us they received an induction and had regular meetings to discuss their learning needs and their performance.

People's medicines were stored safely and processes were in place for ordering and supply of medicines. Checks we completed indicated that people received their medicines regularly, as prescribed. However, when people were prescribed medicines to take 'as and when required', little detail to guide staff on when to administer them was available. The registered manager and operations manager agreed to address this and during the inspection provided a sample of a form they would use to record the necessary information. Staff received training in medicines administration and management and their competency was assessed.

They were aware of the action to take in the event of a medicines error.

The premises and equipment were maintained to ensure people's safety and the required safety checks were completed regularly. Housekeepers kept the home clean and tidy and kept records to show that all areas were cleaned regularly. Staff were aware of the steps they needed to take if a person developed an infection, to reduce the risk of the spread of infection to others.

Good

Is the service effective?

Our findings

Prior to admission to the service, the registered manager or deputy manager completed an assessment of each person's care needs with the person and their relatives where appropriate. This ensured the service was able to provide the care and support the person required. Staff used evidence based tools and guidance to assess people's individual risks and care was provided in line with good practice. Staff sought specialist advice when this was required and liaised with other professionals to provide ongoing support and guidance. For example, we saw evidence of the involvement of a speech and language therapist, dietitian, community psychiatric nurse and GPs. People were supported to attend hospital appointments and other health screening services.

People we spoke with who lived at the home and relatives told us they thought staff knew what they were doing and were able to meet their needs or their family members needs. Staff received training and support to enable them to provide safe and effective care and support. Staff told us they were provided with all the training they needed and their training needs were discussed at their regular supervision. Nursing staff had access to training and updates to maintain their skills and competence.

People were provided with a nutritious and balanced diet, using fresh produce wherever possible. We observed a delivery of fresh fruit and vegetables during the inspection. The chef had a detailed knowledge of people's food preferences and requirements and consulted with people on a daily basis about their wishes. As a result, the meals provided catered to each person's individual preferences. People told us they enjoyed the food and there was plenty of choice. We observed meals were beautifully presented. When people required assistance to eat and drink, staff provided this in an unhurried way, chatting with the person and encouraging them to eat as much as possible.

People were supported to live healthier lives and encouraged to maintain their independence. For example, some people were supported to attend a local community slimming club and this provided incentives for them to choose more healthy options from the menu. Staff developed planned weight loss care plans in collaboration with each person to ensure any weight loss was within acceptable levels. During the inspection we observed staff encouraging people to maintain their independence and several relatives told us how their family members mobility and independence during activities of daily living had improved since their admission to the service.

The premises and environment met the needs of people who used the service and were accessible. They were pleasantly decorated and well maintained create a homely environment for people. Facilities were adapted as far as possible to meet the needs of people with poor mobility.

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 that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make 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 with appropriate legal

authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

Staff were aware of the implications of the MCA and DoLS for their practice and we able to describe how they provided care in the least restrictive way. Mental capacity assessments were completed when people could not make decisions for themselves, however, they were not always decision specific. We discussed this with the registered manager and they told us this had been brought to their attention recently and they showed us they were in the process of addressing the issue. We saw DoLS applications were made when necessary and authorisations were obtained. When conditions were associated with the authorisations these were being followed.

Good

Is the service caring?

Our findings

We observed staff treating people with kindness and respect. People and their relatives were unanimously positive about the attitude of staff and the relationships they built with people. For example, one relative said, "Everybody gets respect, but are still treated personally." Another relative said their family member was, "Just as happy here as when they were living with us." Relatives commented on the patience of staff and the fact they did not rush people, allowing them to take their time and maintain their independence and we observed this during the inspection.

Staff were very knowledgeable about each person and the things that were important to them, and this enabled them to provide reassurance and support and engage them positively. They protected people's privacy and dignity and we observed them speaking sensitively to them about issues which had the potential to impact on their dignity. Staff told us of action they took to maintain people's privacy and dignity during personal care, such as keeping people covered as much as possible, giving them privacy when they were using the toilet and closing doors and curtains.

We reviewed a range of compliment cards and letters received by the service, which demonstrated the personalised approach of staff. For example, "My father's care has been excellent. From the start he has been treated as a valued individual. All the staff have been caring, professional and friendly."

People's families and visitors were made welcome and involved in activities within the home. Relatives told us they could visit at any time and told us of steps taken to communicate with them and keep them informed. For example, a relative told us how staff had provided photographs of their family member engaged in some of the activities on an ongoing basis, so they could share them with relatives in other parts of the world. Others spoke of regular communication from the staff to keep them informed. Relatives told us they were involved in the development and review of their family members care plans and we saw this involvement was documented regularly in records of care review meetings.

Good

Is the service responsive?

Our findings

People received care that was personalised and responsive to their individual needs. During the inspection, the personalised approach of staff was apparent and their knowledge of people enabled them to anticipate people's needs and wishes, whilst checking with them. We observed staff providing one to one care for a person and staff were able to calm the person and engaged positively with them throughout. Staff told us of activities the person enjoyed outside the home and how this was beneficial to them. A family member commented on the personal touches which made a difference, such as ensuring the person wore the correct socks for the day of the week (Monday socks on a Monday) as this helped to remind them of the day.

The registered manager told us of initiatives that had been implemented to identify factors affecting people's well-being and how this had impacted on people. For example, they identified that some people developed frequent urinary tract infections and in addition to encouraging a good fluid intake and hygiene, they had introduced a programme of monitoring, along with encouraging people to drink cranberry juice and eat vitamin C rich foods. They told us this had enabled them to identify infections early and minimise their impact on people.

Care plans provided information on people's care and support needs and their personal preferences in relation to their care. They were reviewed monthly and updated when something changed, thus ensuring they were reflective of people's current needs. The manager was aware of the accessible information standard and information was provided in a range of formats including large print. When people had difficulties in verbal communication or sensory impairment, plans were in place to maximise their involvement and ensure adjustments were made to the way staff communicated with them. For example, a person who had visual impairment had access to communication in braille. Picture menus were available and used to aid choice of meals for those who had communication difficulties.

People were encouraged to maintain their interests and join in in social activities. On the day of the inspection, people were rehearsing for a Christmas performance and they were enthusiastically putting forward their ideas for the event. There was an ongoing planned programme of activities each morning and afternoon and room for personalised activities in between. For example, we heard one person discussing their wish to go Christmas shopping with the activities coordinator and arranging when the best time for this would be. The registered manager told us they were keen to enable people to go out into the local community and go on external trips. They gave examples of regular attendance of people at the community dementia cafe, 'community cuppa events', pop in clubs, and the club for the blind. They also spoke about external trips in the local community and further afield such as the Boston 1940's day, the theatre, a trip to Skegness and visits to the local park and shops. Staff spent time with people on a one to one basis, and we saw a person involving a member of staff in knitting, and a person who showed us the work they were colouring.

The complaints procedure was available in the front entrance to the home. People told us they were able to raise any concerns with staff or the manager and they were confident they would be dealt with. We reviewed the response to a complaint made by a relative and saw the registered manager investigated and acted to

address the issue raised by the complainant. They provided a written apology and response in a timely manner.

We checked on the care of a person who was receiving end of life care. The person was made comfortable and staff attended to them regularly. They told us they were being cared for very well. They had been prescribed medicines to ensure their symptoms were managed and reduced as possible and we saw these were being given when required. Their wishes for their care for the end of their life were documented in their care plans and these provided the information staff might require as the person's condition deteriorated.

Good

Is the service well-led?

Our findings

The home had an experienced registered manager. 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. The operations manager and registered manager expressed a commitment to provide high quality, person centred care by engaging with people using the service, staff and external stakeholders. Staff praised the manager and told us they were supportive and fair. People and their relatives knew the manager and staff very well and said they felt they could approach them with any problems.

The service was well run and well organised. A wide range of quality audits were completed regularly by the registered manager and other staff and actions to address issues for improvement identified in the audits were recorded and actioned. The registered manager completed a monthly quality monitoring report for the provider. Representatives of the provider visited the service regularly to provide support to the registered manager and staff. They also completed provider quality assurance audits and spoke with people using the service.

The registered manager collated information on incidents and falls to identify themes and commonalities. For example, they looked at the location and time of falls and any factors relating to falls in individuals. From this they had made the case for one to one support for a person

People were engaged within the home and future activities and developments were discussed with them. Minutes of relative's meetings showed a wide range of topics were discussed and people's personal wishes were accommodated. For example, some people wanted to decorate their bedrooms for Christmas in addition to decorating the communal areas and it was agreed that staff would support them to do this.

The registered manager encouraged links with the local community and community groups. For example, a member of staff attended local Alzheimer's Society meetings and one of the meetings had been held at the home. People using the service also attended local groups. Students from the local university had had work placements at the service and on the day of the inspection a young person was undertaking work experience at the service.

Regular meetings were also held for staff and staff told us they felt able to contribute to discussion and raise issues themselves. Initiatives were in place to enable people and their relatives to provide feedback when they felt staff had gone the extra mile for them. These were described as "golden tickets." The number of golden tickets a member of staff received each month were collated and the staff member receiving the most were presented with a gift voucher. The registered manager had nominated staff for the county care awards for best team award and residential care award, and the registered manager was nominated for the care leadership award.