

# Arrowsmith Rest Homes Limited

## Westfield Rest Home

### Inspection report

2 Westfield Road  
Blackpool  
Lancashire  
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Tel: 01253344899

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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

### About The service

Westfield Rest Home is situated in a residential area of Blackpool close to a main road, shops and with a good transport network. The home is registered for 13 people. The home is a corner property. Communal areas include two lounges and a dining area. There are garden areas to the side and front of the home and a rear yard area for people to sit out in. There were seven people living at the home at the time of the inspection visit.

### People's experience of using this service and what we found

People were protected from the risk of abuse and kept safe by staff who were trained to protect them. The registered manager had a system to record any incidents and accidents and learn from any trends or patterns. However, no incidents or accidents had been reported and the registered manager confirmed this. Staff continued to be recruited safely and sufficient numbers of staff supported people to live an independent life as possible while living with dementia. Medicines were managed safely by trained staff. Infection control systems and audits continued to ensure a clean environment and reduce any risks.

The registered manager ensured staff received training that met their needs and supported people who lived at Westfield. People spoke positively about the quality of food and praised staff who did the cooking. One said, "Good food with choice and variety." People received support with their healthcare needs promptly. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The registered manager and staff embraced people's diversity and provided sensitive care delivery centred on promoting people's human rights. They were committed to developing personalised care to ensure it supported and benefited each person's life.

Activities were varied and usually took place in the afternoons. One person said, "I like the games and bingo we do." People's communication needs had been assessed and where support was required these had been met. People knew how they could raise concerns about the service and a complaints procedure was in place. However, no complaints had been received since the previous inspection.

The registered manager was clear about their roles and provided care which resulted in good outcomes for people who lived at Westfield. They worked in partnership with a variety of agencies to ensure people's health and social needs were met. The registered manager used different ways to assess, develop and monitor the quality of the service. This ensured the service continued to be monitored and improve.

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

### Rating at the last inspection

The last rating for this service was good (published 30 March 2017)

#### Why we inspected

This was a planned inspection based on the previous rating

#### Follow up:

The next scheduled inspection will be in keeping with the overall rating. We will continue to monitor information we receive from and about the service. We may inspect sooner if we receive concerning information about the service.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our well-led findings below.

# Westfield Rest Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Westfield Rest Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (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 they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection, including information from the provider about important events that had taken place at the service, which they are required to send us. We sought feedback from Blackpool local authority and Healthwatch Blackpool. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections and we used this to plan our inspection.

During the inspection

We spoke with four people who lived at the home, the registered manager and deputy manager. We also spoke with the two members of staff. We observed care practices and how staff interacted with people in their care. This helped us understand the experience of people supported by the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at care records of one person and arrangements for meal provision. We also looked at records relating to the management of the home, recruitment of a staff member and medicines records. We reviewed the services staffing levels and walked around the building to ensure it was clean, hygienic and a safe place for people to live.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe and protected from abuse and their human rights were respected and upheld. Staff told us training was provided and regularly updated.
- People we spoke with told us they thought the service was safe and felt secure. One person said, "Very safe that makes me sleep easy."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The registered manager managed risk. They documented assessments information for staff about people's risks and how best to support people who lived with dementia. They kept these under review. Care plans confirmed a person-centred risk taking culture was in place to ensure people were supported to promote their own self development.
- The registered manager reviewed incidents to ensure risks were reassessed to prevent reoccurrence where possible and update any actions that were identified. Regular audits were completed, and lessons learned were shared with staff to improve the service and reduce the risk of similar incidents.

Staffing and recruitment

- The registered manager continued to ensure suitable staffing arrangements were in place to meet the needs of people in a person-centred and timely way.
- Staff were visible to people in their care and provided support as and when required. Our observations during the inspection visit confirmed this.
- Staff continued to be recruited safely. One staff member said, "All checks were completed before I started to work at Westfield."

Using medicines safely

- Medicines continued to be managed safely, and people received their medicines when they should. Our observations of medicines being administered, and documentation seen confirmed this.
- Staff who administered medicines had completed relevant training to administer medicines safely. A staff member said, "Always staff are trained give out medicines and training is updated."

Preventing and controlling infection

- The registered manager continued to have safe and effective infection control procedures. Personal protective equipment such as aprons and gloves were available around the building. We saw staff make use of these when supporting people with personal care.
- Staff told us they received training and regular infection control audits were undertaken to ensure

standards were maintained and improved.



# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager assessed people's needs and preferences in relation to their care. Following the assessment, a plan of care was developed that involved the person. Documentation seen confirmed this.
- The registered manager continued referencing current legislation, standards and evidence based on guidance to achieve effective outcomes. This supported staff to ensure people received effective and appropriate care which met their needs and protected their rights.
- The registered manager regularly reviewed care and support and updated care plans monthly or where people's needs had changed. This ensured people received the level of care and support they required and was current.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and carried out their roles effectively. Staff told us they regularly updated training sessions in dementia care to meet individual's specific needs. In addition, staff told us induction training was provided and supported them to get to know people well and provide the right support for them.
- Staff told us they felt supported by the registered manager and senior staff. They told us they received regular supervision and appraisal of their duties. Records looked at confirmed this.

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

- Staff ensured people's nutritional needs were managed to ensure they received a balanced diet and sufficient fluids to keep them hydrated. Care plans confirmed people's dietary needs had been assessed. We saw snacks and drinks were provided throughout the day.
- People were provided with meals and drinks they enjoyed, and their comments confirmed this. One person said, "Always a choice of what to eat they will cook anything for me."
- Staff had completed nutritional assessments where necessary to identify people's needs and any risks they may have when eating. This ensured people received the right support at mealtimes.
- Lunch was organised, managed well and staff supported people who required assistance. We observed people were supported in a sensitive way when requiring help at lunch time.

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

- The registered manager continued to work effectively with healthcare professionals to ensure people's healthcare needs were met. They worked with services including GPs and district nurses. We saw documented outcomes and support people required in care plans.

- Staff had a good understanding about the current medical and health conditions of people they supported. One staff member said, "We are a small home and know people well and understand if they are not themselves and act."
- People were supported by staff to attend healthcare appointments when required and they confirmed this when spoken with. Staff supported people in managing their health and wellbeing needs by making appropriate referrals to specialist services.
- People had plans in place relating to their oral healthcare and what action was required to maintain good health.

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

- Accommodation was accessible, safe, homely and suitable for people's needs. Bathrooms could accommodate people who required support with moving and transferring to the bath.
- People were able to bring their own items into their rooms and to personalise their rooms as they wanted to.
- There was dementia friendly signage around the building which help support people who lived with dementia.

#### Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 take decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- There were authorised DoLS in place. Records contained evidence to demonstrate care planning was discussed and agreed with people and their representatives. We saw people were not restricted in their movement around the home. Consent documentation was in place and signed by the person receiving care or their relatives who had legal status to provide consent on their behalf.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity. Respecting and promoting people's privacy, dignity and independence

- People continued to be treated with kindness and patience. We saw this during our observations and what people told us. One person said, "Yes they are very kind and treat me well, that is what they all are."
- Staff had a good understanding of protecting and respecting people's human rights. They talked with us about the importance of supporting people's different and diverse needs. We observed people were treated as individuals and staff told us how important this was. Care records seen had documented people's preferences and information about their backgrounds, so staff had a better understanding.
- People continued to be treated with respect and their dignity was upheld. We saw this was demonstrated by how staff supported people. For example, knocking on doors before entering people's private space and when staff supported people with personal care needs.

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

- People and relatives continued to be consulted about care and make decisions for their wellbeing and support they required. Staff encouraged people to make daily choices and involved them in doing so.
- The culture at Westfield Rest Home was caring, kind and compassionate. This reflected the attitude of staff and the management team. All comments we received from people supported this.
- There was information available about access to advocacy services should people require their guidance and support. An advocate is an independent person, who will support people in making decisions, to ensure these are made in their best interests.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People continued to receive care and support which was personalised to them. Staff were familiar with people's likes in terms of interests and social activities.
- People told us staff gave them choices and they were able to make every day decisions about their care and staff provided support that was focused on individual needs, preferences and routines. One person said, "I enjoy the games and popping out with staff they know what I like."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager identified how people who lived with dementia needed information to be provided. Their communication preferences and needs were documented so staff knew how to support people.

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

- People were encouraged to take part in events at the home and develop relationships. People spoken with chose to spend most of their time in the communal lounges. This was a small home, and this meant staff knew people well and knew what they liked to do to spend their time. A staff member said, "We are aware of what people like to do as we know each other well that is the benefit of a small home."

Improving care quality in response to complaints or concerns

- Complaints and concerns were taken seriously, and a system was in place. No formal complaints had been received since the previous inspection and a policy was on display in the hallway of the home.
- One person told us they had no reason to complain about anything however they were sure concerns would be dealt with by the registered manager.

End of life care and support

- People's end of life wishes had been recorded including their religious wishes so staff were aware of these. No one was on end of life care. However, training had been provided for staff to understand the principles of caring for people on end of life care.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager planned and delivered effective, safe and person-centred care and led the service well. Current and relevant legislation along with best practice guidelines had been followed.
- Staff told us they had opportunities to make suggestions, pass on opinions of how the service should support people and raise any concerns. For example during formal and informal team meetings. A staff member said, "We keep informed and with being a small home the manager keeps us up to date with what is going on."

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

- The registered manager encouraged candour through openness. The registered manager and staff were clear about their roles, and understanding of quality performance, risks and regulatory requirements
- The registered manager assessed and monitored the service through methods such as audits and these included, environmental safety, infection control, accidents and incidents. The registered manager informed us any identified findings were addressed to improve and develop the service for people. We confirmed this with documentation we looked at.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was experienced and had good staff who were knowledgeable about the needs of the people they supported. One person said, "They are very good and know what they are doing we have great staff and manager."
- The registered manager understood their legal obligations, including conditions of the Care Quality Commission (CQC) registration and those of other organisations.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager encouraged people to provide their views and about how the service operated through one to one meetings and surveys.
- Relatives were regularly involved in the service and consulted about the care and support being provided through surveys/questionnaires. Results from recent surveys were all positive. The registered manager told us they try to involve people as much as possible to create a good service that supports people who lived at

Westfield.

#### Working in partnership with others

- The owner and registered manager continued to work in partnership with other organisations to ensure sure they followed current practice This helped to provide a quality, service and people in their care were kept safe. These included healthcare professionals such as GPs and other health professionals. This ensured a multi-disciplinary approach had been taken to support care provision for people at Westfield Rest Home.