

Springcare (Weston) Limited

# Weston House Residential 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

This inspection took place on the 23rd August 2018 and was unannounced. At our previous inspection on the 9th November 2015 we found the home required improvements under the heading of safe but that overall the home was rated as good. Following this inspection, we found that the provider had made improvements so safe was now rated as good. All other key questions were also rated as good, so the overall rating of the home remains good.

Weston House Residential Home provides accommodation and personal care to up to 38 people, some of whom maybe living with dementia. At the time of this inspection Weston House Residential Home was supporting 30 people. The home had a 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 a legal responsibility for meeting the requirements in the Health and Social Care Act and associated regulations about how the service is run.

People told us that they felt safe living at Weston House Residential Home. People felt that there was sufficient staff to meet their needs and that staff were available to spend time with them throughout the day. People received their medication as prescribed and people were protected from the risks of ill treatment or abuse. The provider followed safe recruitment procedures.

People had their health needs assessed and effective care plans in place to meet identified needs. People's needs were reviewed on a regular basis and they were involved with decisions about their care. People had access to a balanced diet and the environment had been adapted to suit peoples needs.

People felt that the staff team was caring and that they were encouraged to be independent. People felt they were treated with dignity and that their privacy was respected.

People had access to activities throughout the day and people knew how to raise a concern or complaint if needed. There was no one in receipt of end of life care at the time of inspection

Staff understood their roles and responsibilities and felt supported by the registered manager. Processes were in place to enable the registered manager to review the care provision and quality of care being 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?

Good ●

The service was safe.

People said they felt safe. People received their medicines as prescribed.

There were enough staff to meet people's needs and they had been recruited safely. Risks to people's health and care needs were assessed and managed appropriately.

### Is the service effective?

Good ●

The service was effective.

People were cared for by staff that had the skills and knowledge to support them. People were asked for their consent before care and support was provided. Staff understood their responsibilities to protect people's rights and freedoms. People were offered a choice of food and had access to health care professionals when needed. The environment was clean and in good decorative order

### Is the service caring?

Good ●

The service was caring.

People were supported by staff who were caring. People were involved in making choices about their care and their views and preferences were respected by staff. People felt their privacy and dignity was maintained.

### Is the service responsive?

Good ●

The service was responsive.

People received care and support that reflected their needs. People had access to activities within the home. People and relatives had the information they needed to raise concerns or complaints, if they needed to. No one was identified as being in receipt of end of life care.

## Is the service well-led?

The service was well-led.

There were systems in place to monitor the service and the quality of care being provided. Staff were aware of their roles and responsibilities and felt supported by the management team. The team worked well together.

Good 

# Weston House Residential 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 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.'

The inspection took place on the 23rd August 2018 and was unannounced.

The inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is someone who has personal experience of using or caring for someone who uses this type of service.

Prior to the inspection we reviewed all the information we held on the service. We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We looked at information we held about the service including statutory notifications submitted. Statutory notifications include information about important events which the provider is required to send us by law. We spoke with agencies such as the local authority to gain views about the quality of the service provided.

During the inspection we spoke with ten people who lived in the home and four relatives. We spoke with seven members of staff, the registered manager and the operations manager. We reviewed a range of records about how people receive care and how the service is managed. These included four care records, three staff files, complaints and records relating to the management of the service such as audit and quality checks.

## Is the service safe?

### Our findings

At the time of our last inspection published in December 2015 the 'Safe' key question was rated as 'Requires Improvement.' At that inspection we found that improvements were needed regarding the allocation of staff in the evenings. In addition, we found information regarding people's 'as required' medicines was not consistent. At this inspection we found improvements had been made and we therefore rated this question as 'Good'.

People received their medicines by trained and competent staff members. One person told us, "All my medicines are on time. They (staff) are very particular regarding this. I am able to take them myself and they bring them with some juice." The medicine administration records (MAR) we looked at were accurate and up to date. People now had clearer individual guidelines for the administration of medicines which staff were aware of and followed. Staff members we spoke with told us they had received training on the safe administration of medicines and had been assessed as competent before supporting people.

People were supported by enough staff members to meet their need promptly. One person said, "They have certainly got enough staff who are always there to support me." Staff members we spoke with told us that they felt there were enough staff to support people. We saw people were supported promptly when needed and that staff members had the time to sit and chat with people throughout the day. The provider followed safe recruitment procedures when employing new staff members. These checks included obtaining references and checks with the Disclosure and Barring Service (DBS). The (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with others. The provider had systems in place to address any unsafe staff behaviour. This included retraining and disciplinary procedures if required.

People continued to be protected from the risks of abuse and ill-treatment whilst living at Weston House Residential Home. All those we spoke with believed they were safe living at Weston House Residential Home. Staff members that we spoke with knew how to recognise and respond to any concerns. The management team had made appropriate referrals to the local authority in order to keep people safe from the risks of abuse and ill-treatment.

People were safely supported to live at Weston House Residential Home. This was because risks from equipment and the environment were assessed and actions taken to minimise the potential for harm. We saw the provider completed regular health and safety checks to ensure the equipment people used was safe and maintained. For example, the provider recognised that the floors of three of their bathrooms needed replacement. Although this had not happened at the time of this inspections site visit we saw assurances that this work would commence shortly with a set time scale for completion. The provider followed infection prevention and control guidance. Staff members had access to appropriate personal protection and infection control equipment i.e. aprons and gloves, at the point where care was provided. People had personalised emergency evacuation plans in place which detailed their communication preferences and the assistance they would need in an emergency.

Any incidents or accidents were reported by staff members and monitored by the registered manager and the provider. This was to identify any trends or patterns which required further action. When an incident or accident could have been prevented the provider undertook an investigation to identify the facts and what could have been done differently.

## Is the service effective?

### Our findings

At our previous inspection we rated the effectiveness of the service as good. At this inspection we found this area remains good.

People's care needs were assessed using nationally recognised tools. When we spoke with people about their care needs they told us that they or their family had been involved in the creation of their care plan and it was adjusted as needed. We saw the manager making referrals for additional support for one person whose needs had changed and they required reassessment. The provider used various monitoring charts to review individual's health needs. We saw evidence that these were completed and reviewed on a regular basis and that action was taken where needed. Each month weights were taken and the manager reviewed any loses or increases. We saw evidence that medication times were reviewed if there was an increase in missed medication, for example one person fell asleep before the evening medication round so medication was moved to earlier in the day.

People were supported by staff who had received training relevant to their role. Staff informed us that they have lots of training some of which is online and some face to face. Staff completed dementia awareness training and the registered manager of Weston House Residential Home was working with a local provider network to deliver further dementia training. Staff informed us that during team meetings, "The manager review's what is and is not working". An example was given regarding improvements to the management of infection control.

We were informed that staff received regular supervision and two staff gave us examples of when they had been supported to amend their hours to ensure a better work/ home life balance. Staff had access to relevant policies and procedures and we saw files set up specifically for agency staff to ensure they were had access to key policies they might need when working at Weston House Residential Home.

People were supported by staff who understood the Mental Capacity Act and were encouraged to make their own decisions. One person told us "I don't think they (staff) have ever just gone and done things without talking to me first". One staff member told us "We will ask the person what they want and if they struggle we can suggest what they usually like. This helps them decide". 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 take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The provider held best interest's meetings when a decision was required and it had been assessed that a person lacked capacity. We reviewed applications to deprive people of their liberty and found that the process had been followed and that the relevant notifications had been submitted. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People were supported to have access to sufficient food and drink to maintain a balanced diet. One person told us "The food here is excellent, you can't fault it. You always get a choice and they always ask what you want." Peoples dietary needs were considered and we saw documented evidence within the kitchen of people's individual needs such as soft diets, low potassium as well as peoples likes and dislikes. One family member explained how their relative could be reluctant to eat but was impressed when staff brought in different foods to encourage their relative to eat. At meal times we observed drinks on the table before meals started and people being offered an alternative when it was observed they were not eating what they had earlier chosen.

The environment at Weston House Residential Home was suited to the needs of the people living there. The home was clean and in good decorative order. Bathrooms were adapted and hand rails positioned where required.

## Is the service caring?

### Our findings

At our previous inspection we rated caring as good. At this inspection we found this area remains good.

People told us that staff were caring and actively engaged with them. One person said, "The staff are super nice, always stopping to talk to me and asking how I am and are very caring with me". Another person told us, "The staff make time for me here". We saw staff members had time and opportunity to sit and talk with people. One staff member told us "This is a homely environment where we support people and are not here for our needs, but for theirs".

People we spoke with told us that they were involved in decisions about their care and encouraged to be independent and remain active. One person told us "I need help walking and they (staff) are always encouraging me to keep moving so I don't seize up and they always get me to do things for myself". People were supported to engage with outside agencies to help promote their independence. One person told us they were being supported to purchase their own mobility scooter and they explained the positive benefit this would bring "By getting my scooter I will be far more independent and able to get outside. They (Staff) encouraged me to do this to give me an even better quality of life". Another person told us about positive developments they had made in managing aspects of their own care "They (Staff) have helped me with my medication which has led me to being more independent".

People were treated with dignity and respect. The staff knew people individually and one staff member told us, "I never treat people differently but always how they wished to be treated" Another staff member confirmed "I bring ideas to the table but always try to facilitate what people say they want to do". People's religious beliefs were documented and staff understood the need to support people in line with the Equality Act. We observed people's right to a private life being maintained.

People received support during times of upset and anxiety that was dignified and kind. One person became upset and staff recognised this and responded immediately. We later saw this person visibly relaxed.

Families and friends visited the home throughout the day. One family member told us, "The care staff are lovely. They all know my relative's ways and take time to talk to them. The staff are all so friendly and caring in this home". People were heard describing others that lived in the home as friends and we saw genuine interactions being encouraged. We observed information being treated confidentially and sensitive discussions being held with compassion. The staff were observed knocking on people's bedroom doors before entering.

## Is the service responsive?

### Our findings

At our previous inspection we rated the responsiveness of the service as good. At this inspection we found this area remains good.

People were aware of their care plan and either they or their family member were engaged in the care planning process. One person told us, "I work on my care plan with them (the staff) which is why I am moving on, as now I am more able". Another person told us, "My care plan is kept up to date with any changes". One family member told us that their relative did have a care plan and that, "We have full access if required and we know it is kept up to date". We saw changes to people's medication being discussed with people and family members following a GP visit and information being documented for the staff team to follow. Within care files we saw that person-centred information was recorded including people's views for the future.

People were provided with the option of engaging in numerous activities including trips in to the community. On the day of the inspection we observed volunteers coming in to Weston House Residential Home from the local school to spend time with people. In the afternoon a singer entertained a large group in the lounge. One staff member informed us that they had completed a survey of what people had wanted to do and several people had suggested a little shop in the home where people could buy small items such as cards and sweets. We saw the shop in operation and observed people placing orders for additional items they wanted staff to help them purchase.

People knew of the complaints procedure and how to raise concerns. One family member told us, "I would speak direct with the carers when they came around or talk to the manager". The provider kept a log of any complaints received and actions taken however, no complaints had been received for some time. No one spoken to on the day had any complaints or concerns they wished to raise. Staff informed us that if they have any concerns that they would raise it with the office and that in the past any concerns have been dealt with promptly. Staff also informed us that if there were any issues in the home that these would be discussed in team meetings so that everyone was made aware.

People had their accessible information needs recorded at the beginning of their care plan and we saw staff communicating with people in a manner that they could understand.

As there was no one in receipt of end of life care we did not assess this area in depth. We did note within care files there was reference to the advance wishes of some people and from the homes audit process we saw that this area was being further explored by the registered manager.

## Is the service well-led?

### Our findings

At our previous inspection we rated well led as good. At this inspection we found this area remains good.

People we spoke with felt that the home was well managed and that staff were friendly and approachable. One person told us, "I like it here, it runs very well". Another person told us, "they are all very nice to us here and it seems well organised in everything they do for us". Throughout the day the registered manager demonstrated a good understanding of people's needs and their responsibilities as a registered manager. We observed the registered manager supporting the care team and discussing any issues that arose in a supportive and effective manner. The registered manager informed us that they used feedback questionnaires to help inform their work. One relative confirmed that they had recently had a feedback questionnaire that they had responded to.

The provider had systems in place to review people's needs, the staffing levels required and the maintenance of the home. The registered manager could demonstrate how they reviewed information gathered and put in to place any actions required. Where actions were required we saw that the registered manager had named the staff member who needed to complete the task.

People who had any risks associated with their care were reviewed by the registered manager monthly. We saw that the registered manager reviewed areas such as weight loss or gain, falls and skin integrity. Any concerns noted were followed up with actions such as referrals to the nutritionist for additional support. The registered manager was at the time of our visit reviewing the daily walk around paperwork to see if further improvements could be made.

Staff spoke highly of the registered manager. One person told us, "Everything the manager does is for the wellbeing of the people here". Staff told us that they were encouraged to work together and join in discussions about any issues or ideas.

We found the provider had met their legal obligations relating to submitting notifications to CQC when certain events occurred, such as approved DOLs applications. We saw that the provider had ensured the services previous inspection rating was displayed prominently, as required by law.