

P & C Residential Services Limited

Westwinds Residential Home

Inspection report

North Side
Harrington
Workington
Cumbria
CA14 5QW

Tel: 01946830232

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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

Westwinds is a 'care home'. 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. Westwinds accommodates 14 people, some of whom may be living with varying degrees of dementia, in one adapted building.

At the last inspection the service was rated Good. At this inspection we found the service remained Good.

People were supported by sufficient numbers of staff who knew them well and were focussed on promoting their independence and happiness. Staff received on-going training, supervision and support to develop the skills and expertise required to undertake their roles.

A wide range of interesting and meaningful activities were available to people and relationships with the local community were well established. These measures all promoted people's social interactions, well-being and self-esteem.

Staff were caring and treated people with dignity and respect and ensured people's privacy was maintained, particularly when being supported with their personal care needs.

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 the service support this practice. Promoting and maintaining people's independence was a key feature of the home.

Staff worked closely with external professionals to promote people's physical and mental well-being. People's medicines were managed safely and in the way they preferred. People were supported to have a balanced diet that met their cultural and health needs.

Safeguarding procedures were in place and staff had received training in safeguarding vulnerable adults. Staff knew how to recognise abuse and told us they would report any concerns.

The registered manager provided good leadership. Staff told us they felt they were listened to and valued by the registered manager and provider.

There was a complaints policy which was available in an easy read format and complaints had been responded to and resolved appropriately.

Regular checks and reviews of the service, including the environment, continued to be made to ensure people experienced good quality, safe care and support.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service was responsive.

Is the service well-led?

Good ●

The service remains Good.

Westwinds 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 25 October 2017 and was unannounced. The inspection was carried out by one adult social care inspector, a specialist adviser in dementia care and an expert by experience working on behalf of CQC. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We used information the provider sent us in the Provider Information Return. 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. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send CQC within required timescales.

We contacted commissioners from the local authorities who contracted people's care. We also contacted the local safeguarding and adult social services teams.

During the inspection we spoke to 12 of the people living at Westwinds and four of their relatives. We spoke to four members of care staff, the senior on duty, a domestic, the cook and kitchen assistant. We also spoke with the company directors who visited the home while the inspection was being undertaken.

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 a sample of five care records and we observed staff supporting people in communal areas. We looked at the recruitment records of five staff, including two newly recruited staff, the staff duty rosters and staff training records. We checked maintenance contracts and quality assurance audits the registered manager and provider had completed.

Is the service safe?

Our findings

The people who used the service told us they felt very safe and there were always enough staff to meet their needs safely. One person commented, "The staff are always here when I need them, they check on me." And another told us, "I'm safe, the staff check on me through the night as well."

A relative said "I put [relative] to bed sometimes because she likes that and the staff are on you straight away 'have you put the buzzer on the bed' 'have you done this or that' so I've no worry that she is safe. They're brilliant." Another relative said, "I work in care so I know what it should be like. This home is very well run and I'm sure my [relative] is safe here."

People were supported by enough staff to meet their needs and staffing levels were based around people's care and support needs. The home had never used agency because there was sufficient staffing to provide cover arrangements within the existing staff team. Staff said they had enough time to safely support people, and staff rotas confirmed this.

The provider had developed and trained their staff to understand and properly apply appropriate policies and procedures to safeguard vulnerable people from abuse. They could describe the different types of abuse and the actions they would take if they had any concerns that someone may be at risk of abuse. Information we gathered from the local authority and from notifications received showed staff knew how to recognise and report abuse.

Staff files showed the provider operated a safe and effective recruitment system. This included the completion of an application form, a formal interview, two previous employer references and a Disclosure and Barring Service (DBS) check, which was carried out before staff commenced employment and periodically thereafter.

Systems were in place to ensure medicines had been ordered, stored, administered, disposed of and audited appropriately, in-line with guidance issued by the National Institute for Health and Clinical Excellence (NICE). Staff were knowledgeable on the I-care/ e-Mar medication system used by the home. We saw the service had clear policies and procedures in place to help ensure medicines were managed safely, including safe storage, accurate recording and checking staff competency and training.

People's care plans contained individualised risk assessments that were clear, comprehensive, and reviewed regularly. This meant people were enabled to take risks in their everyday life safely. For example, we observed staff moving residents in wheelchairs and using hoists. These were all used appropriately and safely with the correct equipment. There were also robust systems in place for monitoring the safety of the premises. These included checks on the fire alarm system, hot water and appliances.

An up to date personal emergency evacuation plan (PEEP) was available for each person, taking into account their mobility and moving and assisting needs. These plans were used in the event of the building needing to be evacuated in an emergency.

Is the service effective?

Our findings

Throughout this inspection we found there were enough skilled and experienced staff to meet people's needs. We found that there was a well-established staff team that provided people with continuity of care and support. People told us that staff were well trained and this meant they knew how to care for them. One person told us, "The lasses [care staff] know what they are doing. We are well looked after here."

People were supported by staff who had the training and support they needed to carry out their role effectively. When staff began working at the service they had an induction which included basic training and shadowing more experienced staff. There was a training and supervision schedule in place offering courses on basic subjects such as first aid and safeguarding. This ran alongside training related to specific needs such as supporting people who were living with dementia.

Staff were aware of people's individual dietary needs, their likes and dislikes and their nutritional support needs. The menus that we looked at offered a wide range of choice. One person who used the service told us, "The food here is second to none. There's always plenty of choice and it's all home cooked."

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.

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).

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.

We found the service to be meeting the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). There was one person who used the service with a DoLS in place and these were applied for and monitored in line with the principles of the Act.

Staff were all trained in the principles of the MCA. People were asked to give their consent to care, before any treatment or support was provided by staff. Staff considered people's capacity to make decisions and they knew what they needed to do to make sure decisions were taken in people's best interests and where necessary.

People continued to be supported to maintain good health and staff worked closely with other health professionals making timely referrals to GPs, dieticians, occupational therapists and mental health teams. The home made use of national good practice tools to monitor peoples' health.

Is the service caring?

Our findings

The staff were observed to be very kind and compassionate with the people who lived in the home and sensitive to their individual needs and preferences. Staff also made family visitors feel welcome and encouraged them stay for meals and refreshments. People spoke of the atmosphere as being "like one big family" and being made to feel a valuable part of their relatives 'care team.'

One person told us, "The staff are all nice and kind. They help me when I want to have a bath and get my hair done." And another told us, "The staff are fantastic, no complaints what so ever. I was in another place but this is much better, much better."

A relative said, "It's been a godsend this place, [Relative] came in here so ill and now through the patience of the staff [relative] is getting up and joining in." Another relative said "This is a great place we are so happy [relative] is here. My [relative] is looked after amazing and treated with the utmost care and kindness." And another relative said "The carers always make a fuss when you come in and go the extra mile with all the residents."

We spent time observing people throughout the inspection and there was a consistent relaxed, warm and homely atmosphere. The staff interacted with people in a positive, encouraging and caring way. We saw that people were respected at all times by staff and treated with kindness. Staff used touch to reassure people and to convey warmth. There was lots of friendly banter, meaningful conversations and laughter between staff and people in the home.

We looked at the arrangements in place to ensure equality and diversity and support people in maintaining important relationships. People told us they had been supported to maintain relationships that were important to them and to follow the religion of their choice.

Staff respected people's dignity and privacy. They knocked on people's doors before entering and asked their permission before entering their rooms or when giving care. One staff member told us, "Staff respect people and their dignity, if someone needed to change clothes after their meal we would ask them and make sure their dignity is kept."

People were supported to maintain their independence and this promoted people's self-esteem by assisting them to maintain good standards of personal grooming. People wore clean, co-ordinated clothing and were given support with hairdressing, shaving, manicures and to wear jewellery and accessories. Attention to detail was also reflected in people's care plans.

People told us, "I have lived here for a few years now and I have help so I can look after myself." Another person told us, "I have my own space, I have my own privacy. I have a normal life now I'm here and not in hospital."

People had regular access to advocacy services and the registered manager was knowledgeable of when to

make use of the service. There were contact details on display throughout the home.

Is the service responsive?

Our findings

We observed people were supported to lead active lives and take part in a variety of social activities, within the home and in the local and wider community. There was a very good level of information gathered about people's backgrounds, lifestyles and interests. This was incorporated into profiles and daily routines which showed what was important to the person and what they liked to do at different times of the day. Weekly plans with activities timetables were also in place and were used to record what people had done. For example, one person's plan indicated they enjoyed listening to music, watching DVDs, pampering sessions and visits from family. They also went out shopping, to a local church and on various day trips.

One person told us, "The best thing about here is that I can please myself and do the things I want to do, when I want." Another told us, "I go out most days, I go out to the shops, for a coffee or a walk in the fresh air with staff." We were told one person went out to work as a volunteer in a local shop with staff support.

A relative said, "The activities in the home are impressive. The manager is marvellous, she takes them out and they have parties, I have had to take the day off for the Halloween party as we've got to come in fancy dress." There was a very full entertainments programme, with the latest acts being an Elvis impersonator and a Queen look a like.

People told us the staff team were always looking for ideas and new places that may interest them. People were keen to tell us about a very successful and enjoyable Tea Dance arranged in a local club by the home the previous day with people from the local community also being invited. One person said, "It keeps me active and I get to see friends I've not seen for a while, and its brings back lovely memories."

People were supported to be active in their chosen religion and were supported to maintain this. One person told us, "I go to church, I go once a week and we went to the church hall for a meeting the other day with staff. "

When we spoke with a health professional who visits the home they told us, "The staff here are brilliant, very caring, approachable and very responsive, they communicate well with us and always follow our instructions."

People were supported by person centred approaches. Life stories formed a central part of the care planning and detailed what was important to each person; their hobbies, likes and dislikes, health and maintaining independence. One staff member told us, "We treat people as individuals, we don't say to people 'this is what you're going to do' we ask them, choice is everything."

We saw a range of detailed assessments were completed to identify each person's needs, risks and to plan their care. Care plans in place covered areas such as, skin viability, personal safety, social networks, continence, appearance, wellbeing, moving and handling, communication and personal hygiene. All these care plans were of a high standard, person centred and had been evaluated and updated monthly.

Personal wishes were being incorporated into daily routines in the home, such as food choices, personal care and sleeping preferences. A nutritional assessment was completed and nutritional care plans were regularly updated, with professional advice sought and implemented from speech and language therapist and dieticians.

The home encouraged people to speak up and have a say in the running of the home. Residents' meetings were very well attended by people living in the home and by relatives. People who used the service knew how to make a complaint or raise issues.

Is the service well-led?

Our findings

The home had a registered manager in post. A registered manager is a person who has registered with CQC to manage the service. Providers of health and social care services are required to inform the Care Quality Commission (CQC) of important events such as allegations of abuse or serious injuries. The registered manager had ensured we were informed of significant incidents in a timely manner. This meant we could check appropriate action had been taken.

We found people received good standards of care because the management team led by example and set clear expectations of staff about the standards of care people should receive. People and relatives told us, "The home runs like clockwork" and "The home has a very good reputation locally."

The registered manager promoted a person centred culture within the home and people were central to the running of the service. She had an open door policy to enable people and those that mattered to them to discuss any issues they might have. Innovative ways of seeking feedback to increase participation were used, such as a feedback tree that stood in the hallway, whereby people used leaves to write ideas on and pin to the tree.

The home had a well-developed staff development strategy that covered training, supervision, professional development and staff recognition. Staff were encouraged to take on lead roles in area such as dementia care and end of life care and received training and support to become 'champions' in these areas.

We spoke with members of the staff team and they gave very positive feedback about the management of the service. One member of staff told us, "The manager is always around and very supportive" and another said, "The manager comes in and works together with us. She sets high standards."

Policies, procedures and practice were regularly reviewed in light of changing legislation to inform good practice and provide advice. All records observed were kept secure, up to date and in good order and were maintained and used in accordance with the Data Protection Act.

Regular analysis of incidents and accidents took place. The registered manager told us learning took place from this and when any trends and patterns were identified, action was taken to reduce the likelihood of re-occurrence. For example the home kept a record of people's falls with action taken by staff and advice sought to reduce the reoccurrence. For example, as a result of a medication error updated policy and protocols had been put into place and staff training renewed.

The registered manager and provider ran a programme of audits throughout the home. These were carried out regularly and included; medicines, accidents and incidents and the environment.