

St Martin's Residential Homes Ltd

West View Care Home

Inspection report

136 Leicester Road
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Leicester
Leicestershire
LE2 9HG

Date of inspection visit:
28 February 2020

Date of publication:
09 April 2020

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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

Westview Care Home is a residential care home providing personal and nursing care to 18 people aged 65 and over at the time of the inspection. The service can support up to 19 people.

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

People were safe and staff understood their responsibilities to protect people from abuse and avoidable harm. Risks were assessed, identified and managed. Staffing numbers and skill mix were determined according to people's dependency needs. Staff had time to spend with people and involved them in making decisions about their care and support.

People had their needs assessed and staff had the training and support they required to carry out their roles. People had access to the healthcare services they required. Staff worked closely with healthcare professionals and followed their advice and guidance. People's medicines were managed in a safe way, medicines were reviewed regularly and changes were made as required.

People were supported to eat and drink enough, they enjoyed their meals and were given a choice of meals that they liked.

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.

Care and support was person centred and planned with the person or their relative so that it met people's individual needs and preferences. Staff knew people well and communicated effectively.

Complaints were taken seriously and used as an opportunity to learn and improve. People and staff were supported by their managers. Quality monitoring was effective to manage risk, and identify areas for improvement. People and staff were engaged and involved in service development.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 11 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-

inspection programme. If we receive any concerning information we may inspect sooner.

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 effective.

Details are in our safe findings below.

Good ●

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 ●

West View Care 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

Westview 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.

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 used the 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.

During the inspection

We spoke with one person who used the service and four relatives about their experience of the care provided. We spoke with six members of staff including the, registered manager, assistant manager, compliance manager, care workers, the cleaner and the cook.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision, a variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We contacted a healthcare professional who regularly visits the service. They gave us positive feedback about the service.

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 has 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 felt safe and could speak with staff about any concerns they had. Staff routinely asked people if they felt safe or had any concerns.
- Relatives also so said people were safe. They had confidence in the managers and all of the staff and were sure action would be taken to protect people if this was required
- Staff understood their responsibilities to protect people from abuse and avoidable harm. They knew how to recognise the signs of abuse. Because they knew people well they were quick to identify changes of behaviour and to investigate the cause.
- Staff knew what action to take if they suspected abuse. They knew how to report concerns and this included contacting other authorities such as the CQC and local authority safeguarding team.

Assessing risk, safety monitoring and management

- Risk was assessed and managed. For example, risk of falling was assessed and appropriate measures were put in place, such as assistive technology or mobility equipment.
- People were involved and consulted about risk management procedures and they did not restrict people's freedom.
- Assistive technology such as motion sensors were used to alert staff when people at risk of falling were walking about.
- Sensor lights were fitted in some people's en-suite bathrooms. This meant the light would automatically come on when the person entered their en-suite and this reduced the risk of falling and supported people to orientate themselves.
- A fire risk assessment had been carried out and the registered manager told us they were in the process of implementing the action plan developed from this.
- Routine safety checks and maintenance work was carried out to make sure the premises and equipment were in safe working order.
- Some carpets had been replaced with non-slip flooring.

Learning lessons when things go wrong

- Accidents and incidents were recorded and investigated. Action was taken to reduce further risk.
- Following an incident when a person left the building unsupervised when it was not safe to do so, changes were made to the locking mechanism on the front door. Observations were increased and staff consulted other professionals for advice and guidance.
- Recent staff training had been carried out about accidents and incidents and the importance of accurate

recording so that appropriate action could be taken to keep people safe.

Staffing and recruitment

- There were enough staff to meet people's needs. People and relatives told us there were always staff available to spend time with them.
- A dependency tool was used to determine the numbers and skill mix of staff required. Staffing numbers were increased if people were unwell, required support attending an appointment or if there were additional activities planned.
- Staff were recruited in a safe way so that as far as possible, only staff with the right skills and experience were employed.
- There was a low staff turnover and this meant there was a consistent staff group that people knew well.

Using medicines safely

- People and relatives told us staff managed medicines in a safe way.
- Systems and processes were well organised. There was a clear audit trail of medicines received into the service, administered or returned to the pharmacy. Records seen were accurate and up to date.
- People had their medicines reviewed to make sure they were still required and were effective.
- Staff received training and had their competency checked to make sure their practice was safe.
- Staff knew what to do in the event of a medicine error. They told us they would seek medical advice immediately.
- Medicines were stored correctly and securely.

Preventing and controlling infection

- Advice and guidance was provided to people and visitors regarding the coronavirus. People who had visited high risk areas were asked not to visit the service.
- People and relatives told us the service was always clean. The service was clean and fresh at the time of our visit.
- Cleaning staff had the products and equipment they required and followed daily and weekly cleaning schedules.
- Staff had access to the protective equipment they required such as gloves and aprons. They had received training about infection control and knew what to do to reduce the risk of infection.

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

- People had their needs assessed including their physical, mental health and social needs. Care and support was delivered to meet people's needs and choices.
- Managers and staff kept up to date with current standards and guidance through continued training, staff meetings and through external professionals such as healthcare professionals and other authorities.

Staff support: induction, training, skills and experience

- People and relatives told us staff had the skills and knowledge to meet people's needs.
- Staff had the training and support they required. New staff received induction training and ongoing training.
- The majority of staff had achieved or were working towards nationally recognised qualifications in care. This meant they were aware of best practice guidance and expected outcomes within the sector.
- Staff received supervision and had opportunities to discuss their performance and learning and development needs.
- Managers carried out observations to make sure staff were working in the correct way or if they required any additional support.

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

- People enjoyed the meals provided and said they had enough to eat and there was always a choice.
- The cook knew people well and understood people's dietary needs, likes and dislikes.
- People were consulted about the menu and their favourite meals were incorporated into the menu.
- Meals were served in people's preferred portion size. The cook and staff understood how important this was to people, they knew about the specific way people liked their food to be served.
- Risk of malnutrition was assessed. Where this was identified staff monitored people's food and fluid intake and took action when they did not have enough to eat and drink. For example, some meals were fortified with additional butter or cream to provide additional calories. Or people were offered alternatives at different time of the day.
- Appropriate referrals were made to healthcare professionals such as doctors, dieticians and speech and language therapists. A dietician from the Leicestershire partnership NHS Trust had visited the service to support staff in meeting people's nutritional needs and to provide further training to staff.
- Themed meal nights had taken place providing meals based on the cuisine of different countries. An ice cream van was arranged to visit the service during the summer so that people could enjoy an ice cream in the way they had done in the past. Fish and chips from the local chip shop were on the menu for tea from

time to time.

Staff working with other agencies to provide consistent, effective, timely care

- Information about people's preferences, needs and ways of communicating were recorded and understood by staff. This included people's advanced care plan wishes about the end of their life and their preferences about where they would like to be cared for and supported.
- This information was shared appropriately with other agencies on a need to know basis to ensure people received effective and timely care and support.

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

- People had access to the healthcare services they required. People and relatives told us staff took action and consulted with their doctor when they were unwell.
- Staff knew how to recognise when people's health was deteriorating and what action to take in response.
- A practice nurse from the GP surgery visited once a week to review people's care and support and ensure their healthcare needs were met.
- People had opportunities to exercise through group exercise sessions which were inclusive for people with disabilities.

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

- Improvements to the environment and premises were ongoing. New non slip flooring had been laid. Communal bathrooms and shower rooms had been refurbished and redecorated to a high standard.
- Extensive improvements were being carried out in the garden at the time of our visit. The new garden area was planned to be fully accessible and designed to meet the needs of people living at the service including people living with dementia.
- People's rooms were personalised and decorated in a homely and attractive way.
- Artwork and objects of interest and reminiscence were displayed in the communal areas for people and their relatives to enjoy.

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 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 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.

- Staff had received training about the MCA and DoLS and knew how to provide care and support in the least restrictive way.
- We were given examples of how staff did this. For example, for one person staff realised the choice of clothing made a difference to their mood and reduced incidents of any distress and associated behaviours.
- The registered manager had developed a system of recording to allow staff to quickly identify people's mental capacity need, any authorisations in place and associated conditions.

- Paid representatives visited to monitor the application of authorised DoLS and staff followed their advice and guidance.

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

- People received kind and compassionate care.
- People and relatives told us the staff were kind and treated them with respect.
- A relative told us, "The staff are very caring and the registered manager goes above and beyond." They told how staff had supported their relative to settle in when they first moved to the service.
- Staff knew people well and had recorded detailed information about people's social history, significant events in their life, and people and other information that was important to people. This assisted staff to communicate with people and offer reassurance even when they had difficulties with verbal communication.
- Special occasions were celebrated. People were able to choose their favourite meal and were provide with a cake on their birthday.

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

- Staff had time to spend with people and supported them to make decisions about their care and support.
- Care plans were developed and reviewed with people and their families if appropriate. This supported people to express their views and ensured people's preferences were met.
- 'Residents meetings' were held weekly and people were able to express their views. Meeting minutes showed people had requested changes such as changes to the time of a library visit so they could attend a different activity.

Respecting and promoting people's privacy, dignity and independence

- One person told us staff were always kind. They told us they protected their privacy and dignity when supporting them to wash and dress.
- A visiting professional told us staff were always helpful and always promoted the dignity of people using the service.
- Staff had received training about promoting people's privacy and dignity. They gave us examples of how they achieved this.
- Privacy screens had recently been purchased so that people's dignity could be supported while in the communal area should this be required.

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 received personalised care which was responsive to their needs. Each person had a care plan developed with them or their relative. This set out people's needs and preferences.
- Information about people's life histories, significant events and people and things that were important to people were recorded. This meant staff were able to meet people's individual needs even when people had difficulties communicating.
- People and relatives told us about the things staff did to make sure people had choice and control and had their preferences respected.
- Staff knew people well. They knew in detail about people's preferences and how to meet their needs. This included people's protected characteristics under the Equality Act.

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 consulted about the things they liked to do and were able to follow their interests and hobbies.
- There were a range of activities available and people told us they were occupied and enjoyed activities inside and outside the home.
- We were shown photographs of activities that had taken place. These included visiting entertainers, opportunities to interact with animals and take part in sporting activities. People were engaged and enjoyed the experiences.
- People were supported to access activities outside of the service such as attending local coffee mornings and accessing local amenities such as the café and garden centre.
- The service had links with local schools and a nursery. People visited the local nursery and schools sent in art work for people to look at and this was displayed.
- Staff supported people to meet with their relatives and friends in the local community. A relative told us how this had a positive effect on their relative and supported their relationship.
- People had opportunities to learn new skills such as information technology, baking and crafts and crafts. People had produced a significant amount of high quality art work and this was displayed in the communal areas.

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.

- Some people used pictures to support their communication needs.
- Staff had access to a tablet to support people to access on-line services and information. Staff told us people had used this for on-line shopping and the visual picture displays had assisted people to access the information.
- The registered manager told us written information such as the provider's welcome pack, was available in large print and could be translated into other languages should this be required.

Improving care quality in response to complaints or concerns

- People and relatives told us they knew how to make a complaint and would feel confident doing so.
- Two relatives told us when they had brought concerns to the attention of staff and the registered manager, prompt action had been taken and the matter resolved quickly and to their satisfaction.
- Complaints were taken seriously and used an opportunity to learn and improve.

End of life care and support

- People's advanced wishes were explored and recorded. This meant staff knew about people's preferences for end of life care.
- The service was supported by a community practice nurse. They were also due to facilitate a workshop at the service so that people and their relatives could be supported with end of life and advanced wishes care plans.
- Staff had received training about end of life care, including additional training accessed from a local hospice.

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.

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

- People and staff praised the manager. They told us they were supportive and accessible.
- The culture was person centred and outcomes for people were good.
- The day to day culture of the service was monitored through staff supervision and practice observations.
- There was a member of the management team working at the home seven days a week.
- Good practice and innovation was encouraged through staff appreciation awards and staff social events.
- Staff were proud to work at the service and felt involved and engaged in service development.

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

- The registered manager understood their legal responsibilities, They were open and transparent if things went wrong.
- They sent us notifications about things that may affect people using the service as they were required to.

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

- Audits were carried out to monitor quality performance and check that risks were being managed appropriately.
- The provider had a compliance manager who supported the service and also carried out checks and audits.

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

- Satisfaction surveys were sent out and people's responses were used to make changes. For example, people had asked for more opportunities to exercise. Action was taken to address this and exercise and sport sessions were taking place.
- Staff asked for more information regarding people's advanced care plan decisions and how these should be recorded. Additional support about this was arranged through the GP practice nurse.
- People, relatives and staff were engaged and able to contribute during weekly and monthly meetings and through care plan reviews.

Continuous learning and improving care

- Managers meetings were held so that best practice, risks and changes within the sector could be shared. This supported managers and staff to continually improve.
- Managers responded quickly to emerging risks in the sector. For example they had developed advice and support for people, relatives and staff about the corona virus.
- The providers compliance manager had developed a toolkit for staff competencies so that staff received the training and support they required and were following the provider's policies and procedures.
- Ongoing improvements to the premises and environment were underway.

Working in partnership with others

- Managers and staff worked in partnership with key organisations, including the local authority, safeguarding teams and commissioners to support care provision, service development and joined-up care.