

Sunquest Homes Limited

Westerley Care Home

Inspection report

Westerley Care
Chorleywood Close
Rickmansworth
Hertfordshire
WD3 4EG

Tel: 01923775789

Website: www.westerley.co.uk

Date of inspection visit:

16 May 2022

15 June 2022

Date of publication:

15 July 2022

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Westerley Care Home is a residential care home providing accommodation and personal care to up to 30 people. The service provides support to older people, some of who may be living with dementia. At the time of our inspection there were 28 people using the service.

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

People and their relatives told us the service was safe and expressed their satisfaction with the care provided. Staff had received training in safeguarding and felt confident in reporting any concerns to the provider or to external organisations. The provider had effective systems in place, had made referrals and investigated any concerns where appropriate.

Assessments of any risks to people's safety and welfare had been completed and plans put into place to help mitigate these risks. Staff were aware of the action they needed to take to help keep people safe and had access to up-to date guidance. Any incidents or accidents were recorded and monitored by the provider to ensure appropriate action was taken in response.

There was enough staff. Members of staff were seen to be attentive and able to respond promptly to people. The provider monitored staff deployment and ensured safe staffing levels were maintained. Staff recruitment was safe and pre-employment checks completed.

Medicines were managed safely and regular audits completed. We were assured by the measures taken to help ensure the prevention and control of infection.

People's needs and choices were assessed before admission to the service and they were supported to express their views and preferences regarding their care.

People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were trained and felt supported in their roles. Daily handovers, regular team meetings and supervision sessions provided staff with the opportunity to reflect on their practice and offer feedback or suggestions to the management team.

People, relatives and staff spoke positively about the management of the service. We were told the management team were approachable and supportive. There were regular opportunities provided to people, relatives, staff and visiting professionals to communicate with the provider, who confirmed they used all information received with a view to improve the service.

The provider used a range of audits and checks to monitor the quality of the care at the service. They had identified ways in which these could be improved and had plans in place to address this. The provider was keen to be able to demonstrate more efficiently a clear audit trail of the quality assurance processes and the action taken to improve outcomes for people.

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 requires improvement (published 10 March 2021).

Why we inspected

We received concerns in relation to safeguarding and staffing. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Westerley Care Home on our website at www.cqc.org.uk

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Westerley 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 Health and Social Care Act 2008.

Inspection team

The inspection was conducted by three inspectors.

Service and service type

Westerley Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Westerley Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post, who was also the provider.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 16 May 2022 and ended on 15 June 2022. We visited the service on 16 May 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the

information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with two people who used the service and two relatives about their experience of the care provided. We spoke with five members of staff including the provider, manager, deputy manager and care staff. We also received written feedback from six members of staff.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment, and documents relating to staff supervision and training.

A wide variety of records relating to the management of the service, including audits and monitoring records, surveys and meeting minutes were also reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with staff when receiving care. One person told us, "I am very safe here, they are wonderful. I do feel very safe, they explain what they are doing and they are great." A relative told us, "I can sleep during the nights because [Family member] is safe and well looked after."
- Staff had received safeguarding training and understood what to do if they identified any concerns. One member of staff told us, "[Provider] has an open-door policy to come and discuss problems. If I feel there are concerns about the resident's safety, I know to report them directly to the home manager or raise a safeguarding concern. I know I can call straight to CQC and Hertfordshire Council."
- The provider had systems and processes in place to help keep people safe from the risk of harm and abuse. The provider had made safeguarding referrals and investigated any concerns appropriately.
- Information regarding safeguarding and how to report concerns was displayed in the service.

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

- Risks to people's safety and welfare were identified and plans were in place to help minimise those risks. For example, where staff supported people to move and in relation to falls and nutrition.
- Care plans contained various risk assessments that covered a range of needs. These had been regularly reviewed to ensure staff had up-to-date guidance on how to safely meet current needs.
- Accidents or incidents were recorded and reported promptly. Reports were monitored and checked by the provider to ensure appropriate action had been taken in response and to identify any learning to be shared with staff.
- Discussions took place in staff meetings and handovers to share any learning from any untoward events.

Staffing and recruitment

- People and their relatives told us that staffing levels were good, and staff were quick to respond when people needed assistance. One relative told us, "I feel there is enough staff. There is personalised care and they give more than I would expect."
- The registered manager used a recognised tool to calculate the number of staff needed to meet people's needs. There were sufficient staff deployed, we observed that staff were attentive and able to respond promptly to people.
- There was a safe system of recruitment. The provider had completed appropriate recruitment checks prior to employing new staff. This included a Disclosure and Barring Service check (DBS) and uptake of references. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Using medicines safely

- Medicines were managed safely. People were receiving their medicines as instructed by the prescriber and all records reviewed were completed accurately.
- Staff had completed training and had their competence reviewed.
- We checked records and actual medicine stocks and found balances to be correct. Audits for stock, errors, storage and ensuring records were completed were undertaken.
- We saw that people's medicines were regularly checked and reviewed by their GP. A relative told us, "The GP comes out regularly, I am informed and know what is happening and what medicine [they are] taking. Referrals are done in a timely manner."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- People were able to see their friends and relatives at a time that suited them and were supported by staff to do so. Procedures were in place to enable people to receive visitors safely. PPE, including masks, and hand sanitiser was available to all visitors on entry.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. 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 and their relatives confirmed that staff had a good understanding of the ways in which they wanted to receive care and support and that care plans were comprehensive. One relative told us, "I am very happy with the care plan in place. They amended some bits and I looked, and everything is done and reviews are regular."
- The provider assessed each person before admission to the service to ensure they could meet their needs. People's wishes and care preferences were identified and used to inform care planning.
- People's care plans included the person's life history, support needs around mobility, medicines, skin care, physical health, diet and hydration, personal hygiene and social and emotional needs.

Staff support: induction, training, skills and experience

- Staff were enthusiastic about working at the service. Staff spoke positively of the induction process and the support they received from the provider and management team. They had received training in a range of topics to ensure they could meet people's needs. One member of staff told us, "When I first joined I was given induction training and mandatory training. These courses are now annual refreshers for me. The management check on our work to make sure we follow [guidance] properly."
- We saw records of staff training were monitored so refresher training could be booked when required.
- Staff confirmed they received regular supervision and felt supported by this process. One member of staff told us, "Support is given daily to carry out my job role and supervision are done every six weeks." Another member of staff told us, "Supervision gives an opportunity for feedback and advice and direction for me to be the best that I can be. The amount of support they (provider and management team) give me is amazing."

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

- People were consulted about what they ate and were able to make meal choices using pictorial information, verbal prompting, and through being shown the options available.
- Staff had gathered information from people and their relatives regarding food preferences. These were recorded in their 'dining experience' care plan.
- Mealtimes were not rushed and there were enough members of staff to provide support to people with eating and drinking, where this was required.
- Where risks had been identified with regard to food and fluids, there were clear instructions in people's care plans about how risks should be reduced. Staff followed the advice given by dietitians and other health care professionals to ensure risks were mitigated.

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

- Staff had a good understanding of people's health and wellbeing and ensured people attended health checks and appointments.
- Records showed the service liaised other professionals to promote people's health such as GPs, dietitians, speech and language therapists and pharmacists.
- Relatives gave positive feedback. One relative told us, "They (staff) are supporting well. They gave [them] [equipment] to help with [their] mobility. They referred [them] for a GP for [health concern]. [They are] so much better."

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

- The provider had had taken steps in adapting the service. This included redecorating areas of the service to provide visual stimulation and signage to help people orientate.
- People were supported to personalise their own space. Each bedroom was individual with different colour schemes and design. The management team told us that these choices were reflective of people's choices and personalities.
- There were enough communal facilities and a spacious garden that people could access.

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 MCA 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.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Records showed that the provider made suitable applications for DoLS where people were deprived of their liberty.
- People's ability to consent to care and treatment was recorded in their care plans. We saw that, where people lacked the capacity to make major decisions, 'best interest' meetings had taken place, with their relatives and relevant professionals to discuss what was best for the person.
- The provider monitored DoLS authorisations to ensure they remained valid and that any conditions were met. We asked the provider to ensure that any conditions from authorisations were included within care plans to ensure that all staff were aware of them. The provider agreed to take this action following our feedback.
- Staff had attended MCA training and were aware of the need to always obtain consent when they supported people.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There was a clear management structure in place. The provider was supported by a manager and deputy manager, along with senior care staff and care staff. Staff understood the lines of accountability and responsibility.
- Staff meetings were utilised by the provider to ensure continuous learning and improvements took place by sharing information with all staff. Minutes showed a wide range of topics had been discussed.
- Audits and checks were completed to monitor the service. However, records completed did not consistently evidence the action taken in response to any findings. The provider and management team were receptive to our feedback and confirmed they were in the process of exploring how they could monitor and check the quality of the service provided more efficiently with clearer audit trails and with better outcomes for people. This included the implementation of further computerised care planning systems. The provider had identified this potential improvement and there was no negative impact to people, staff or the service being provided at this inspection.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives told us they were happy with the care provided at the service. One relative told us, "We could not have chosen a better place. I can be here often, and this is so good. I would recommend the home. The management are so good and listen."
- Staff were positive about the support they received from the provider and the management team. They told us that they found them supportive and approachable. One member of staff told us, "They are always supportive regarding my job and my home life. I feel that I can talk to them, and they are always ready to listen."
- Staff could attend regular meetings and there were daily handovers to provide staff with the opportunity to. One member of staff told us, "In the handover we learn a lot and share a lot." Another member of staff told us, "In meetings or hand over, management are always asking for ideas to make things better or safer. We (staff) also have a suggestion box."
- The provider regularly communicated with people, relatives and staff with a view to gather their feedback and use this information to improve the service.

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 provider understood the duty of candour and their responsibility to be open and honest when something went wrong.
- All incidents and untoward events were fully investigated, and outcomes shared with partnership agencies, people, relatives and staff.

Working in partnership with others

- Staff worked in partnership with professionals from other agencies. For example, the local GP, district nursing team and local commissioners. Care records showed that health related advice and guidance provided was used to help with people's care planning.