

Westcroft Nursing Home Limited

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Inspection report

5 Harding Road
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Staffordshire
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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

Westcroft nursing home provides personal care and accommodation, diagnostic and screening procedures and treatment of disease, disorder or injury for up to 28 older people some of whom are living with dementia, at the time of the inspection there were 25 people living at the service.

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

Care files contained information for staff to ensure people's risk of pressure ulceration was managed in a safe way. Care files contained risk assessments for the use of equipment in the home, and we observed staffing using safe moving and handling techniques in accordance with risk management plans.

People's medicines were safely managed. Where people were prescribed 'as required' PRN medicines, there were protocols in place that specifically detailed the needs of people and when these medicines should be given. Where people were on covert medicines, this was always given as a last resort.

Where required, people received support with their eating and drinking. Care files highlighted guidance for staff to support people if they were on a specialist diet. Staff were seen to encourage people to remain hydrated throughout the day.

The home was undergoing a continued refurbishment where a sensory room had been installed. There were further improvements planned for signage on doors to help people living with dementia navigate throughout the home.

There were a lot of positive interactions between staff and people at meal times and throughout the day. Staff spoke clearly to people and understood how to interact with people who were living with dementia. People confirmed that staff were caring and treated them with dignity and respect.

People's care was person centred and individual to meet their specific needs and preferences. There were a number of events that had been organised by the service to help people maintain relationships and avoid isolation.

There was a positive culture within the home. There were quality audits in place which were monitored through robust governance processes and audits in place to assist with the continued learning and development of the service.

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.

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 25 October 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 effective 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 ●

Westcroft Nursing Home Ltd

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

This inspection was carried out by one inspector.

Service and service type

Westcroft Nursing Home 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

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed information we had received about the service since the last inspection.

During the inspection

We spoke with the registered manager, managing director, three care staff, one nurse, one cook, four people and two relatives.

We looked at three people's care records. We looked at records of accidents, incidents, and complaints received by the service. We looked at recruitment records, staff supervision and appraisal records, policies and procedures and audits completed by the registered manager.

We were unable to talk with people their experiences of care. 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and staff rotas which the provider had sent us.

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's outcomes were consistently good, and people's feedback confirmed this.

Assessing risk, safety monitoring and management

- People received safe care and treatment, because staff knew how to support people and manage the risks associated with their care.
- People's care files contained information for staff to ensure people's risk of pressure ulceration was managed in a safe way. We found that people had been consistently repositioned every four hours, but there was no time specific guidance in care files. However, there was no risk to people's skin integrity which was well monitored by staff.
- Care files contained risk assessments for the use of equipment in the home as well as maintaining good nutrition and hydration. Staff practice was in line with these risk assessments and this kept people safe. For example, referrals were made to health professionals where required, and their advice was followed. We also observed staff using safe moving and handling techniques when supporting people.
- People's individual emergency evacuation plans were in place and accurately reflected their needs.

Systems and processes to safeguard people from the risk of abuse

- Effective systems were in place to safeguard people from harm and abuse. All recorded safeguarding concerns had been reported.
- People and relatives told us about safety in the home. One relative stated, "Absolutely [Person] is safe here. [Person] can be a handful. The nurses are brilliant."
- People were supported by staff members who had a good understanding of safeguarding. All staff had received training in safeguarding and knew the process of raising a concern.

Staffing and recruitment

- People and relatives unanimously agreed there were enough staff to meet their needs.
- People were supported by a sufficient number of staff to meet their needs in a timely manner. In addition, we observed the registered manager helping out to meet people's needs when additional support was required.
- Required staff recruitment checks including criminal checks with the Disclosure and Barring Service were carried out to ensure people were protected from being supported by unsuitable staff.

Using medicines safely

- People's medicines were managed safely.
- Where necessary, people had detailed 'as required' protocols in place that were specific to their needs.
- Some people who lacked the capacity to understand the risks associated with the refusal to take their medicines, had been placed on covert medicines. This is where medicines are administered in a disguised

format. Care files documented what processes had taken place, for example meetings with professionals to determine whether administering covert medicines was in people's best interests. Staff informed us of the process they would take before giving the medicines covertly as a last resort.

- Staff supported people to take their medicines in a respectful way. Staff ensured that people's dignity was maintained when administering medication. People were asked if they were ready for their medicines and were given time to take them.

Preventing and controlling infection

- Staff were trained in the prevention and control of infections and used personal protective equipment such as disposable gloves to help reduce the spread of infection.
- The home was clean and free of malodour throughout our inspection.

Learning lessons when things go wrong

- All accidents and incidents were recorded, and staff told us they knew the process of reporting an incident.
- The registered manager took the necessary action to implement the required learning identified from accidents. In addition, they undertook a monthly audit which identified if there were any common themes to be identified and addressed.

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's care needs were assessed to identify the support they required and to ensure the service was meeting those individual needs.
- People's care plans clearly described how they wished to be supported with physical and emotional needs, as well as personal likes, preferences and their social interests.
- People received care and support they needed which supported their cultural identities and preferences, at the time specified in the care plan.

Staff support: induction, training, skills and experience

- The provider supplied training they considered essential to meet people's needs. The registered manager had two dates scheduled for each training package throughout the year, to enable all staff to attend and training to be completed.
- New staff received a thorough induction that provided them with the necessary skills and confidence to carry out their role effectively.
- Staff reported receiving regular supervisions and annual appraisals. Staff felt this was a positive way to receive feedback on how they were working and how they could improve and told us they were able to voice any concerns which were acted upon.

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

- Staff encouraged people to remain hydrated by offering a selection of drinks throughout the day. One relative told us, "[Person] doesn't have a lot of desire to eat and the cook is brilliant. They assessed [person's] ability. Food is like medicines. [Person] likes apple juice and yoghurts, so this is on tap."
- People selected their food for the day at the beginning of each morning and told us they enjoyed the food they were given. One person said, "I enjoy the food here and there is a good choice."
- People's care files contained guidance regarding what level of assistance they required with eating and if they were on a specialist diet. We observed that there was positive interaction between staff who supported people with their meals and people.

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

- The provider worked in partnership with GPs and specialist teams to make sure care and treatment met people's needs. We saw evidence of professionals being consulted with and liaised with to ensure people's changing health needs were met promptly.
- Relatives confirmed that their relative saw health professionals in a timely manner and received the

healthcare support they required.

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

- The home was undergoing a continued refurbishment programme at the time of our inspection. Further improvements were planned for example, signage on bathroom doors.
- People were involved in decisions about the decoration of their rooms, which met their personal and cultural needs and preferences.
- The registered manager told us part of the redecoration, since our previous inspection, was in the lounge area where pictures and soft lighting had been installed. A new sensory room had been completed. There was furniture, sensory room lighting and sensory room equipment to support people living with dementia to help them relax in the space when using it.
- People commented on how they liked the decoration of the home. One person commented, "It's really good, they have decorated this for us, the lights are so nice at the top [of the lounge area]. It's a really lovely place you won't find anywhere better than this."

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.

- People's human rights were protected by staff who demonstrated a clear understanding of consent, the MCA and DoLS legislation and guidance. For example, one staff member explained how they would support people to make decisions saying, "Allow residents to do as much as they can as far as they can. When the time comes when they can't make a decision, get the necessary people involved to make the best interest decision."
- Records showed that there was a clear process in place to ensure mental capacity assessments and best interest decisions were in place and reviewed on a regular basis. We saw evidence of the local authority being consulted and requested to complete DoLS assessments.

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

- All people spoken with felt that staff were caring and treated them with dignity and respect. One person commented, "I can't thank the staff enough. They [staff] don't know how good they are."
- We observed a lot of positive interactions between staff and people at meal times and throughout the day. For example, staff spoke clearly to people and people were gently encouraged to try and eat when staff were giving one to one support.
- The provider ensured people's cultural, religious and sexual needs were explored and recorded in their care plans. For example, there were double rooms in the home that people could share with loved ones.

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

- Care plans were developed with people, their relatives, where appropriate, relevant health and social care professionals and by the staff team who knew them well.
- Care plans and risk assessments were reviewed regularly, which allowed people to make sure they accurately reflected their current needs and preferences.
- Relatives were invited to meetings, seeking their feedback on how the service was run.
- The registered manager had introduced a make a wish tree. This was where people would write a wish tag and hang it on the tree. Wishes would then be looked at by staff, and once this was granted this would be written on the tag. On the day of inspection, we saw a person had written a wish tag for a particular type of chocolate, and the wish had been granted.

Respecting and promoting people's privacy, dignity and independence

- Rights to privacy and dignity were supported. Staff asked people if they could come into their room before entering for example.
- Relatives told us that staff treated people with respect and dignity.
- People's personal, confidential information was stored securely, and staff told us they maintained confidentiality if people ever needed to discuss sensitive matters.

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

- Staff told us they got to know people well and their personal preferences. One staff member commented, "We get to know residents very well. One [person] likes to get dressed herself and chooses her clothes and likes to have a [hot drink] before bed and sits at the table for lunch."
- The registered manager ensured people's care was person centred and individual to meet their specific needs and preferences. Care plans detailed people's interests, likes and dislikes, and how they wished to be supported. A section in care files provided concise information about the person's history and life prior to coming to the home, which helped staff to have an understanding of the people they were supporting.
- People and their families, where appropriate, were involved in the planning of care and support needs. Where lasting power of attorney for health and welfare was held by others, the service ensured they retained evidence to support why they were involved in decision making. Nevertheless, people retained choice for all elements of their care where possible.

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 carer's.

- People were supported to communicate in ways that were beneficial to them. For example, one person's care records explained how their speech had started to deteriorate and they were now non-verbal. Their care plan informed staff how the person would use body language to interact and how staff should engage with them.
- People and relatives told us that information was provided in a way that people could understand.

Supporting people to develop and maintain relationships to avoid social isolation

- People and their relatives were encouraged to engage in activities to ensure everyone felt welcome and involved in the home. One person told us, "They organise things for you, like, Friday we have to wear red for valentine's day."
- People had access to individualised and group activities and received the necessary support to follow their interests. We saw a number of events that were advertised in February 2020, that people could participate in, including a fitness class and a family fun day.
- The registered manager told us how they tried to meet people's needs to avoid social isolation, where last year they organised for a Calamity Jane show to take place in the home. Calamity Jane is a musical based on the historical figure of frontierswomen.

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to raise a concern or complaint.
- Complaints were managed robustly and in a timely way. The registered manager audited complaints and used the learning from these as an opportunity for improvement.
- Staff were aware of the procedure to follow should anyone raise a concern with them.

End of life care and support

- People's end of life care preferences were recorded in their individual care plans, with family involvement when needed.

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

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

- The registered manager and staff worked hard to ensure the culture within the home was person centred, with a calm approach embedded, to treat everyone as an individual ensuring their needs were met in their chosen way.
- The registered manager told us about a project called 'carers initiative' where they tried to empower staff to be included in decisions related to care and operations of the home. Staff had to complete a form which outlined actions and how they could measure its progress. The registered manager stated, "If something doesn't work, or if you can make it better, tell me." The registered manager showed an example where a staff member had made a suggestion regarding the delivery and efficiency of the service.
- Staff told us they felt supported by the registered manager, where one staff member commented, "They [Management] are very approachable. [Registered manager] is very nice. I feel they are trying their best."

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

- We saw evidence that when incidents occurred, the registered manager acted in line with the duty of candour.
- Relatives confirmed the service was very responsive and informed them immediately if an incident had occurred.

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

- The service had a defined management structure in place, that people and staff understood. If the registered manager was unavailable, staff and people were confident they could speak with the managing director.
- The quality of the service was monitored through robust governance processes. The registered manager completed comprehensive monthly audits which included accidents and incidents, compliments and complaints, monthly medicines audits and a weight loss and pressure sore audit. These audits were completed by the registered manager to ensure that the service met their legal obligations and care was delivered most successfully.
- The registered manager was aware of their responsibilities to report significant events to CQC and other agencies. Notifications had been received in a timely manner which meant that the CQC could check appropriate action had been taken.

Continuous learning and improving care

- The provider had suitable arrangements to support the registered manager, for example through regular meetings with the provider's managing director, which also formed part of their quality assurance process.
- Staff recorded accidents and incidents, which were reviewed by the registered manager and any trends identified.
- The registered manager had an action plan, to ensure identified improvements to people's care were implemented.

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

- Staff received training in relation to the Equality and Diversity Rights as part of their induction.
- The service gained feedback from relatives through a relative's meeting and feedback forms and put any suggestions into an overarching action plan.

Working in partnership with others

- The registered manager stated they had good working relationships with doctors, occupational therapists and the speech and language therapy team. It was seen in people's files that professionals had made notes following visits to update about people's health.
- The registered manager stated that he had recently put in place professional feedback forms. These questionnaires asked professionals a number of questions which included any changes needed to be implemented on people's care plans and any positive comments following the visit.