Meridian Healthcare Limited

Westwood Lodge

Inspection report

Brookview
Helmsman Way, off Poolstock Lane
Wigan
Greater Manchester
WN3 5DJ

Tel: 01942829999

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Westwood Lodge 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.

Westwood Lodge is a purpose-built home with three units, which provides nursing and personal care for up to 76 people. Two units are part of the main building, with one adjacent unit called Westwood House. It is situated in a residential area of Wigan and is about five minutes' drive from Wigan town centre. All rooms are for one person and they all have a toilet and a hand wash basin. The home is situated in its own grounds and has gardens with car parking spaces at the front of the home.

At our previous inspection in July 2017 the home was rated as good overall and in all domains and there were no breaches of regulations. During this inspection, we found breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014 regarding safe care and treatment, person-centred care and good governance. You can see what action we told the provider to take at the back of the full version of this report.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Regular audits were undertaken by the home to check that medicines were being managed safely and action plans were in place to address any issues raised, however these had failed to identify some of the issues we found regarding the safe administration of medicines.

The monitoring of the fridge and room temperatures was not being recorded on all the units each day to ensure that medicines were being stored at the recommended temperatures. We found four people had not received their medicines as prescribed. Medicines being given covertly to one person was being mixed with a supplementary feed when it should be given on an empty stomach which may affect its absorption.

We found that there were excessive quantities of some people's medicines. Some people had regular analgesia prescribed, but when they regularly refused it a review had not taken place to see if the prescription should be changed to a 'when required' dose. Where protocols were in place for 'when required' medicines the information relating to signs and symptoms of the condition or the side effects of the medicine was not always completed.

We found there were inconsistencies in the use of documents to support the administration of medicines. There were discrepancies in people's allergy information recorded. When medicines were not administered an explanation was not always recorded on the MAR. The template used to record the application and

removal of pain relief patches did not include the signature of two members of staff.

We found the service failed to demonstrate that medicines were always managed safely.

We found a lack of written evidence regarding the actions that were identified to be taken regarding advanced care planning and there was no evidence of these being in place in 19 of the files we viewed. One person's written statement of intent was out of date. In three care plans there was no evidence of preferred place of care documents or advanced care planning documents and no written documentation regarding any conversations held.

One end of life care plan had been partially completed but there was no record of this having been communicated to the wider staff group. There was no record to identify the reasons for commencement of the end of life care plan or discussion with the person's family.

We looked at care planning documents for two people, recently deceased, and found one person who had been admitted to the home for end of life care did not have a completed initial assessment or end of life care plan. A second person also had no end of life care plan, preferred place of care or advanced care plan in place.

We found the lack of completed documentation and poor communication between different staff roles was negatively affecting the provision of end of life care. People's care plans did not contain adequate information regarding their end of life wishes and plans for end of life care were not consistently recorded, which meant people may not receive essential support in accordance with their preferences and choices.

The service failed to ensure plans were consistently in place to ensure the people were enabled to make decisions about their end of life wishes.

The manager completed regular audits of all aspects of the service and there was evidence of learning from these audits. Medicines audits were carried out each month, with an associated action plan to meet any requirements. However, we found that although a system of auditing was in place, audits had not identified the issues we found with the safe management of medicines and gaps in care planning information in relation to end of life care.

The service had failed to effectively assess, monitor and improve the quality and safety of the services provided.

People we spoke with told us they felt safe living at the home. Care and support was provided in a person-centred way and considered the individual requirements of each person. The service had a safeguarding procedure in place which offered guidance to staff on how to effectively raise a concern and staff knew how to do this.

Processes were in place to identify and mitigate individualised risks posed to people such as mobility, including the use of mobility aids such as hoists, wheelchairs and bath aids. Environmental risk assessments and audits were also in place in addition to effective fire procedures and each person had a personal emergency evacuation plan (PEEP). People's nutritional requirements were assessed by the home and nutritional and hydration risk assessments had been undertaken. People had a choice of food each day.

The provider had a business continuity management plan which identified the action to be taken for an unforeseen event such as loss of utilities.

Staffing levels were adequate to meet the needs of the people using the service, however agency nursing staff were still being used which affected continuity of care.

The provider had robust recruitment procedures designed to protect all people who used the service and ensured staff had the necessary skills and experience to meet people's needs.

Staff told us they had received the training and support they needed and confirmed they received supervision from the manager.

The service was working in accordance with the Mental Capacity Act and Deprivation of Liberty Safeguards (MCA/DoLS). Care files contained consent to care and treatment forms which were signed by the person or their relative/representative.

Support was provided to people in a caring way and people who used the service made positive comments about the staff. People told us they were treated with dignity and respect and were encouraged to be as independent as possible. People were well presented and looked clean and well-groomed and there was a friendly atmosphere between staff and people living at the home. We observed staff were respectful and friendly towards the people who used the service when supporting them.

We saw a range of activities were offered to people which included group activities as well as more personalised one-to-one sessions. Activities were displayed on notice boards throughout the home.

There was a system in place for people to make complaints and a complaints file was in place.

Staff told us they were supported by the manager and could put their views across to the management. 'Flash' meetings were held daily between the manager and general staff group and this provided an opportunity to discuss people's on-going issues.

We saw evidence of regular staff meetings being undertaken. Resident and family meetings were also held regularly.

There was a service user guide and statement of purpose in place. A statement of purpose is a document which includes a required set of information about a service.

We saw the ratings from the previous inspection were displayed in the reception area of the home, which is now a legal requirement.

The service worked alongside other professionals and agencies in order to meet people's care requirements where required.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Medicines were not always managed safely.

People told us they felt safe living at the home.

There were safe procedures for the recruitment of staff and sufficient numbers of staff on duty.

Is the service effective?

Good

The service was effective.

People's nutrition and hydration needs were met and there was a choice of food at meal times.

Care plans included appropriate personal and health information.

The home worked within the legal requirements of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good

The service was caring.

People who used the service and their relatives told us the staff were caring and kind.

Staff interacted with people in a kind and considerate manner, ensuring people's dignity and privacy was respected.

The service promoted a person-centred culture.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Care plans were not consistently in place to ensure the people were empowered to make decisions about their end of life

wishes.

Care plans were well organised and easy to follow.

Positive historical feedback was seen from people's relatives regarding the provision of end of life care.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Audits which were carried out regularly had not identified the concerns we found during the inspection in relation to medicines and care planning information.

Staff felt the home was well-led and told us the registered manager supported them well and the atmosphere within the home had improved.

People were asked for their views about the service and the culture of the service was focussed on the needs of people who used the service.

Westwood Lodge

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.

The inspection was prompted in part by information we received form the Clinical Commissioning Group (CCG) regarding the quality of care planning documentation in relation to end of life care and the lack of qualified and permanent nursing staff to support people's end of life care needs. This inspection examined those areas.

The inspection took place on 18 and 19 and 20 September 2018 and was unannounced. The inspection was carried out by two adult social care inspectors, a specialist advisor in medicines, a specialist advisor in nursing and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert was experienced in dementia care, residential and acute care.

In advance of our inspection, we reviewed information we held about the home. We looked at statutory notifications and safeguarding referrals. We also liaised with external professionals including the local authority and local commissioning teams and the CCG. We reviewed previous inspection reports and other information we held about the service.

Prior to the inspection we did not request a Provider Information Return (PIR). A PIR is a form that asks a registered manager to give some key information about the service, what the service does well and improvements they plan to make.

At the time of our inspection there were 22 people living on the ground floor of the main building and 21 people living on the first floor of the main building; 25 people were living in a building adjacent to the main unit, known as Westwood House.

We spoke with 12 people who lived at the home and four visiting relatives. We also spoke with three nurses,

six members of care staff, administrative and domestic staff, the activities coordinator and the area director who was present throughout the inspection visit and supported the inspection in the absence of the registered manager.

Throughout the day, we observed care and treatment being delivered in communal areas that included lounges and dining areas. We also looked at the kitchen, bathrooms and external grounds. We looked at a total 26 care files or associated records, staff supervision and training records, medication records and the quality assurance audits that were undertaken by the service. We reviewed medication administration records for several across the three units of the home.

Requires Improvement

Is the service safe?

Our findings

People we spoke with at Westwood lodge told us they felt safe. Comments included, "I'm alright here, I know all the staff," and "I do feel safe, they look after me really well," and "I've not been here long and they're really helping me to settle in," and "I know most of the staff, someone is always there when I need them," and "They make sure I get all my medications, I never have to ask and they always tell me what they are."

One relative told us, "Recent robberies in the area have made me a bit concerned for the safety of [my relative], but they are addressing this as best they can." We found that in response to these issues the home had installed external CCTV cameras to better protect the environment from unwanted intrusions.

We observed staff providing support to people and saw this was done in a safe and respectful manner and people appeared happy and comfortable in the company of staff; staff we spoke with gave suitable examples of how to safely support people.

During this inspection we looked at the administration of medicines and found medicines were not consistently handled safely.

We found that medicines, including controlled drugs were stored securely and records were kept of the ordering receipt, administration and disposal of medicines. Staff who administered medicines had received appropriate training and there was a competency framework in place. We saw that regular audits were undertaken by the home to check that medicines were being managed safely, the medicines administration records (MARs) were being completed appropriately. Although we found some areas of good practice within the home, we also found that there were several issues with meant that the service failed to demonstrate that medicines were always managed safely.

The monitoring of the fridge and room temperatures was not being recorded on all the units each day to ensure that medicines were being stored at the recommended temperatures. We found a supplementary feed bottle, labelled with the person's details, in a public area of the home on a hall table. This still contained some of the solution and as this person had their medicine administered in this feed, this meant they may not have received a full dose of their medicine and another person or visitor could have accessed the feed and information about the person concerned.

We found four people had not received their medicines as prescribed. In two cases, this was because they had gone on a social trip and their medicines had not been administered prior to their departure. For another person the medicine could not be found in the medicine trolley or stock cupboard so had not been administered in the morning and for the fourth person their medicine had not been administered for three days as the regular supply had not been received from the pharmacy and although this had been highlighted on the MAR chart a further supply had not been obtained.

We noted that one of the medicines being given covertly to a person was being mixed with a supplementary feed when it should be given on an empty stomach which may affect its absorption.

We found that there were excessive quantities of some medicines; a spot stock check found that the quantity did not tally with the record sheet. In one of the units both internal and external stock medicines were stored together and were not clearly segregated for each person.

Some people had regular analgesia prescribed, however when they regularly refused it a review had not taken place to see if the prescription should be changed to a 'when required' dose.

We found that there were inconsistencies in the use of documents to support the administration of medicines: Where protocols were in place for 'when required' medicines the information relating to signs and symptoms of the condition or the side effects of the medicine was not always completed. For one person the allergy information included with their MAR chart said they were allergic to penicillin, however the printed MAR sheet from the pharmacy stated that they had no allergies. Transcription of medicine details onto MAR charts by staff was not always witnessed and when medicines were not administered an explanation was not always recorded on the MAR. The template used to record the application and removal of pain relief patches did not include the signature of two members of staff.

Regular audits were undertaken by the home to check that medicines were being managed safely, this included a monthly audit, a daily random check of five resident's medication and a daily complete stock check for one resident. Action plans were in place to address any issues raised. However, these had failed to identify some of the issues we found regarding the safe administration of medicines.

These issues meant there was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because medicines were not consistently managed safely.

We found processes were in place to identify and mitigate individualised risks posed to people. We found risks to people's individual safety and well-being were assessed and plans were in place to manage any identified risks.

Risk assessments covered areas such as mobility, skin integrity, nutritional requirements and health. We saw any identified risk was cross referenced to other areas of the person's care documentation for easy reference, which helped ensure guidance was in place for staff on
minimising risks to people's wellbeing and safety. Each risk assessment offered an overview of the person's risk and the assistance required to mitigate the risk.

Fire procedures were in place and each person had a personal emergency evacuation plan (PEEP) which considered areas such as level of mobility, responsiveness to an alarm and prescribed medication, none critical and time critical evacuation situations. Risk assessments were evident along with a record of fire systems, emergency lighting and fire alarm checks.

Contingency plans were in place detailing steps to follow in the event of emergencies and failures of utility services and equipment. A fire safety audit was completed and the service was found to be compliant.

The provider had a business continuity management plan in place which identified a process to be employed by the service in response to any major emergency affecting the infrastructure as a result of any unforeseen events such as fire or contamination.

The service had a safeguarding procedure in place which offered guidance to staff on how to effectively raise a concern. The service also followed the local authority safeguarding protocol and alert guidance information was available throughout the home. Staff were aware of the policy and were clear about what

action they would take if they witnessed or suspected any abusive practice. This was supported by a whistleblowing policy and procedure which allowed staff to raise any issues with relevant other professionals, such as CQC or the local authority, in confidence.

One staff member told us, "I've done safeguarding training and things that could represent abuse are potential abuse from family members, financial abuse, institutional abuse and not involving people or giving them their medicines correctly. I would write up a full report of events and give it to the manager for referral to the local authority, and I am confident it would be followed-up on."

We looked at records in relation to accidents and incidents and found they were dealt with correctly. Completed accident forms were given to the manager who inputted the data onto the service database. Once on the database the provider's standards and compliance team monitored and reviewed this information to ensure accidents and incidents were being properly managed. There was a log of all accidents and incidents, investigation notes, a root cause analysis and duty of candour logs. There was a quick reference guide for staff on how to complete these forms.

We looked at staffing levels and the deployment of staff within the home. We looked at two month's staffing rotas including the week of inspection. We noted agency staff were still being used, especially for nursing roles. However, at the time of the inspection the provider was in the process of recruiting two new nurses who had previously successfully applied for a permanent position at the home and were due to start work at Westwood Lodge very soon and more vacant nursing hours had been identified that the area director told us would be recruited to. The home held a register of nurse's registrations.

We saw from the documentation provided at the inspection that staffing levels were adequate to meet the needs of the people using the service and a dependency assessment tool was used to calculate how many staff were required. Staff told us they felt there were enough staff on duty to safely meet people's needs, but when staff were off sick this could have a negative effect. One staff member on one unit of the home said, "When there are only four carers on duty it can be a stretch and I feel there should always be five on duty."

We asked people if there were always enough staff available to meet their needs. One person said, "I don't like it when it's staff I don't know, I can be quite fussy, but everybody is generally nice and I wouldn't want to go anywhere else" A second person told us, "I feel safe when there are enough staff in, but it's been bad this last few weeks with sickness." Other comments received included, "I've not been here long and they're really helping me to settle in," and "I know most of the staff, someone is always there when I need them."

We saw staff performance was being monitored effectively. For example, we saw staff who had returned to work following a period of sickness were subject to return to work interviews and counselling, and were applicable, this also linked to a formal disciplinary process regarding attendance. This demonstrated the provider was acting to ensure consistent and regular staffing levels, despite the difficulty in recruiting nurses.

The provider had robust recruitment procedures in place which ensured staff had the necessary skills and experience to meet people's needs. The recruitment process included candidates completing a written application and attending a face to face interview. We looked at
the recruitment records of five staff members two of whom had been recently employed at the service. We found references were obtained along with a check from the disclosure and barring service (DBS). A DBS check helps a service to ensure the applicant's suitability to work with vulnerable people. There was also evidence that identity and address checks had been undertaken.

We toured the building on the first day of the inspection. We visited all communal areas, the gardens and

several bedrooms after gaining permission from the person concerned. We found the home was clean, tidy and did not have any malodours. We saw domestic staff cleaning areas of the home on all days of the inspection.

Environmental risk assessments and audits were also in place to ensure a safe environment and ensure the protection of people using the service and any visitors. Risk assessments considered the internal and external environment, storage of controlled substances (COSHH), stairs and lift, electrical safety and smoking.

Equipment such as kitchen and bathroom aids was also examined by an external agency to ensure they were safe to use. Additional audits and testing was carried out by the service maintenance team this covered areas such as, water temperatures and flushes, legionella, routine room checks, ventilation and lighting.

We checked hot water outlets to ensure they were safe and that window restrictors prevented possible falls. We did not find any outlets were too hot and all the windows we checked had a suitable device fitted. There was a system for checking the safety of this equipment by maintenance staff. The home was kept warm by under floor heating which does not pose a threat to the health and safety of people who used the service.

We saw staff used warning signs when they had mopped a floor to prevent possible accidents.

The laundry was sited away from any food preparation areas. A staff member was designated to work in the laundry and was not a part of the care team. The washing machines had a sluicing facility to clean soiled linen. The service also used coloured bags which denoted contaminated bags or linen. There was a system to keep clean and dirty linen separate and staff had the use of personal protective equipment such as gloves and aprons. We saw there were plenty of supplies of this equipment. This helped staff prevent the possible spread of infection. We saw hand wash facilities were provided in the laundry and all the soap dispensers and paper towel holders were full.

Good

Is the service effective?

Our findings

People told us they were given choices and were listened to and their wishes were respected. Comments received included, "I get the choice about what I want to do," and "They know I don't like men in my room so they make sure I only have female carers as much as possible," and "They make suggestions to me on how to make things easier for me and involve me in deciding what's best to do."

We looked at staff induction and saw new care staff were subject to an induction programme, which involved completion of training and a period of shadowing with more experienced staff. Any staff who were new to social care were required to complete the 'care certificate' as part of their probationary period, which was followed by an observed practical assessment before confirmation in their role. Staff were also required to familiarise themselves with the people using the service by reading care plans and spending time in their company.

Staff told us they had been subject to a period of induction and indicated they had received a suitable amount of training to help them to be effective in their job roles. One staff member told us, "During my induction I shadowed other staff for a couple of days at first to see how everything is done and did not work on my own until I had done training in moving and handling, infection control and safeguarding." A second said, "As part of my induction I did mandatory training and worked 'in addition to' the planned rota for several weeks until I was deemed competent. I was allocated a 'buddy' staff member to help me learn and my completed induction booklet was sent to head office."

We looked at staff training records which included details of training previously undertaken and dates for when training was due for renewal. Training completed included emergency procedures, fire drills, food safety, health and safety, infection control, moving and handling, safeguarding, equality and diversity, dignity; medicines management; person-centred care; care planning; nutrition and hydration; person-centred care, promoting healthy skin; falls awareness and MCA/DoLS. At the time of the inspection additional end of life care training was being organised for all staff to supplement the training already received.

To address the shortage and difficulty in recruiting registered nurses, the provider had developed a nurse assistant role to support qualified nursing staff and reduce reliance on agency staff. At this inspection we found that the nursing assistant role was in place but agency staff were still being used on a regular basis.

We asked staff to confirm whether they received regular supervision and appraisals. Supervisions and appraisals enable managers to assess the development needs of their staff and to address training and personal needs in a timely manner. All staff spoken with confirmed that they received supervision from their line manager. And there was a supervision planner in place.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 or authorisations to deprive a person of their liberty were being met. The area director and staff were aware of such restrictions and showed a good understanding around the principles and when to submit an application to the local authority. There was a system in place to identify when new authorisations were required.

We saw Deprivation of Liberty Safeguard (DoLS) referrals had been made where necessary, with records held on file stating if the applications had been authorised. We saw that mental capacity assessments had been completed and best interest meetings held with the involvement of the relevant people including family members and where necessary an independent mental capacity advisor (IMCA). An IMCA is an advocate who has been specially trained to support people who are not able to make certain decisions for themselves and do not have family or friends who are able to speak for them.

Staff we spoke with had an understanding of DoLS, could explain when people may be deprived of their liberty and told us they had received training in this area.

There was a specific file in place for DoLS for each unit of the home, including a tracker sheet which identified the initials of the person concerned, the date the application had been made, the date the authorisation had been granted, the date when the relevant statutory notification had been sent to the Commission, the date of expiry and any conditions associated with the authorisation. We saw evidence the home had been pro-active in following up on any applications with the local authority to ensure they were dealt with in a timely way.

We looked at how the service sought consent from people. Care files contained consent to care and treatment forms which were signed by the person or their relative/representative, and consent forms were also in place for the use of bedrails, photographs and the sharing of information with relevant people.

During the inspection we observed staff seeking consent from people before they provided care or support, for example at mealtimes or when providing personal care assistance.

We checked to see how people's nutritional needs were met. We found that individual nutritional needs were assessed and planned for by the home. We saw evidence that nutritional and hydration risk assessments had been undertaken by the service, which detailed any risks such as the possibility of choking and the level of support required. Diet notification records were sent to the main kitchen and to the kitchenettes that were situated in each unit of the home. The notification included the diet type and texture and any allergies. Snacks and drinks or additional supplements taken in between main meals were also provided.

People had been referred to nutrition and dietetic services. Special diets were catered for and people had nutrition and hydration care plans in place. Information on different diet types, such as a soft diet, had been sought from the speech and language therapy team (SALT) and this informed the kitchen staff how to prepare and serve these types of foods. Menus were posted on dining tables and there was pictorial

information on food allergens. People's weights were also monitored by the service as required. There was water and two types of juice available for people to get a drink if they wanted to, which was available at drinks stations situated on each unit of the home.

We received mixed responses when we asked people about the quality of food provided, however all people confirmed they were offered choices and their dietary requirements were respected. One person said, "I don't always eat the meals as they give me too much and I can't manage them." A second person told us, "I don't like the food, it looks nice enough, but I don't like a lot of foods and my son brings in the foods I like."

At this inspection we found further improvements had been made to the environment to assist people living with dementia to better orientate around the home, with changes to colour schemes and different coloured grab rails and toilet seats in bathrooms in addition to a range of 'dementia friendly' signage throughout the home. The environment had been improved including redecoration, new carpets and flooring, new furniture and doors. Other significant works included the garden area at the back of the home and the installation of external CCTV to help with building security; this was not intrusive of any personal area.

Bedrooms were very personalised to people's individual tastes. Some people had photographs of family, their own furniture and ornaments to make them feel more at home. We saw the furniture, fixtures and fittings were in good order and found the environment to be homely in character.

Good

Is the service caring?

Our findings

The service had a person-centred culture and we observed people were treated with kindness and dignity during the inspection. Staff took time to stop and speak to people on an individual basis and held conversations that were relevant to each person, for example about what clothes they wanted to wear that day or what they wished to eat that day. People who used the service felt they knew the staff and could recognise them.

Staff understood it is a person's human right to be treated with respect and dignity and to be able to express their views. We observed them putting this into practice during the inspection, for example people were spoken to with respect and listened to and a lot of patience was demonstrated as care staff explained what they were doing and why.

People and their relatives confirmed staff were always very polite and included them when making decisions about how the care they provided to their relatives. Comments received included, "The staff always see you're alright and have a chat with you when they can, I do like them," and "They (the staff) always knock on my door and tell me who they are and what they are doing," and "They don't rush me in things I can't always manage to do quickly, they help me without getting impatient," and "I do get a bit lonely as a lot of others have Alzheimer's so I can't have a conversation with them, but the staff will have a chat with me and see I'm ok when they can," and "They (the staff) let me have my privacy when I want it, I was worried about that when I first came, they will check I'm ok but not bother me."

Staff were respectful when talking with people, calling them by their preferred names. We observed staff knocking on people's doors and waiting before entering. We saw staff spoke with people while they moved around the home and informed people of their intentions when approaching people. Staff also informed people of the reason for our visit so that no-one would become alarmed or concerned.

During our observations we saw many positive interactions between staff and people who used the service. Staff spoke to people in a friendly and respectful manner and responded promptly to any requests for assistance. We saw staff communicated well with one another and passed on relevant information to each other regarding the care they were providing.

We observed people using the service were well-presented, clean and well-groomed and everyone was wearing fresh clothing of their choice.

We looked to see how the provider promoted equality, recognised diversity, and protected people's human rights. We found the service aimed to embed equality and human rights through good person-centred care planning. Support planning documentation used by the service enabled staff to capture information to ensure people from different groups received the help and support they needed to lead fulfilling lives, which met their individual needs. For example, if people had been referred to the home who required an alternative diet the service had responded appropriately.

We found there were appropriate policies in place which covered areas such as equality and diversity, confidentiality, valuing diversity, privacy and dignity.

People's care plans included information about their needs regarding age, disability, gender, race, religion and belief. Care plans also included information about how people preferred to be supported with their personal care. We found people's care files were held in an office where they were accessible but secure and staff records were also held securely. Any computers were password protected to aid security.

We looked at any historical compliments the home had received since the last inspection and found several had been received. Comments included, 'We would like to thank staff at Westwood Lodge for the kindness shown to [my relative] whilst in your care,' and 'I would like to thank staff for their kindness. We were met with smiles and kindness from all of the staff which matters so much for us. They do a very hard and good job, many thanks' and 'We cannot put into words for all the loving care you gave our relative and the support to us as her loving family. We will never forget you all.'

Requires Improvement

Is the service responsive?

Our findings

We asked people and their relatives if they were involved in care planning and if they felt the service was responsive to their needs. One person said, "You can get involved when you want, if you want." A second told us, "I like some of the one to one time we get for this." A third said, "If I have a problem I can talk to anyone, but we always get a chance to talk at our monthly meetings." A fourth person commented, "I really like it here, they've made me so much better. I was struggling to do things for myself but they have helped me; today they tried a new way of me having my drinks and I could do it myself, which I haven't been able to do for a while."

A visiting relative commented, "[My relative] always seems to have something they like and they (the staff) are very patient assisting them at mealtimes." A second relative told us, "I'm always kept up to date with [my relative's] care and we work together to ensure they have the best care plan in place."

We looked at end of life care and reviewed three care planning documents in detail for people living on the ground floor and first floor of the main building and in the adjoining Westwood House, for the period July 2018 to September 2018. We also looked at 20 other care files to check recent, historical information regarding end of life care. At the time of the inspection, the service was receiving formal end of life care training from the local hospice under an initiative called Hospice in Your Care Home (HiYCH).

We found a lack of written evidence regarding the actions that were identified to be taken regarding advanced care planning; of the 20 people who had previously been identified as needing an advanced care plan, there was no evidence of these being in place in 19 of the files we viewed. There was also no identification of the person's preferred place of care.

All the care files we looked at had an appropriate Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) document in place, where applicable. This form is a document issued and signed by a doctor, which tells a person's medical team not to attempt cardiopulmonary resuscitation. There was a written statement of intent in place which had been written by the person's GP, however one of these was out of date. In all three care plans there was no evidence of preferred place of care documents or advanced care planning documents and there was no written documentation regarding any conversations held.

We found one end of life care plan had been partially completed but there was no record of this having been communicated to the staff group, either verbally or at the daily handover meeting (held before a change of staff shift) and at staff 'huddle' meetings, which were held daily to share information between different staff to ensure they were aware of people's changing needs. There was no documentation to identify the reasons for commencement of the end of life care plan or discussion with the person's family.

Another person's care file had a completed end of life care plan in place, which had been completed overnight, but this was not documented in their daily records and there was no documented evidence of why the plan had been started; however, it had been verbally identified at a staff handover meeting. There was also no preferred place of care document or advanced care plan in place, however we saw this had

been discussed at a previous monthly meeting with the HiYCH team and noted as not being appropriate.

A third person's care file did not have a preferred place of care document, advance care plan or end of life care plan and there was no documented evidence of any discussions taking place about this. We looked at care planning documents for two people, recently deceased, and found one person who had been admitted to the home for end of life care did not have a completed initial assessment or end of life care plan. A second person also had no end of life care plan, preferred place of care or advanced care plan in place.

We found the lack of completed documentation and poor communication between different staff roles was negatively affecting the provision of end of life care. People's care plans did not contain adequate information regarding their end of life wishes and plans for end of life care were not consistently recorded, which meant people may not receive essential support in accordance with their preferences and choices. Additionally, negative feedback was received prior to the inspection from the CCG and HiYCH team regarding the timeliness of recognising when a person was nearing the end stages of their life and referring them for the appropriate professional support.

The service failed to ensure plans were consistently in place to ensure the people were empowered to make decisions about their end of life wishes.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Person-centred care.

There was a system for recording the views of people who used the service and their relatives. In the entrance hallway the service used a modern tablet type system that people could access anonymously to have their say about the service. The survey covered activities, care and support, cleanliness, the facilities, food and drink, safety, staffing and dignity. We saw the results of the survey were positive. Comments on the system were positive and included, "We would like to thank staff at Westwood Lodge for the kindness shown to our relative whilst in your care," and "I would like to thank staff for their kindness; we were met with smiles and kindness from all of the staff which matters so much for us. They do a very hard and good job, many thanks," and "We cannot put into words for all the loving care you gave our relative and the support to us as her loving family. We will never forget you all."

We saw that people's choices were recorded in their plans of care. This included what people liked to wear, how they wished to be addressed, if a person wanted to practice their faith or if a person preferred the same gender of staff to care for them. This showed staff were responsive to the diverse needs of people who used the service.

People's care files identified that individuals and their relatives were involved in the planning of their care and personal preferences were discussed. The care records showed regular visits from relevant other professionals such as a GP, an optician or chiropodist. This meant appropriate healthcare professionals were accessed when people required them. People's care plans gave staff sufficient information to care for the person and were regularly reviewed by staff and the person, or their relatives, where possible.

The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. We found the provider was meeting this requirement by identifying, recording and sharing the information and communication needs of people who used the service with carers/staff and relatives, where those needs related to a disability, impairment or sensory loss. Information could be provided in different formats on request and pictorial information, such as menus and directional signage assisted people with limited

reading abilities.

We saw that any complaints were investigated by the registered manager and a satisfactory resolution sought where possible. For example, for one complaint around a person who had a fall the service purchased a specialised chair to help keep the person safe. We saw the response from the complainant expressing their thanks for the managers response to the concern. One person who used the service told us, "I've never had to raise a serious concern, but I know how to if I need to." A second person said, "The staff do their best for us, the regular staff know us and know what we like." A visiting relative said, "I've only ever raised concerns at the monthly meetings, in terms of [my relative]. I haven't made a specific or important complaint, but I know how to and believe I would be listened to."

There were two staff members employed to provide activities. We spoke to the activities coordinator about the activities provided at Westwood Lodge. The staff member told us, "I ask people what they liked to do before they were admitted to the home when they first come in. We also ask if they want to attend group activities. I enjoy my job. I use the internet for finding new and useful activities. I write the newsletter each month to help keep people up to date with what is on offer."

We saw that the weeks activities were advertised on each floor so people could attend if they wanted to. Two days a week were put aside for people who did not want or were unable to attend group activities. The activities coordinator told us one to one sessions were held individually and it was the person's choice what they wanted to do. Some people liked to go through their own photograph albums and talk about their past family life. Others liked to play card games, dominoes, complete crosswords or just chat. The activities coordinator completed a record of any activities and where permission was granted take photographs of activities.

On one-to-one and group activities the activities coordinator said they used sensory equipment to help people remember their past. One person was a steam train enthusiast and part of the one-to-one process was to talk about trains and introduce sights and smells to enhance the person's experience of their past interest.

Other activities on offer included arts and crafts, music and exercise, various games, coffee mornings, pamper days and reminiscence therapy. The service had use of a minibus and people were taken to places of interest such as the seaside, country parks, to dementia friendly cafes and shopping.

On one day of the inspection there was a clothes show where people who wanted could browse and purchase items of clothing. This was good for people who could not get out to shop for themselves. We saw there was a safe system in place for helping people manage their finances.

People could attend religious services with the two denominations of clergy who attended the home. This included communion if people wanted to practice their faith in this way. The religious preference of people who used the service was recorded on admission and if they wished to attend a communion service. The activities coordinator made a list of participants and passed it to the relevant organisation to ensure people could have their needs met. One person told us, I like some of the things we do here, I tend not to do regular activities, I like the trip to a café once a month, when we have entertainment in and when the lady comes twice a year selling clothes, she came yesterday and I bought a few bits, it's nice to choose for myself."

Requires Improvement

Is the service well-led?

Our findings

There was a manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was unavailable during the inspection, which was supported by an area director (and another manager from a nearby partner home on day one).

The manager completed regular audits of all aspects of the service. This included medicines administration, infection control, the environment, plans of care, good governance, the dining experience, health and safety and dignity. The registered manager used the results of the audits to help maintain and improve standards for example one audit showed some pipework need further insulation and this was completed. The manager also had a two-daily walk around audit which gave them the opportunity to highlight any needs for improvement or good practice.

The manager undertook monthly reviews of people's weights, falls, the dining experience and the clinical risk register. Any findings were discussed at meetings, and where necessary we found further training had been arranged for staff. There was a dignity in dining audit which was very extensive and had a section which highlighted any problems which was discussed with the chef.

We saw evidence of learning from these audits such as extra staff training, continue with staff recruitment drive, more demonstration of residents in the evaluation and review process. Other learning included responding to a complaint around a person's care, which was investigated by the service; following this complaint the service had asked for training from the local hospice around end of life care, and at the time of the inspection this training was being provided.

Daily handover meetings were held at the start of each shift to pass on relevant information to the staff coming on shift and included topics such as housekeeping, catering, maintenance, administration, wellbeing, nursing and residential care, pressure sores, PEEP reviews.
Care plan reviews were done by managers and by staff on each unit. A resident of the day initiative ensured a comprehensive review of care plans.

Medicines audits were carried out each month, with an associated action plan to meet any requirements. For example, MAR photographs had been updated and sharps bins were now checked. We looked at an audit undertaken in July 2018 and saw areas checked included, observation of medicines administration and checking the delivery of medicines, storage, administration, effective care planning, safe controlled drugs, high risk medicines, stock checks. Five people's medicines were checked each day and there was a record of staff competency checks.

We found that although a system of auditing was in place, audits had not identified the issues we found with the safe management of medicines and gaps in care planning information in relation to end of life care.

This meant there was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to good governance.

The registered manager held regular meetings with people who used the service and their families. The meetings were advertised in a prominent place and in the newsletter. At the last meeting on 28 August 2018 we saw seven people attended and discussed the upgrading of the environment and any other topic they wished to discuss. The registered manager responded to people to offer their view on how the service would react to what was discussed; this included putting the upgrading of a bathroom forward for the organisations approval. From past meetings CCTV had been installed in the entrance to improve security. We saw management responded to the views of people who used the service.

Staff were also able to attend meetings regularly. Besides the daily meetings of senior staff, we saw general staff attended a meeting in August 2018; topics on the agenda were covering holidays, duty rota's, cleanliness and the environment, customer service, enquiry management, training, attending handovers and good housekeeping. Staff could put forward any ideas for improvement. Following the staff survey in 2018 we saw management had responded to their views by simplifying some paperwork, more training for managers and better communication from managers following meetings. Staff could have a say in how the home was run.

We saw regular meetings were held with people living at the home and their relatives. We looked at the most recent meeting notes, held in August 2018 and saw seven people attended. The registered manager had informed people about the ongoing refurbishment. People could have their say and one person mentioned a bathroom that needed upgrading, which had been done. Other issues discussed included CCTV installation following security issues and becoming involved in care planning. It was clear everybody had their say and where possible a resolution was put forward if a problem was identified.

The registered manager also held a 'surgery' every week, where staff, people or their relatives could drop-in and chat about any issues, outside of the normal process of formal scheduled meetings.

Staff meetings were also held regularly with the last meeting being in August 2018. Areas discussed at this meeting included, holidays, rotas, cleanliness and the environment, customer service, enquiry management, training, attending handovers, good housekeeping, awards and then any other business.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The service failed to ensure plans were in place to ensure the people were empowered to make decisions about their end of life wishes. Regulation 9(1)(2)(3)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were not consistently protected against the risks associated with unsafe or unsuitable management of medicines. Regulation 12(2)(g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The service had failed to effectively assess, monitor and improve the quality and safety of the services provided. Accurate, complete and contemporaneous records were not being maintained for each person using the service, including a record of the care and treatment provided and of decisions taken in relation to the care provided. Regulation 17(1)(2)(b)(c)