

HC-One Limited

Westwood Lodge

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Westwood Lodge is a purpose-built home which provides nursing and personal care for up to 76 people; all rooms are for single use, with shared lounges and dining areas. The home is situated in its own grounds and has gardens with car parking spaces at the front of the home. There is a main building which accommodates people on two floors, and an adjacent single storey building called Westwood House. At the time of the inspection, 70 people were using the service; 47 in the main building and 23 in Westwood House.

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

Systems in place helped safeguard people from the risk of abuse. Assessments of risk and safety and supporting measures in place minimised risks. Staff managed people's medicines safely. Staff followed infection prevention and control guidance to minimise risks related to the spread of infection

Staffing levels were sufficient to meet people's needs and managers recruited staff safely. Staff followed an induction programme, and training was on-going throughout employment.

Staff thoroughly assessed people's needs prior to a service starting. Care plans included information about support required in areas such as nutrition, mobility and personal care to help inform care provision. Staff made appropriate referrals to other agencies and professionals when required.

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.

People told us they were well treated, and their equality and diversity were respected. People felt staff respected their privacy and dignity and took into account their views when agreeing on the support required. Staff identified people's communication needs and addressed these with appropriate actions.

Managers responded to complaints appropriately and used these to inform improvement to care provision. The provider was open and honest, in dealing with concerns raised. The management team were available for people to contact and undertook regular quality checks, to help ensure continued good standards of care.

The provider and registered manager followed governance systems which provided effective oversight and monitoring of the service. These governance systems and processes ensured the service provided to people was safe.

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 the service under the previous provider was good, published on 22 June 2021.

Why we inspected

This inspection was prompted by a review of the information we held about this service. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Westwood Lodge 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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Westwood Lodge

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector and two Experts 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.

Westwood Lodge 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. Westwood Lodge is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and five relatives. We spoke with eight staff members including the area quality director, the registered manager, a nurse, a unit lead, the activity coordinator, the head housekeeper and two care staff.

We reviewed a range of records. This included five people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, audits and governance were 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 good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- Staff received training in safeguarding and understood their responsibilities if they were concerned about the safety of people using the service.
- A safeguarding policy which was available to staff and covered key areas for example how to identify and report abuse or neglect.
- People told us they felt safe. One person said, "I think the staff are very good and I feel safe. If I have a worry, I think I would tell my family and they would sort it out. They [staff] have made me feel safe as they have given me a new chair which is much more comfortable for me than the first one I had, this one isn't too low." A second person told us, "I feel safe because staff are always about, I can always speak with any of the girls." A relative commented, "[Person name] is very safe as she is looked after well. The home caters for all her needs. The home is secure, and they accommodate all her wishes. If we have any questions, we can speak to any of the staff as they are all helpful."

Assessing risk, safety monitoring and management

- Staff assessed risks to people's health, safety and wellbeing and any factors that might affect the person. Risks to people's safety were identified and managed well. Staff understood where people required support to reduce the risk of avoidable harm.
- Care plans contained explanations of the control measures for staff to follow to keep people safe. Risk assessments outlined measures to help reduce the likelihood of people being harmed.
- The provider had a system for recording and monitoring accidents and incidents

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.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- The provider followed safe staff recruitment practices. Staff had the necessary safety checks in place before starting work, including a criminal record check to confirm they were suitable to work with people. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff were observed by managers to ensure their practice was safe. The provider assessed people's dependencies to help calculate what staffing hours were necessary. A person said, "There always seems to be enough staff about and when I need them and when I ring my call bell, they come quick enough."
- There were enough staff employed to meet people's assessed needs. A relative told us "[Person name] is safe in the home. I can go home confident that she is being looked after well. The environment is clean and safe. The staff pop in and out of her room all day long to check on her. The staff fill me with confidence as they are pleasant, friendly and caring and I can't fault the way they look after her."

Using medicines safely

- Staff managed people's medicines safely; an up to date medicines policy and procedure was in place.
- Staff completed appropriate training and had their competence assessed to ensure they administered medicines safely. Staff described to us the process of administering medicines, the types of things that would constitute a medicine administration error, and the action they would take in response.
- Clear information about people's requirements with regard to medicines was identified in their care plans.

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 supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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. The home had achieved an overall rating of 97% at a public health infection control visit done in August 2022.
- Visiting arrangements followed current government guidance. A person told us, "The Home is spotless, and my room is cleaned every day." A relative said, "The staff still wear masks, so they continue to protect [person name] from external health issues."

Learning lessons when things go wrong

- The provider had a system in place to ensure they had an overview of any accidents, incidents near misses or concerns and complaints received. Staff knew how to report accidents and incidents.
- The provider analysed data to help identify useful themes and trends to minimise risks and reoccurrences. A relative told us, "The staff need to use a hoist to move [person name] from her bed; they are always careful and there are always two staff when handling her. I can't speak highly enough of how they handle her."

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 good. The rating for this key question has remained 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

- People's care plans were comprehensive, which helped ensure people, with support, could reach their identified goals, achieve a better quality of life, and maintain their independence. A person told us, "Staff are well trained for my condition. I am involved in all decisions about my care. I can choose whether I get up or stay in bed." A second person said, "Staff are lovely, always kind and patient, we also have a good laugh with them. I have a shower when I want to with the aid of the girls."
- Staff held a handover meeting in between each shift change, in addition to a daily 'huddle' meeting to discuss each person and if any issues had arisen in the night or day, which ensured staff followed up on any required actions in timely way.
- Robust governance arrangements supported good service delivery and showed the management team were able to question and act on issues raised

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

- Records showed the registered manager was aware of their regulatory requirements and knew their responsibility to notify CQC and other agencies when incidents occurred which affected the welfare of people who used the service. Notifications about significant events were completed and sent to CQC as required.
- People's relatives told us they were kept informed about their family members. A relative told us, "The staff listen to me if I have questions and when I arrive the staff will often catch me and tell me how [person name] is." A second relative said, "The staff seem to know what [person name] wants even though she is having difficulty communicating. I have had no complaints so far but would speak with the manager if I needed to."

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

- The registered manager was clear about their role and responsibilities and were supported by unit managers, area managers and the provider. Staff we spoke with were clear about their roles.
- The registered manager and staff were very open during the inspection. Staff said the service had improved under the new provider and told us the staff team worked well together. One staff member said, "I enjoy working here and have found all the staff to be welcoming and friendly."
- The registered manager showed a strong commitment to good governance of the service supported by

the provider the provider had a range of governance systems, tools and processes in place to assess the safety and quality of the service and identify areas for improvement. For example, they completed audits on care records, medicines administration and infection control.

- Throughout the inspection we saw the registered manager was fully involved and engaged in supporting staff and people throughout the inspection, providing guidance, support and instruction. Staff had access to regular team meetings and one-to-one supervision sessions, where they could make suggestions or raise concerns. Staff attended daily handovers to receive updates about people and the service.

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

- The service engaged with people and their relatives on an ongoing basis. People and relatives felt communication was good and they felt fully informed. A person said "I think the home seems to be running well. [Name] is the manager and she pops her head in to say hello when she walks past, she is very approachable." A second person told us, "[Name] is the manager and she is very nice; she comes and sits and chats with us now and again and asks if we need anything." A relative commented, 'If [person name] is not well, the home will phone me straight away; the staff explain to [person] what they are doing at all times, so she has never felt rushed. There is a care plan in place, and I have been fully involved with it. I have attended meetings and I have been able to ask questions. I am happy with the care.'

- People's equality characteristics were explored and identified in their care planning information, and we found no evidence of discrimination. Relatives told us the atmosphere was always pleasant and they would recommend the home to others. A relative said, "Overall I am very happy with the service and [person name] says 'Its belting here.' The atmosphere is lovely and welcoming when I visit. I would recommend this home for the whole package of staff, food and cleanliness." A person told us, "I am happy with the care and service I receive, there is nothing I would change."

Continuous learning and improving care; Working in partnership with others

- The registered manager was aware of their regulatory requirements and knew their responsibility to notify CQC and other agencies when incidents occurred which affected the welfare of people who used the service; our records confirmed this. Notifications about significant events were completed and sent to CQC as required.

- Managers checked staff performance regularly; the provider recognised and valued the hard work and commitment of staff. Staff supervision sessions addressed any shortfalls with regard to staff performance.

- Audit and governance systems were supported good service delivery and showed the registered manager and provider questioned and acted on issues raised.

- Records showed a multi-disciplinary approach in meeting people's needs and responding to any changes. There was evidence of joined-up work between the provider and other professionals to meet the needs of people using the service.