

# Four Seasons Health Care (England) Limited Westroyd Care Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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: Westroyd Care Home is a residential care home providing personal care and accommodation for up to 55 people. There were 39 people living at the service at the time of the inspection. Westroyd Care Home provided care across two separate buildings. One of the buildings, known as 'The Lodge' specialised in providing care to people living with dementia.

People's experience of using this service:

Westroyd Care Home had a calm and friendly atmosphere in both the house and the lodge. People felt safe living there although they did not always feel like there were enough staff. Staff knew how to keep people safe whilst supporting them and risks associated with people's care were assessed appropriately. People were supported to take their medicines in a timely and safe way.

We recommend that environmental safety checks were completed regularly to protect people from risk of harm.

People were supported to eat and drink well. Staff sought support from healthcare professionals when required to meet people's needs. People were supported by staff who were appropriately trained.

People felt staff treated them with kindness and cared for them in respectfully. We observed positive interactions between staff and people.

People's plans of care were personalised, and staff had the information to provide care and support in an individualised way. People felt that activities were limited. People had the opportunity to give feedback and make suggestions at resident's meetings and via surveys.

People felt staff and management were approachable and concerns were dealt with appropriately. The registered manager had systems in place to monitor the quality of the service and were aware of their duties.

Rating at last inspection: At the last inspection the service was rated Requires Improvement (report published on 25 April 2018).

Why we inspected: This was a scheduled inspection based on previous rating.

Follow up: We will continue to review information we receive about the service until the next scheduled inspection. If we receive any information of concern, we may inspect sooner than scheduled.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 not always safe

Details are in our Safe findings below.

**Requires Improvement** ●

### 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** ●

# Westroyd Care Home

## Detailed findings

### Background to this inspection

**The inspection:** We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

**Inspection team:** The inspection was carried out by an inspector, an assistant inspector, an inspection manager and an expert by experience. An expert by experience is a person who has personal experience of caring for someone who uses this type of care service.

**Service and service type:** Westroyd Care 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:** The inspection was unannounced.

**What we did:** The provider completed a Provider Information Return (PIR), this is information the provider is required to send us at least annually that provides key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service such as notifications. These are events which happened in the service that the provider is required to tell us about.

We sought feedback from the local authority who monitor the care and support people received and Healthwatch Leicestershire, the local consumer champion for people using adult social care services. We used all this information to plan our inspection.

**During inspection:** We spoke with eight people living there and three visitors. We also spoke with the registered manager, a member of senior management, five members of the care staff team, a member of the

domestic team and two catering staff.

We observed support being provided in the communal areas of the service. We reviewed a range of records about people's care and how the service was managed. This included four people's care records. We also looked at associated documents including risk assessments and medicine records. We looked at records of meetings, both for the staff team and the people using the service, staff training records and the recruitment checks carried out for new staff employed at the service. We also looked at a sample of the providers quality assurance audits that the management team had completed.

After inspection: The registered manager provided us with copies of documents requested, such as the training schedule and statement of purpose, to demonstrate compliance with the regulations.

# Is the service safe?

## Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- People's risks had been assessed, identified and reviewed regularly and when their needs had changed. These included risks associated with mobility, eating and drinking. Where people had been identified to be at risk, appropriate action had been taken to keep people safe and reduce risk.
- Environmental checks, such as water temperature checks and fire safety checks, were not being completed regularly. These checks are important to ensure the safety of people living at the home, to protect them from scalds and to ensure they are protected in the case of a fire. We discussed this with the provider, they explained that they had been sending maintenance staff from another service in to cover the checks at the service whilst the in-house maintenance role was recruited to. However, we found that they were not being recorded consistently.
- Staff had received training in what to do in the event of a fire, however fire drills were not being carried out on a regular basis.

We recommend that environmental checks and fire drills are carried out and recorded regularly and for a contingency plan to be in place in the absence of the delegated person to complete these checks.

Staffing and recruitment

- People felt that there were not enough staff. One person said, "I can't grumble, they are kind, but they could do with more staff." Another said, "I don't think there's ever enough staff."
- Staff felt that sometimes there were not enough staff, and this impacted on the care they provided.
- We observed staff taking the time to stop and speak with people, which indicated they were enough staff to be able to engage with people.
- We spoke to the registered manager who explained that they used a tool to calculate staffing levels but also identified through their own systems and processes when staffing levels needed to be adjusted. They gave an example of due to an identified increase in falls at night that they had increased the staffing levels on the night shift.
- Appropriate pre-employment checks had been carried out on new staff members to make sure they were safe and suitable to work at the service. However there had been one incident where the photo ID of a member of staff had not been checked thoroughly resulting in inappropriate employment. We spoke to the provider and registered manager about this who had ensured that the policy and process had been reinforced.

Preventing and controlling infection

- Domestic staff did not feel they had enough time to follow the cleaning schedules and were not able to clean everyone's room on a daily basis if a member of the team was on leave. However, staffing levels were

due to increase, recruitment was underway, which staff felt would help.

- Staff used personal protective equipment (PPE) which we saw was readily available throughout the service.
- Staff had completed appropriate training to ensure they understood how to keep people safe from the risk of infection.
- Management conducted regular infection control checks and audits to ensure standards of cleanliness were maintained.

#### Using medicines safely

- People were supported with their medicines in a safe and timely way.
- Medicines were kept securely in dedicated medicines rooms.
- Staff who administered medicines had completed appropriate training and their competency was checked regularly. □
- Staff completed records to show medicines were given regularly. Protocols were in place for people prescribed 'as and when required' medicines, such as pain relief, these gave clear instructions for staff to identify when these should be given and why.
- Medicine systems were organised, and the service was following safe protocols for the receipt, administration, storage and disposal of medicines.

#### Systems and processes to safeguard people from the risk of abuse

- People felt safe living at Westroyd Care Home. One person said, "I feel safe, they look after me."
- Staff had received appropriate training in the safeguarding of adults. Staff knew how to escalate any potential risks in order to keep people safe from avoidable harm.
- The management team understood their responsibilities for keeping people safe from harm and abuse including reporting concerns to the local safeguarding team for investigation and the CQC for monitoring purposes.

#### Learning lessons when things go wrong

- Staff knew how to report incidents and accidents. These were reported 'live' using an IT system on a tablet which meant that the information was shared with the manager and provider in real time.
- The provider had a comprehensive system to analyse accidents and incidents, to pick up themes and identify areas that required action, such as additional training for staff.
- Lessons learned were shared with staff at meetings. The registered manager shared examples of when lessons had been learnt and the changes that had been implemented as a result, such as introducing 'policy of the month'.

# 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

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 support and care needs were assessed before moving into the service and these were regularly reviewed and updated when required.
- People were supported daily by staff to make choices about the support and care they received.
- Staff were supported by both management and other healthcare professionals to provide support and care in line with national guidance and best practice guidance.

Staff support: induction, training, skills and experience

- All staff, including agency staff, completed a two-day induction and shadowing before they started supporting people independently. Staff had regular competency checks on all areas of the care they provided.
- Staff had mixed opinions about the induction and training they had received. Staff said "Personally, I wouldn't call it training", "I was thrown in the deep end" and "I don't feel like I am lacking in anything".
- We spoke to the registered manager about staff training and they explained that they have a plan in place to refresh the training for all staff.

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

- People were offered food and drink throughout the day and were able to choose to have their meals in their rooms. People appeared to be enjoying their lunchtime meal. A relative said, "[X] seems happy and enjoys [their] food and drink."
- People's care records included details about their likes, dislikes, allergies and cultural needs which were sought on admission.
- People on a soft or pureed diet were offered the same meal choices as everyone else meaning that people with these requirements still received a full menu.
- People's care records contained nutritional risk assessments and choking assessments.
- Systems to monitor people's food and fluid intake as well as weight were in place where necessary.

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

- People all had emergency grab sheets completed to ensure that they get the right care and treatment in an anticipated future emergency.
- People were supported to access a range of healthcare services in both the community and within the service including speech and language therapists, general practitioners, district nurses and occupational therapists.

- The service had processes in place to ensure that people received the correct healthcare in a timely manner.

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

- People were able to personalise their bedrooms and could be decorated to suit their tastes.
- People had access to enclosed gardens in both areas of the service, the house and the lodge, which were quite well maintained by one of the people living at the home. However, the main outside areas needed tidying due to lack of maintenance staff.
- Throughout the service, in particular at the lodge, there was adapted signage to assist people living with dementia.
- The registered manager told us that there was a plan in place to improve the environment across the service, however they understood that this needed to be completed at a steady pace to avoid causing distress to people who live there.

#### 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We saw DoLS had been submitted appropriately and conditions on authorisations were being adhered to.
- People's rights and consent were reviewed monthly and recorded in their care plans.
- Staff had a limited understanding of the MCA, one explained it as "making sure they can make their own decisions".

# 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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People felt they were respectfully supported and cared for with kindness by staff at the service. One person said, "Its home from home, I think they are caring, I have a laugh with them and just get on with it."
- Staff spoke with people in a friendly and caring way. We observed kind and positive interactions between staff and people.
- Staff had the information they required to support people in the way that they wanted as they had access to care records that had been developed with people's, or their relatives, involvement.

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

- People and their relatives had the opportunity to attend regular residents' meetings to express their opinions on the service. There were also suggestion boxes around the service for people to submit their ideas.
- Staff supported people to be involved in their care and express their views. Staff explained, "I encourage them to pick their own clothes."
- For people who could not make their own day to day decisions, either by themselves or with support from family or friends, there were advocacy services available. This meant that people had access to someone who could speak up on their behalf.

Respecting and promoting people's privacy, dignity and independence

- People felt staff treated them with dignity and respect and maintained their privacy.
- Staff gave us examples of how they promoted people's independence. Staff explained, "I will try and encourage people to wash themselves" and "We encourage residents to get their own drinks when they can get them themselves". Another described how when some people first came to the home they could not walk using 'Zimmer' frames but now they do thanks to encouragement from the staff.
- People's personal information was stored and held confidentially. We saw that a notice board containing personal information in the office was deliberately placed out of sight from the door.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's plans of care had been developed on admission to the service. They were individualised and contained personalised information, so staff could meet the needs of people in a way that suited the person.

- People had additional 'At a Glance' care plans to ensure that new staff and agency staff could quickly find out essential information and ensure that people continued to receive care in the way that preferred.

- Staff had access to a 'My Choices' booklet which had specific personalised information about the individual. The booklet contained people's preferences, interests, religious needs and clear guidelines for staff; for example, "I like to sleep with one pillow and the light on".

- Staff said that they did get time to read care plans of new residents and that they do look in them for information.

- The provider had an equality, diversity and human rights policy in place to protect people and staff from discrimination, which was followed by the staff.

- People did not always feel that there were enough activities. One person said, "I've not noticed any activities." Another said, "I haven't seen many activities, once a month they have some singers from the different churches / chapel come." Care plans did contain an activity plan however these were limited and not related to the individual. There was an activity coordinator, however they were off work at the time of the inspection and the registered manager was in the process of trying to arrange cover. We spoke to the registered manager about the activities who said they would explore further options.

- People's communication needs were identified in care plans. The registered manager had an understanding of the Accessible Information Standard and the provider could make available information in braille and other formats as required.

Improving care quality in response to complaints or concerns

- People felt comfortable raising concerns with staff and felt confident that they would be acted on. One person said, "I think the staff are approachable on the whole and if something was bothering me I would talk to the carers." A relative said, "I'm not worried about anything, [X] is very happy here, the staff are nice, if there's anything bothering you, you can talk to them."

- A complaints process was in place and a copy of this was available in the reception area.

- Management had a system in place to record complaints and this system allowed corporate level oversight. The registered manager was able to give examples of they had made changes following concerns, for example getting all staff to sign that they had read relevant policies.

End of life care and support

- People's wishes for the end of their life were recorded or at least discussed with people and their relatives where possible. People's plans of care included Do Not Attempt Resuscitation (DNAR) where appropriate.

- Staff understood how to care for people, one described it as "making people as comfortable as possible." The service arranged for the district nurse to attend to administer end of life medicines when necessary.
- We saw thank you cards from relatives whose loved ones had passed away that praised the staff at a difficult time. One said, "The family are grateful to you all for the kindness and care to [X], knowing that [X] received excellent care from lovely people made a difficult time for me easier to bear." Another said, "Though [X] problems got more complex over the latter years, you more than matched the care and attention [X] 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service had a registered manager in post. People and staff spoke positively about them, one described them as "perfect".
- Staff understood their role, responsibilities and duties. Staff received regular supervisions and knew the leadership structure.
- Monitoring systems were in place to check the quality of the service. Audits and competency checks were carried out regularly and actions were taken where appropriate. For example, through these reviews the registered manager was able to identify the need to increase staffing at night and proceeded to do so.
- The registered manager understood their responsibility for reporting deaths, incidents and injuries that affected people using the service. Notifying the Care Quality Commission of these events is important so that we are kept informed and check that appropriate action has been taken.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager and management team showed a commitment to improving and providing person-centred, high quality care.
- The registered manager worked in a transparent and open way when incidents occurred, ensuring they informed the relevant people and families, in line with the duty of candour.

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

- People's families were invited to come in for special days, such as valentine's day and father's day.
- Members of the local community were encouraged to visit the home. The service held fetes that had local entertainers and stalls.
- Local school choirs came in bi-monthly to entertain the people living at the home. A local 'can't sing choir', which were local older people, also came in yearly to perform.
- Staff had regular team meetings and felt comfortable making suggestions.

Continuous learning and improving care; Working in partnership with others

- The registered manager demonstrated a willingness to learn and was committed to improving the service.
- Feedback was actively sought via tablets in the reception areas which sent direct alerts to the manager.

Any feedback that resulted in action was printed out and responded to on a 'You said, We did' board in reception.

- The registered manager attended forums arranged by the provider to ensure they were up to date with policies and procedures and continuing to learn.
- The registered manager worked in partnership with healthcare professionals, commissioners and the local safeguarding team to ensure people received the care and support they required.