

WCS Care Group Limited

Westlands

Inspection report

Oliver Street
Rugby
Warwickshire
CV21 2EX

Tel: 01788576604

Website: www.wcs-care.co.uk

Date of inspection visit:

04 January 2023

11 January 2023

Date of publication:

23 March 2023

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Westlands is a care home providing accommodation with personal care for up to 41 people. The home is purpose-built accommodation, providing care and support to people across three floors. At the time of our inspection visit there were 35 people living at the home.

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

There were enough staff to provide safe care to people, however, we received feedback from relatives and staff that people sometimes waited to receive personal care due to staffing levels. The provider had developed new systems to reduce the amount of agency staff usage and increase permanent staffing at Westlands. Relatives told us personal hygiene standards needed to be improved.

Communication between staff at Westlands and people's relatives needed to be improved. Care records did not always show when people refused care and support.

Staff understood their role in safeguarding people. Risks to people's health and wellbeing had been identified, assessed and managed. The provider's checks helped ensure medicines management followed best practice.

People's needs were assessed before they moved to the home to ensure staff had the appropriate skills to meet those needs. Staff received regular training to keep their knowledge and skills up to date. People's healthcare needs were monitored, and they were referred to external healthcare professionals to maintain their health and wellbeing. People were encouraged to eat a healthy and balanced diet and their appetites and weight were monitored.

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.

The registered manager was experienced and worked with the provider to develop and maintain systems and processes for reviewing the quality of the care provided. Any issues identified were pulled into a 'home improvement plan'. The provider worked with other organisations and healthcare professionals to improve outcomes for people.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was good (published February 2020). The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

Why we inspected

The inspection was prompted in part due to concerns received from people about infection control and staffing concerns at the service. A decision was made for us to inspect and examine those risks.

As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

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

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?

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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Westlands

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 2 inspectors 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.

Service and service type

Westlands 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. Westlands is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This 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 an experienced registered manager in post.

Notice of inspection

The first day of our inspection was unannounced. On arrival we found there was an outbreak of an infectious

disease (COVID-19), and so limited our inspection activities on site due to the outbreak. We informed the registered manager we would return for a second day to complete our inspection visit.

Inspection activity started on 04 January 2023 and ended on 23 January 2023. We visited the location's service on 04 and 11 January 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We looked at the information we had received from relatives and people who used the service. We asked the local authority and Healthwatch for any information they had which would aid our inspection. Local authorities, together with other agencies may have responsibility for funding people who use the service and monitoring its quality. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider had been 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 1 person who used the service and 11 relatives about their experience of the care provided. We carried out observations on all 3 households within Westlands to assess people's experiences of living there. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 12 members of staff including a team leader, members of the housekeeping team, the registered manager, the care manager, a care co-ordinator and a quality assurance manager.

We reviewed a range of records. This included 6 people's care records and/or medication records. A variety of documents relating to the management of the service, including policies, training records, maintenance records, 2 recruitment files and quality assurance documents.

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 changed to requires improvement. This meant 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.

Staffing and recruitment

- People's relatives gave us mixed feedback about whether there were enough staff to support people as quickly as they would like. Comments from relatives included; "I don't see an awful lot of staff as they are busy. However, I can always find one [staff member] quickly if I need to", "In the evening my [relative] says staffing is terrible", "I don't think there is enough staff. Last week [Name] said they wanted to go to bed. The carer said they were on their own. I then spoke to the office and they got [Name] to bed...[Name] needs to be hoisted" and "[Name] texts me to say it's 10.30am and they haven't had their breakfast or been washed. I ring them [staff] and they say they have problems."
- Staff told us they were very busy and sometimes struggled to respond immediately to requests for assistance but said there were enough staff to keep people safe. One staff member said, "You don't get 5 minutes to sit with the residents and talk to them." Another said, "Some days we are really good and some days we struggle." One staff member confirmed, "They [the provider] have always used agency and never worked below identified [safe] staffing levels."
- Staff told us one of the main reasons they struggled to respond to people promptly was due to the use of agency staff. Comments from staff included; "We have agency but when you have your own staff, it is completely different. The permanent staff know what they are doing" and "Some of them [agency staff] have never been to the place before and they don't know anything about the residents. You are spending more time showing them what do."
- Whilst staff had been supported by agency staff, a successful recruitment drive meant agency use was reducing as newly recruited staff started working at the home. One staff member told us, "It has definitely got better, and we have a lot of new starters."
- We discussed staffing levels and the use of agency staff with the registered manager and provider during and following our inspection. The provider explained they were facing challenges to recruit and retain staff due to the economic and wider social care challenges that were being faced by the entirety of the health and social care sector. In addition, the provider told us, "WCS continues to take a very active role in recruiting staff. We are taking many initiatives such as using short recruitment videos, attending local colleges, carrying out recruitment days" and "We have looked at what they [agencies] did well and are now learning from this ourselves...this has helped to reduce agency use and enabled pay to be diverted back to our dedicated care team."
- The provider had developed a new electronic 'app' which they were rolling out to their staffing group. The 'app' was designed to offer staff across their group of homes additional shifts and extra hours, through electronic access to available shifts. After the introduction of the 'app' at 3 of the provider's services, agency usage had been reduced. The provider intended to roll out the 'app' at Westlands in February 2023.
- Recruitment and selection processes were in place to make sure staff were safe and suitable to work with

people living at Westlands.

Preventing and controlling infection

- We received mixed feedback from people's relatives about their relative's personal hygiene, and whether this was maintained by staff. One relative told us about their relative having dirty nails and ears. Another relative said, "We have raised complaints previously. Personal hygiene has been an issue...[Name's] nails were dirty and long." We raised relative's concerns with the provider and registered manager.
- The registered manager told us one person often refused personal care and staff were unable to force the person to receive their support. However, care records did not always show care had been offered and refused. It was therefore difficult for relatives to see their relation was being offered personal care. The registered manager said, "We are already working with the staff team to ensure accurate records are maintained and reminding all our staff at handovers and during observed practice about the importance of recording refusals of assistance with any care task".
- Most relatives said the home was generally clean. At our inspection people and the environment appeared clean.
- We were somewhat assured the provider was using PPE effectively and safely. We saw one occasion where a staff member, who was not involved in the direct provision of care, did not use a face covering. At the time of our inspection the use of face masks in care homes was only an optional requirement in accordance with government guidance. However, there was an outbreak of COVID 19 at the service, and it was the provider's policy for staff to use face coverings. We shared our findings with the registered manager.
- The provider had up to date infection control procedures in place in the event of an outbreak of infectious disease at their service. Procedures were in place to prevent visitors from catching and spreading infections.

Visiting in care homes

- On the first day of our inspection visit there were some restrictions on visiting the home, as there was an outbreak of COVID 19. However, on the second day of our inspection there were no restrictions in place around visiting, in accordance with government guidance.

Assessing risk, safety monitoring and management

- The provider had a system in place to record each person's health conditions, risks to their health, their support needs, and the daily tasks that care workers supported people with, on an electronic care records system. This system was made available to people and their relatives, so that the care people received each day was recorded and could be seen by people and their relatives in real time (Gateway).
- Risks had been identified and risk assessments were in place in people's care and support plans. For example, where people had risks identified which related to their mobility, care records gave clear instructions to staff on how to mitigate the risk of falls.
- Prior to our inspection visit we received some feedback from a relative that people didn't always have the equipment they needed nearby. At our inspection visit we checked some of the equipment people used to check that risks to people were being managed. People had walking frames within reach where this was a requirement, some people had sensor mats near to their seated position, to alert staff if they had a fall. There was a system of checks and audits to ensure equipment and the environment was kept in good order to maintain people's safety.
- Risks to people's skin to prevent people from developing pressure sores were being managed. We checked a number of specialist mattresses and found these were set at the correct setting for people's weight.
- We saw how people were moved by staff, from a seated to standing position, and how people were transferred from one seat to another using a hoist and other moving and handling equipment. Staff performed these movements safely. However, we noted that one person did become distressed due to the length of time they remained in a hoist, whilst staff performed their transfer.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they were confident Westlands was a safe place to live. One relative said, "Yes, it's absolutely safe," another relative said, "Yes I do think [Name's] safe, there's a key-pad entry and staff are aware of safety."
- Staff understood their safeguarding responsibilities to report any concerns around abuse to the registered manager or provider. One staff member told us they understood the signs of abuse and said, "It can be anything, verbal, physical. If I saw anyone being horrible, I would soon report it."
- The registered manager understood their responsibility to report any concerns to the local authority to help ensure people's safety and welfare.

Using medicines safely

- People received their medicines as prescribed and by trained staff. Medicines were ordered, administered and disposed of safely.
- Some people needed medicines on an 'as required' (PRN) basis. There were guidelines for staff to follow to determine when these medicines should be considered.
- Where people required patches to be administered to their skin, for slow release medicines, there were patch records in place to help ensure people had their patches changed and sited at the correct time, and to reduce the risk that patches could cause skin irritation.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed by the registered manager to help ensure action was taken to prevent reoccurrence. Staff also discussed accidents and incidents at daily handover meetings to help prevent a reoccurrence.
- The provider had a system in place to ensure they had an overview of any accidents, incidents, near misses, concerns and complaints received. Trends and patterns were identified to help ensure people were protected from avoidable harm.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- New staff were trained and inducted in how to support people effectively and safely using, The Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. Staff also received training to support people with specific health conditions such as dementia and epilepsy.
- Staff told us they received up to date training and could request additional training and development in their role, which was supported by the provider. One staff member said support from the provider was, "Really good, and any training I have asked for, I have been provided with."
- Staff were kept up to date with what was happening at the home through staff briefings, daily handover meetings, and meetings with their manager regarding their performance and development needs.

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

- One person told us, "I really enjoyed lunch today" whilst another person indicated they were keen to eat their meal, by telling staff with a smile at lunchtime, "I'm starving!" One relative told us, "[Name] definitely likes the food."
- We received feedback from 2 people's relatives to indicate they had concerns about whether people were given enough to drink. One relative told us, "Two weeks after arriving, [Name] was taken to hospital for dehydration. I have visited and there have been many times when [Name] has clearly been in need of more fluid." Another relative said, "[Name's] problem was drinks, they weren't always there for them. No jug of water was there always." However, on our visit we saw people were offered a range of drinks at mealtimes, and people had drinks in reach in their bedrooms. There was also a café on site where people could help themselves to drinks, if they were mobile and able to do so.
- Staff recorded electronically what people drank each day to help ensure they remained healthy. Staff checked throughout the day and at the handover between shifts whether people needed to be encouraged to drink more. Systems were in place to alert staff if people's fluid intake dropped below a set amount.
- People were supported to eat a healthy and balanced diet and given a choice of what they would like to eat. One relative told us their relative might be eating too much sugary food, as they were a diabetic, but we saw healthy and low sugar options were made available to people with diabetes.
- Meals were seen as an important part of people's social experience and they were encouraged to eat together in the communal dining area on the floor where they resided.

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

- People's healthcare was monitored and where a need was identified, they were referred to the relevant

healthcare professional. The provider used a system which allowed them to obtain guidance and advice from health professionals if people became unwell or their needs changed. A member of staff described the system saying, "We use the 'Docobo' system, it's like having a GP in your pocket, we submit baseline observations, if we need a clinician the tool can trigger a response for us. They [health professionals] usually get back to us within 2 hours and our questions are answered more quickly."

- Weekly meetings were held with the local GP to help ensure people's medical needs continued to be effectively met.
- People were supported to attend routine private health appointments to maintain their wellbeing such as dentist, chiropodist and optician.
- The provider followed best practice guidance set out in the CQC "Smiling Matters" document of June 2019. Oral health care assessments detailed what support people required to maintain their oral health.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Where people lacked capacity, full assessments had been completed. Where people had been assessed as lacking capacity to make a specific decision, decisions had been made in people's best interests.
- Where restrictions were in place and people were being deprived of their liberty, the appropriate legal authority had been sought to protect their rights.
- Staff supported people to make their own decisions and sought consent before providing care and support. Records showed people were involved in the planning and delivery of their care.

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

- The building was split into three separate floors, and each floor had a communal dining area and lounges where people could sit and chat or have their relatives visit them. Each floor had a kitchenette which staff could use throughout the day to prepare drinks and snacks for people. Some bedrooms had their own en-suite facilities, whilst other people shared bathrooms and toilet facilities near their room.
- There were a number of signs around the home which were written in English, sign posting people to their bedrooms and toilet facilities.
- On the ground floor there was a café, which people could access independently or with the support of staff if needed. A secure garden area was accessible from two floors of the home, encouraging people to spend time outside in the fresh air.

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 changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of 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 relatives provided us with mixed feedback about communication at Westlands. Two relatives told us they had asked to meet with a manager at Westlands, this had not been arranged for them. One relative expressed their concern that they weren't told about their relative having a fall when it happened. Following our inspection visit the provider said, "The provider has a system in place for managing falls and notifying relatives appropriately when a fall occurs."
- Whilst relatives told us they had access to people's care records, 2 relatives raised concerns this information was not always reliable. The registered manager acknowledged that staff needed to improve records, so that more information was made available to relatives.
- Another relative said there was too heavy a reliance on referring family members to look at the electronic records system, rather than in communicating with them directly when things happened. They gave an example saying they had been referred to look at the records electronically, rather than staff calling them to update them on a doctor visiting their relation.
- Overall, staff told us they felt supported by the senior management within the home, although they expressed their concerns about the frequent use of agency staff which placed permanent staff under added pressure. Staff told us the provider promoted an open culture across their services. The registered manager operated an 'open door' policy, and 1 member of staff said, "You did not feel blamed if things go wrong. 100% there is always that reassurance from your managers."
- Other comments from staff included; "The management are good. They are very supportive and work well with you." However, one member of staff told us they didn't feel listened to. They commented, "It is very rare we have staff meetings...you are not listened to, you should work as a team but it is not a team here."

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

- The registered manager was experienced, and worked alongside a daily duty manager, a care manager, facilities and housekeeping managers, senior care staff and the provider. The provider's values promoted a culture where people could continue to live their life as they wished to.
- The managers on-site during our visit, welcomed the inspection and our feedback. The provider's quality assurance manager told us about how they intended to review how staff were feeling in staff meetings in January and February 2023.
- The registered manager carried out audits and checks on the quality of the service provided alongside other senior managers. These included medication and infection control audits and reviews of risk

assessments and care plans. The registered manager had identified personal hygiene records needed to be improved, to show when people refused personal care. They told us, "The chart [record] does indicate a few gaps and we will be using this information to work with the staff to improve the recording of our care records and at the same time improve standards of hygiene." Following our inspection the provider stated regular checks and audits on the accuracy of record keeping were undertaken and the need to ensure that records are accurate and comprehensive is regularly reiterated to staff through staff meetings, handovers, and guidance.

- The provider had systems and processes for reviewing the quality of the care provided. These were reviewed on a monthly basis to ensure any identified actions had been taken. Where issues were identified, they were pulled through into the 'home improvement plan' which was regularly monitored to ensure identified actions were being addressed.

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

- Each year people, their relatives and staff were invited to complete a questionnaire about the home. The questionnaire provided an opportunity for people to comment on their experience of living in, visiting or working at the home. The results were analysed and helped to inform an action plan.

- There was an accessible complaints policy in place. The provider told us they welcomed feedback to identify learning opportunities and to drive forward continuous improvement.

- People and their relatives had access to a regular newsletter providing up to date information about community engagement activities.

- The registered manager told us meetings were beginning to take place again after the Covid-19 restrictions with relatives. The first one was held in October 2022, and more were planned.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered managers understood their responsibility to comply with the CQC requirements and was aware of the importance of notifying us of certain events that had occurred in the service.

- People's representatives told us they were kept informed of how people were cared for, through electronic access to care records, which showed the care people received each day.

Working in partnership with others

- The provider was involved in a local initiative which involved regularly monitoring people's oxygen levels, pulse rate and blood pressure to identify signs of ill-health early to reduce demands on GP and hospital services.

- The provider sought advice and guidance from other organisations to improve outcomes for people.