WCS Care Group Limited

Westlands

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

About the service
Westlands is a residential care home, providing personal care and accommodation for up to 41 older people, including people living with dementia. The home was divided into three separate floors or units which were being used as residential accommodation. There were 41 people living at Westlands when we inspected the service.

People's experience of using this service and what we found
People's relatives and staff gave us mixed feedback about whether there were enough staff available to always respond to people's needs. However, we found staffing levels were determined by people's support requirements and were being regularly reviewed by the provider. During our inspection visit we found there were sufficient staff to respond to people's preferences and wishes.

People felt safe at Westlands. Staff were provided with guidance about how to keep people safe. Environmental risks were identified and mitigated against. Staff understood their responsibilities to protect people from the risk of abuse. The manager checked staff's suitability for their role before they started working at the home. Medicines were stored, administered and managed safely following a full review of all medicine procedures at the home.

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 were cared for and supported by staff who had the skills and training to meet their needs. People were supported to eat and drink enough to maintain a balanced diet that met their individual dietary needs and preferences. People were referred to healthcare services when their health needs changed.

People received kind, responsive person-centred care from staff. Staff respected people's privacy. Overall, people and their relatives were involved in planning their care and support. The staff team worked to promote people's dignity and prevent people from becoming socially isolated within the home.

The provider employed lifestyle coaches, who were dedicated to supporting people to make the most of each day through physical and social activity. Group and one-to-one activity sessions were effective and the positive impact on people's moods was visible. People knew how to raise concerns and provide feedback about the service. The provider ensured people received care at the end of their life, which met their wishes.

The service was led by an experienced registered manager who had been at the home since our previous inspection. The registered manager was supported by a care manager, daily duty manager, and care co-ordinators. The management team worked together to identify areas for improvement at the home.

The provider had implemented technological systems that ensured staff and management had access to

the most up-to-date information about the support people received, at the press of a button which enabled relatives to be fully informed and involved in their relations' care. People benefited from the technology because staff had more time to care for them. The provider listened and acted on people's views to improve the service.

Rating at last inspection
The last comprehensive inspection report for Westlands (published August 2017) we gave a rating of good overall with a rating of outstanding in well led. At this inspection we found the service had maintained their overall good rating.

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

Why we inspected
This was a planned inspection based on the rating at the last inspection.

Follow up
We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

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 as part of our regulatory functions. This inspection checked 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.

Inspection Team
The inspection team consisted of an inspector, an assistant inspector and an expert by experience. An expert by experience is someone who has experience of using, or supporting someone who uses, this type of service.
Service and service type
Westlands is a care home. People in care homes receive accommodation and personal care. 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 (CQC). The registered manager 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 initial inspection visit took place on 14 January 2020 and was unannounced on the first day. We returned to complete our inspection on 17 January 2020. On the second day we told the manager we would return.

What we did before inspection
We reviewed information we had received about the service since the last inspection. This included information received from the provider about deaths, accidents and incidents and safeguarding alerts which they are required to send to us by law. We also requested feedback from the Local Authority quality monitoring officers and the local clinical commissioning team. We used all this information to plan our inspection.

We were unable to use information from the Provider Information Return, as we had failed to request this before our inspection visit. This is information we require providers to send us at least once a year to give some key information about the service, what the service does well and improvements they plan to make. We therefore asked additional questions of the manager during our visit, to ensure we gathered all the information we required.

During our inspection
We spoke with five people living at the home and five people's relatives. Some people, due to their complex care needs and disabilities were unable to give us their feedback about the home. We spent time with people to see how staff supported them.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We observed care and support being delivered in communal areas of the home.

We received feedback from nine members of staff including the registered manager, care manager, service manager, the director of quality assurance, and the deputy chief executive. We also spoke with a visiting health professional.

We reviewed a range of records, including six people's care and medicines records. We also looked at records relating to the management of the service, including audits and systems for managing any complaints. We reviewed the provider's records of their visits to the service; and records of when checks were made on the quality of care provided.

We looked at three personnel records to check that suitable recruitment procedures were in place, and that staff received supervision and appraisals to continue their professional development.

Following our inspection
We received feedback from a further two relatives of people.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. People were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

● People and their relatives told us they felt safe at the home. One person commented, "I've no doubt [name] is safe, I am here every day".

● Risks to people were assessed, and plans were in place to reduce risks. The provider had recently introduced a risk management tool, where managers reviewed care records and risk assessments to ensure each person at the home had a comprehensive risk management plan in place. For example, new epilepsy management plans and wound management plans had been put in place for people with these diagnoses.

● All identified environmental risks had an associated risk assessment in place which guided staff how to mitigate risks. Equipment was maintained, and the fire alarm system was fit for purpose. Staff knew what to do in an emergency.

Learning lessons when things go wrong

● Staff knew how to report and record accidents and incidents. The manager was responsible for analysis of accidents and incidents to identify patterns and trends and prevent a reoccurrence. Learning from incidents was shared with the staff team, and at provider level, to drive forward best practice.

● Staff who administered medicines reported any errors they made, and these were investigated, so that further training and learning reduced the risks of future errors. New medicines procedures had recently been implemented at the home to prevent future errors.

Staffing and recruitment

● We received mixed feedback from relatives and staff about whether there were enough staff to safely meet people's needs and preferences. Comments included; "There is a lot on the staff have to do. It would be nice if staff could spend more time with people", "Carers are really good it's just that there's not enough of them", and "I visit [name]on a regular basis, each time I've gone to visit the staff are always around and ready to help. I always leave [name] knowing she is well looked after".

● The provider had introduced a new dependency tool at the home, to ensure the calculation of the numbers of staff needed to support people, were based around people's current assessed health and care needs, the management team were now confident there were enough staff to keep people safe.

●In addition to allocated care staff, there were also a number of other staff that could be called on to support care staff at busy times, such as activities co-ordinators (Lifestyle Team), care co-ordinators and managers.

● Throughout our inspection visits we saw people's needs were met in a timely way. Staff were not rushed and had time to spend with people.

● The registered provider undertook background checks of potential staff to assure themselves of the

suitability of staff to work at the home.

Systems and processes to safeguard people from the risk of abuse
● Staff had received training and understood their roles and responsibilities in keeping people safe. Staff told us they would report any concerns if they suspected abuse and had confidence the registered manager would investigate.
● The registered manager and provider understood their legal responsibilities to protect people and share important information with the local authority and CQC. Notifications about specific events had been sent as required by the provider.

Preventing and controlling infection
● Overall the service was well presented, clean and tidy.
● Staff had received training in infection control and worked in line with NHS England's Standard Infection control precautions and national hand hygiene protocols.
● Staff understood the importance of using gloves and aprons to reduce risks of cross contamination.

Using medicines safely
● The provider was following safe protocols for the receipt, storage, administration and disposal of medicines. Before our inspection visit we had received concerns that medicines were not always provided to people in a safe and consistent way. Prior to our inspection visit the provider had reviewed their medicines procedures, and had re-trained staff in new procedures, to ensure medicines were always administered safely.
● Staff were trained in medicine administration and their competencies assessed to ensure they worked in line with the provider's policies and procedures.
● Medicine Administration Records (MAR) were completed as required and people had their prescribed medicines available to them when they needed them. One person told us they always received their medicines when they needed them, saying, "Yes, they [staff] give it to me and I take it myself". Another person laughed and commented, "Yes staff are always, very good. They are the best doctors I've ever had".
● Regular audits, daily spot checks and tablet counts ensured recent improvements to policies and procedures were being followed by staff.

Good

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question remains the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.
● Mental capacity assessments were carried out for people when a need was identified. The registered manager and staff demonstrated they understood people's capacity could change, according to their health.
● The registered manager and staff understood the principles of the MCA and were supporting people to make choices about their care. We saw people were asked for their consent, when staff supported them with daily tasks.
● People who required restrictions were supported through authorised DoLS and staff completed regular training in the MCA. A review of whether people required DoLS took place, when people's needs changed.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People's needs regarding their physical and emotional health were assessed in line with their wishes and preferences for their daily routines. Pre-assessments were carried out prior to anyone moving into Westlands and information regarding people's social and spiritual needs and their sexuality formed part of the assessments.

Staff support: induction, training, skills and experience
● The provider ensured care staff completed an induction that met the standards laid down by Skills for Care, a recognised organisation that provides care staff with training standards.
● Care staff received relevant, ongoing refresher training for their roles. The provider maintained a record of staff training, so they could identify when staff needed to refresh their skills.
● We saw staff used their training and skills to support people living with dementia effectively. For example, where people required support and reassurance from staff, this was offered. Staff spoke to people in a

respectful way, whilst maintaining a positive 'can do' attitude.
● Regular meetings with a manager, team members and individual performance reviews gave staff the opportunity to discuss training and practice, reflect on difficult or challenging situations, and identify areas of learning and development.
● The provider had an 'open door' policy, staff could raise any issues of concern or gain support from a duty manager seven days per week.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● People told us they were able to access health professionals and medical treatment when they needed to. One relative told us, "If they [staff] think it's something…the doctor comes in really quick".
● People's oral healthcare needs were assessed, and plans developed to promote good oral hygiene.
● Where people required assistance from a nurse, nursing professionals visited the home on a daily basis to support people with their treatment. The provider was improving the way they worked with health professionals, to ensure any recommendation or changes to people's treatment plans were recorded.
● Regular staff handover meetings shared key information about people's needs, accident and incidents, hospital admissions, any changes in their health, and whether follow up referrals to other health professionals were needed.

Supporting people to eat and drink enough to maintain a balanced diet
● People's nutritional needs were assessed to ensure they received food and drink in line with their nutritional requirements. Each person who required a specialist diet had their needs referred to the chef, and food was prepared accordingly. Staff told us what they did to fortify food with extra calories for people nutritionally at risk.
● Overall, people and their relatives told us they were satisfied with the quality of food provided. Comments included, " Yes, I eat everything I do", "Its generally very good, they tend to have a lot of stews.", "Christmas meal was lovely; [name] likes it, I know she does".
● People told us they could choose what they wished to eat from a range of choices. Comments from relatives included, "[Name] gets asked what she wants….if she doesn't like it they will offer something else".
● People told us they were offered plenty to drink, to keep them hydrated. When we visited people in their rooms we saw people had drinks close by, and drinks were available for people to help themselves in communal areas and coffee bar.

Adapting service, design, decoration to meet people's needs
● Westlands was divided into three separate households. Each household had their own communal lounge, kitchen and dining area in keeping with a domestic environment. A relative commented, "It's a beautiful cosy home".
● The provider was developing three specific designs to help people feel comfortable and at home. The three designs had been developed following consultation with people. The provider planned to re-furbish all their units based on the three different designs and allow people to choose where they felt most at home. At the time of our inspection visit the refurbishment of two kitchenettes was already underway.
● The home was a purpose-built residence offering people a number of areas, rooms and lounges, which gave people opportunities to socialise and meet people, family and friends. These areas included a coffee bar and meeting area and salon.
● Signs were used around the home to direct people, to ensure people with memory problems or confusion could find their way.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People we spoke with said, "I think staff are kind and considerate", "They [staff] make us laugh every time we come", "This really does feel like [name's] home, they [staff] make our family welcome".

Relatives told us staff were kind and caring. We saw staff spoke to people in a caring way, engaging them in conversation in things people were interested in.

- Staff were thoughtful, patience and helpful in their approach and were observed to take time supporting people according to their individual preferences and support requirements. For example, we observed people living with dementia being supported at lunchtime. Warm, empathetic and respectful interactions were observed between staff and people.
- Staff were quick to respond to people's requests and used non-verbal communication such as touch and smiling for people who struggled to communicate verbally.

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

- The lifestyle team used regular feedback from people when planning lifestyle events and outings to ensure these were responsive to people's enjoyment.
- Records showed people, or their relatives, were involved in planning their care, and commenting on the care people received. Care records were personalised to meet individual needs and included people's preferences on how they wanted to spend their time.
- The management team ensured people were involved in making decisions about their care as much as possible.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us staff treated people with respect, and made sure they following their preferences and wishes. One relative told us, "[Name] is still quite independent, but they [staff] always seem to respect a person's wishes, it goes a long way they treat them with respect". Another relative commented, "[Name] stays in his room with the door shut. I'd rather he didn't but it's what he wants".
- Staff were observed to protect people's dignity. For example, when people required personal care staff offered to support people discretely. People who needed help to eat were not rushed and care was taken to ensure their dignity was maintained throughout their meal.
- People who did not need help to eat were left to eat independently but still checked on by staff, offering drinks and bread to go with their meal.
- Staff could explain what they did to protect people's privacy during personal care routines.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care records showed people's health and support needs and covered topics such as people's life history, so staff knew people's cultural needs and preferences.
- Care records were in an electronic format, and were written with the person, their family members and professionals. Records were reviewed monthly.
- Relatives and people were provided with access to their electronic care records through a 'gateway' system, that were updated as staff supported people. This meant relatives could be re-assured their relation's needs were being met. One relative commented, "It's brilliant, a family member lives away, he thinks it's brilliant".

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People and their relatives gave positive feedback about Lifestyle staff and the organised activities at Westlands. One the day of our visit we observed people using a light table, which produced pictures and sensory images. This activity encouraged people to sing, create pictures and shapes, and was interactive. People clearly showed their enjoyment in the activity.
- The provider employed care staff to support people with their day-to-day lives and dedicated lifestyle coaches to support people to lead fulfilling lives. The two lifestyle coaches worked across seven days a week, to support people with activities that provided physical and mental stimulation, which promoted people's well-being.
- Group activities were organised daily. Activities included coffee mornings, scheduled exercises, social groups and clubs, daily games and sing-a-longs.
- Each person was informed about the scheduled activities in a weekly planner and displayed posters. When an activity was taking place, staff approached people to see if they wanted to join in. Where people did not want to participate in group activities, staff organised one-to-one time with them to pursue their interests.
- Activities were inclusive of the local community who were invited to take part. This gave people opportunities to make friendships outside the home. For example, volunteers from a befriending service included visitors from pastoral support groups, who were matched with people with similar beliefs and interests. The home organised visiting animals to increase people's wellbeing.
- People and staff organised a number of 'interest' clubs, such as gardening, knitting and baking, where people could demonstrate their skills and learn new ones.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to

follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carer.

● Staff demonstrated they knew people well and what support each person required to make decisions about their everyday lives. Where people had specific disabilities that affected their communication, the provider used a range of techniques to communicate with people such as large print, electronic records and pictures.

Improving care quality in response to complaints or concerns

● Relatives told us they knew how to raise concerns or complaints with staff and the management team if they needed to. A relative told us, "We had to make a complaint here….it's all resolved."

● The provider had a complaints policy and procedure on display in the reception area of the home. There was also a suggestion box in the reception area and people were encouraged to leave their feedback.

● The service had a complaints log where all complaints were recorded. Where learning was acquired through people's feedback, the registered manager shared this with the provider and staff, to ensure improvements were made.

End of life care and support

● People and their relatives were supported to make decisions and plans about their preferences for end of life care. Some people had a DNARCPR form in place, which meant staff and emergency services knew the person should not receive resuscitation in the event of a sudden cardiac arrest.

● No-one, at the time of our visit, was receiving palliative care. Advance planning took account of people's wishes to meet their individual cultural and religious preferences.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Outstanding. At this inspection this key question has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

● The provider had recognised there were some changes that needed to be made to the senior leadership team, as some services in the provider's group required improvement. The provider had acted to make the required changes, and the deputy chief executive had taken an operational leadership role to assist with quality assurance and senior oversight of services. This had led some improvements to medicines procedures at the home. They told us they had implemented an improvement plan to re-enforce their values, recognise and improve risks, and to ensure services maintained good quality care. They said, "We have gone through lots of organisational learning and reflection and drawn on our quality experience and corporate memory to make improvements to our services".

● The provider had also introduced a number of new auditing and quality checks, to recognise where improvements needed to be made. These new checks included a review of people's risk assessments and risk management plans, and the introduction of additional paperwork to monitor healthcare provision.

● All actions from audits were added to an improvement plan the registered manager and provider oversaw. The provider held leadership meetings every two weeks to review quality checks and outcomes for people at their services. Changes were made in response to the findings. Information was shared with staff and each service so that lessons were learned across all of the provider's homes.

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

● The registered manager was supported by a care manager. In addition, there were other managers and care co-ordinators supporting the home, including a daily duty manager chosen from the management team.

● People, relatives and staff consistently told us the management team were approachable. Comments included; "I would recommend the home and I have done", "There is a devoted management team.", "I wouldn't change anything, not at the moment".

● People were placed at the heart of the service. The staff and management team had maintained the philosophy and values, that is, 'every day should be a day well-lived'. Staff understood that the provider's values of, 'Play, make someone's day, be there and choose your attitude', empowered them to take action that promoted people's well-being. For example, people chose whether they attended group fun-exercise sessions or received one-to-one time with the lifestyle coaches. People, staff and volunteers ran clubs that reflected people's interests and hobbies. One person said, "The staff are great, they make this place".

● Staff were engaged and included in discussions about how the home should be developed. The provider had an online message board, where any staff member could share their views with senior leadership.

Regular meetings and consultation groups involved staff in developing procedures and processes that would improve outcomes for people. For example, the staff team were developing a range of 'knowledge nuggets' which were one page 'aide memoires' of how to support people with specific health concerns and risks.

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

- The registered manager conducted a daily walk around to gather feedback from people and staff at the home.
- Feedback was routinely acted on, for example, people had been involved in the development of kitchen areas at the home.
- The management team held regular staff, team and departmental meetings, to provide staff at all levels an opportunity to give their feedback about the home and any ideas for improvement.
- The registered manager organised daily handover meetings between staff, at every shift change. Handover meetings had recently been developed, so that the duty manager and staff could discuss any immediate changes that needed to be made.

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

- Senior staff worked alongside staff, where they demonstrated best practices. For example, during weekly shifts they assisted people and staff to help them develop relaxed, positive relationships with people, and discreetly observe staff's support of people, so performance was continuously reviewed.
- The registered manager understood their regulatory responsibilities. For example, they ensured that the rating from the last Care Quality Commission (CQC) inspection was prominently displayed in the home and on their website and, there were systems in place to notify CQC of incidents at the home.

Working in partnership with others

- The service had links with external services, such as government organisations who provided links to renewed best practice guidance, charities, commissioners of services, nurses and health professionals. These partnerships demonstrated the registered manager sought best practice to ensure people received good quality care and support.
- The registered manager sought opportunities to work with other bodies to increase people's enjoyment in life. For example, local charities to increase people's opportunities for social interaction in the local community.
- The provider had researched national and international best practice measures and adopted innovative technologies to improve how people's care was delivered.
- The provider was working with national government organisation to assist with Brexit planning strategies for the care sector.

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 manager and provider understood their responsibilities to share information under the duty of candour regulations.
- The provider acted on the feedback they received to improve their services, and shared improvement plans and actions with people and relatives.