

BLHC Westwards House Limited

# Westwards House Residential Care Home

## Inspection report

BLHC Westwards House Limited  
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Date of inspection visit:  
19 July 2019  
25 July 2019

Date of publication:  
06 September 2019

## 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

Westwards House Residential Care Home is a residential care home providing personal care to 16 people aged 65 and over at the time of the inspection. Accommodation is provided in one adapted building.

The provider is registered to provide accommodation for up to 19 people in the home. However, at the time of the inspection, the provider would accommodate a maximum of 17 people.

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

People were safe and protected from harm and abuse. There were enough staff to support people. The provider carried out checks on new staff to ensure they were suitable to work in the home. The staff gave people the support they needed to take their medicines. People received their medicines safely and as their doctors had prescribed.

The staff were skilled and competent to provide people's care. People enjoyed the meals provided. The staff supported people to see their doctors as they needed. The staff gave people choices about their lives and care and respected the decisions people made. People's rights were protected. 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 staff treated people in a kind and caring way. People enjoyed spending time with and laughing and joking with the staff. The staff protected people's privacy and dignity and supported people to maintain their independence.

The provider planned people's care to meet their needs and take account of their choices. People could see their families and friends as they wished. People knew how they could raise concerns about the service provided. The staff worked with appropriate services to ensure people received the care they needed as they reached the end of life.

People told us this was a good service and said it was a good place to live. People said the atmosphere was "homely" and told us this was important to them. People knew the provider and were confident approaching her as they wished. The provider monitored the quality of the service and identified areas which could be improved. She was arranging improvements to the environment and range of activities provided.

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

Rating at last inspection: The last rating for this service was good (published 21 January 2017).

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

Follow up: We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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.

# Westwards House Residential 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. 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 Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Westwards House Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 did not have a manager registered with the Care Quality Commission. A registered manager is legally responsible, with the provider, for how the service is run and for the quality and safety of the care provided. The provider was overseeing the management of the service and was applying to us to be the registered manager of the home.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed the information we held about the service including notifications the provider had sent us of significant incidents that had happened in the home.

Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all the information we held to plan our inspection.

During the inspection-

We spoke with seven people who used the service and three relatives about their experience of the care provided. We spoke with three members of the care team, two ancillary staff and the provider. We also spoke with a healthcare professional who supported people and observed how staff interacted with people.

We reviewed a range of records. This included three people's care records and medication records. We looked at two staff files in relation to recruitment, training and supervision. We also looked at records related to how the service was managed.

After the inspection

We contacted two people's relatives to gather their feedback about the service.

# 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. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe and protected from abuse. The staff understood their responsibilities around protecting people from abuse. They were trained in how to identify and report abuse. The staff were committed to providing people with good care and ensuring they were not at risk of abuse.
- People told us they felt safe with the staff and would speak to them if they had any concerns about how they were treated. One person told us, "I feel safe." A visitor said, "I am happy people are safe. I have never seen anything untoward."

Assessing risk, safety monitoring and management

At our last inspection we recommended the provider referred to current guidance about good practice in relation to the management of risk assessment. The provider had made improvements.

- The provider had identified and managed risks to people's safety. The staff knew how to protect people from risks. The provider had assessed risks and there was detailed guidance in people's care records about how staff were to manage risks.

Staffing and recruitment

- There were enough staff to meet people's needs. One person said, "There are always staff about if I need them." The staff told us there were always enough staff to care for people. The provider assessed staffing levels to ensure there were enough staff available to support people.
- The provider carried out checks on all new staff before they were employed in the home.

Using medicines safely

- The staff gave people their medicines safely and as their doctors had prescribed. Staff who handled medicines had completed training to ensure they had the skills required. The provider had systems to audit medicines to check people had received their medicines as they needed.

Preventing and controlling infection

- The home was clean and people were protected against the risk of infection. The staff used appropriate protective equipment such as disposable gloves and aprons to reduce the risk of infection. The staff had completed appropriate training to deliver care safely and protect people.

Learning lessons when things go wrong

- The provider checked the service to ensure people were safe. Where the provider identified any areas of

concerns these were shared with the staff team to ensure lessons were learnt to improve the service.



# 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 has remained the same. This meant 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

- The provider ensured people's needs were assessed before they were offered accommodation in the home. This helped to ensure the facilities and service were suitable to meet people's needs. Some people were supported by specialist healthcare services. The needs assessments included information provided by the other services which supported people. This helped to ensure people's care was planned and provided to meet their needs.

Staff support: induction, training, skills and experience

- The staff told us they completed a range of training to ensure they had the skills and knowledge to support people. One staff member said, "We're always doing training." People we spoke with told us they thought the staff were knowledgeable and well trained.
- The staff had formal meetings with the provider or a senior care worker where they could discuss their roles and any training needs. The staff told us they felt well supported by the provider.

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

- People were provided with meals and drinks they enjoyed. One person told us, "The meals are very good." We saw people were given a choice of meals and hot and cold drinks were provided throughout the day. The staff understood the importance of encouraging people to drink during the hot weather. One staff member told us, "I'm always watching people and encouraging them to have a drink."
- The staff supported people to make healthy eating choices. They asked people if they had any special requirements in relation to their food and took these into account when meals were provided.

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

- The home had been adapted to meet people's needs. There was a stair lift to assist people to access accommodation on the first floor of the premises. We saw the staff gave people clear guidance on using the stair lift safely.
- People were able to bring their own items into their rooms and to personalise their rooms as they wished. People told us the service was "homely" and said this was important to them.
- The provider had identified areas where the environment needed to be improved and had a plan for the required improvements to be made.

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

- People were supported by a range of services to support their physical and mental health. People told us

the staff supported them, as they needed, to access healthcare services.

- A healthcare professional we spoke with told us the staff contacted them appropriately and acted on any advice or guidance they gave. They told us, "They [staff team] work really well with us."

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

- The staff were knowledgeable about their responsibilities under the MCA and people's rights were protected. The staff knew people well and gave people the time they needed to make decisions about their care. The staff were patient and respectful and supported people to make choices about their daily lives.
- There was no one in the home who needed restrictions on their liberty to protect their safety. People were able to choose where they wanted to spend their time and did not require continual supervision or control to ensure their safety.

# 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 told us the staff were kind and "very caring". One person said, "The staff are very nice, everyone is very good to me." The staff told us they were confident people were well cared for in the home. We observed the staff treated people in a kind and respectful way.

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

- People were included in all decisions about their care and the staff respected the choices people made. We saw people chose where to spend their time and if they wanted to be on their own or with other people.

Respecting and promoting people's privacy, dignity and independence

- The staff respected people's privacy and dignity. They asked people discreetly if they needed help with their personal care and ensured all care was provided in private. The staff supported people to maintain their personal appearance. A healthcare professional we spoke with told us people were "always well presented". This helped to maintain people's dignity.
- The staff supported people to maintain their independence. They knew the aids people needed and ensured these were available. The staff gave people the time and support they needed to carry out tasks themselves.

# 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

- The provider had assessed people's needs and used the information collected to develop a care plan for each person. The care plans gave information for staff about the choices people had made about their care and how to support people.
- The staff knew people well. They knew the things that were important to people and used these to engage people in conversation. The staff knew people's preferences and provided care in line with their wishes.

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 carers.

- The provider had identified how people needed information to be provided and people's communication preferences and needs were detailed in their care records. We saw the staff gave people time to understand information and supported them to do so.

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 told us their visitors were made welcome in the home and said they could see their friends and families as they wished. Visitors we spoke with told us they could visit when they wanted and said there were no restrictions on when they could see their relatives.
- The provider was looking at how activities could be improved. During the afternoon of our inspection the staff provided an activity that people could choose to join if they wished. Some people told us they would like a wider range of activities to be provided. One person said there were times the home was "busy". The provider had identified an activity in the local community which people could choose to attend. Details of the activity were displayed in the home so people could tell the staff if they were interested in attending.

Improving care quality in response to complaints or concerns

- The provider had a procedure for receiving and responding to complaints about the service. No one we spoke with raised any complaints during the inspection. People told us they would speak to the staff or to the provider if they had any complaints. People told us the provider was committed to providing good care and said, "She [provider] really does try."

End of life care and support

- The provider had links with appropriate services which could support people as they reached the end of life. A healthcare professional we spoke with told us the staff provided good care to people reaching the end of life. People were supported to remain in the home if this was their wish.

# 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 requires improvement. At this inspection this key question has now improved to 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 who lived in the home and their visitors commented on the "homely" atmosphere. People told us the home was a good place to live and said they would recommend it. One person told us, "It's very nice here." Another person said, "We're well looked after." People knew the provider and said she was committed to providing a good service.
- The staff told us they were happy working in the home and felt supported to provide person-centred care. They told us they would recommend the home and would be happy for their own relatives to be cared for there.

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 provider understood her responsibilities under the duty of candour. She had notified us of significant events which had occurred in the home such as injuries to people who lived there. The notifications showed the provider had taken appropriate actions in response to incidents, including sharing information with appropriate people when incidents had occurred.

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

At our last inspection we recommended the provider referred to guidance about good practice in relation to quality assurance. At this inspection the provider had made improvements.

- The provider had taken responsibility for the day-to-day management of the home. She was available in the home to monitor the quality of the service and to offer support and guidance to the staff. The provider had assessed the quality of the service and identified areas where improvements could be made. These included improvements to the environment and range of activities provided. She had an improvement plan in place for the home and was prioritising areas which impacted on the safety or quality of the service.
- The provider had arrangements in place to ensure the effective management of the service. There had been a registered manager employed until July 2018, when they left the home. The provider had overseen the management of the service since the registered manager left. The provider was in the process of applying to be the new registered manager of the service.
- A healthcare professional told us they had noticed significant improvements in the service. They told us it

had "come on leaps and bounds" in the 12 months before our inspection.

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

- The provider asked people for their views and made changes in response to their feedback to improve the service. The provider was available in the home for people to speak to. She gathered people's views informally as she worked in the home and was in the process of asking people to complete a quality survey to share their views of the home.
- The provider had identified an activity in the community she thought people may like to attend. We saw she spoke with people about the activity and asked if it would be something they may enjoy. Following people's feedback the provider made arrangements for people to attend the activity.

Working in partnership with others

- The staff in the home worked in partnership with other services to ensure people continued to receive the care they required if their needs changed. Where specialist services were involved in providing people's support, the advice they had given had been included in people's care plans. A healthcare professional we spoke with told us the staff always followed any advice they gave.