Arrowsmith Rest Homes Limited

# Westfield Rest Home

## Inspection report

2 Westfield Road
Blackpool
Lancashire
FY1 6NY

Tel: 01253344899

Date of inspection visit:
08 November 2016

Date of publication:
06 December 2016

## Ratings

| | |
|---|---|
| Overall rating for this service | Requires Improvement |
| Is the service well-led? | **Requires Improvement** |

# Summary of findings

## Overall summary

We carried out an unannounced comprehensive inspection of Westfield on 27 January 2016. At which breaches of legal requirements were found. This was because the provider did not have effective auditing and oversight systems, as well as suitable deployment of staff at mealtimes. Recruitment, training and environmental safety monitoring failed to pick up concerns we found. Additionally, the provider failed to carry out their required duty to notify the Commission about incidents that affect people's health, safety and welfare.

After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches. We undertook a focused inspection on 08 November 2016 to check they had followed their plan and to confirm they now met legal requirements.

This report only covers our findings in relation to the latest inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Westfield Rest Home' on our website at www.cqc.org.uk.

Westfield provides care and support for a maximum of 13 older people who may be living with dementia or a mental health condition. At the time of our inspection, there were 13 people who lived at the home. Westfield is situated in a residential area of Blackpool close to local shops and leisure facilities. Communal areas include two lounges, a dining area and gardens to the side and front of the home. A passenger lift offers ease of access for wheelchair users between floors.

A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During this inspection, we found the registered manager had notified CQC about incidents that affect people's health, safety and welfare. They understood their responsibility and the deputy manager was in the process of completing related training to submit notifications in their absence. The registered manager had also introduced new audits and systems to assess quality assurance, maintain people's safety and gain effective oversight of Westfield.

A new, intensive training programme had been implemented over the last few months, which staff had or were in the process of completing. The registered manager had developed the training matrix to gain better oversight. Staff told us they felt the new training had enhanced their skills and given them insight into care and support.

We observed lunchtime and found staff were deployed effectively to ensure they could complete all tasks. This included a new mealtime system to provide quality time and social support to meet people's

nutritional requirements.

We could not improve the rating for well-led from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service well-led?

**Requires Improvement**

We found action had been taken to improve people's safety

The registered manager understood their responsibility to notify CQC about incidents that affected people's health, safety and welfare.

A new staff training programme had been implemented and the management team had better oversight of when refresher guidance was due.

The registered manager had introduced new audits and systems to assess quality assurance and people's safety.

We could not improve the rating for well-led from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

# Westfield Rest Home

**Detailed findings**

## Background to this 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 was planned to check 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.

The inspection team consisted of one adult social care inspector.

Prior to our unannounced inspection on 08 November 2016, we reviewed the information we held about Westfield. This included notifications we had received from the provider. These related to incidents that affect the health, safety and welfare of people who lived at the home.

We spoke with a range of people about Westfield. They included one person who lived at the home, one staff member and the registered manager. We did this to gain an overview of what people experienced whilst living at Westfield.

We also spent time observing staff interactions with people and looked at records. We checked documents in relation to the provider's auditing and oversight systems to review how they monitored people's safety and welfare.

Requires Improvement

# Is the service well-led?

## Our findings

At our comprehensive inspection of Westfield on 27 January 2016, we found the provider did not have effective auditing and oversight systems because they did not pick up concerns we saw. These related to the internal and external environmental safety, inconsistent and limited staff training and missing required staff recruitment documents. Furthermore, we observed the provider failed to have effective oversight of staff deployment at mealtimes. Consequently, they were not fully enabled to devote their time to support people at mealtimes.

This was a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance.

Additionally, we found the provider failed to notify the Commission about incidents that affect people's health, safety and welfare. They had not informed CQC about a safeguarding incident. The provider further failed to notify when a Deprivation of Liberty Safeguards, under the Mental Capacity Act 2005, had been authorised.

This was a breach of Regulation18 Registration Regulations 2009 Notifications of other incidents.

At our focused inspection on 08 November 2016, we found the provider had followed the action plan they had written and were meeting the requirements of the regulation. The registered manager was improving auditing and oversight systems.

The registered manager had a good understanding of their responsibility to notify CQC about incidents that affected people's health, safety and welfare. When we discussed this with them, they understood why, how and when notifications must be submitted. Since our comprehensive inspection on 27 January 2016, we had received multiple statutory notifications for a variety of incidents. This enabled us to continue to monitor Westfield and assess how they managed and maintained people's safety. Additionally, we found the deputy manager had started training to complete related processes in the registered manager's absence. They said, "It helps [the registered manager] and us to make sure and feel confident we are notifying CQC properly."

We looked at training oversight records and noted the management team had established a thorough training programme with a recognised external organisation. They said, "I'm much happier with the training because it's given the staff more insight." This covered, for example, medication, infection control, movement and handling, safeguarding, dementia, mental capacity and personal care. The registered manager had a new training matrix to identify when staff completed training and to review when this needed renewing. A staff member told us, "The training has been amazing since our last inspection. I feel a much more experienced staff member now in supporting people."

We were unable to assess recruitment processes because the registered manager had not employed any new staff in the last ten months. They told us they would introduce a staff file audit to help them ensure they had obtained all required documentation to.

The registered manager had introduced new audits to enhance the arrangements the service had to assess quality assurance and people's safety. One person told us, "Yes, of course I feel safe. The staff and manager make that their priority." The audits included staff training, safeguarding, CQC notification, window restrictors, infection control, water temperature checks and mental capacity assessment. We noted these were detailed and included a comments section to highlight identified issues and action taken to address them. For example, one audit found fridge/freezer items were not labelled to maintain food safety, but the next check showed this had been tackled.

We walked around the building and found the provider addressed health and safety concerns noted during our last comprehensive inspection on 27 January 2016. They removed trips and security hazards and implemented new safety measures. For instance, the uneven back yard area was attended to and a new wall was installed to maintain people's security. A person who lived at the home told us, "My mobility is improving and as I walk a bit more round the home I definitely feel safe. There aren't any trips or hazards as far as I'm aware." The provider was undertaking a refurbishment programme and we found the dining and lounge areas were bright and warm. A staff member said, "I believe we are a good home and these changes can only improve the residents' lives."

We observed lunch and found the registered manager had implemented new processes to enhance staff deployment at mealtimes. Those individuals who lived at the home and required support were provided with their meals half an hour earlier. This gave staff time to sit with and assist each person with a discrete, supportive approach. We saw staff were encouraging and made the occasion a fun, sociable event by chatting and laughing appropriately with people. This was good practice in supporting individuals, whilst providing time for other staff to complete different tasks safely, such as medication. The registered manager told us they had sought agreement to this from the other people who lived at Westfield and relatives. One person said, "I'm happy with the mealtime changes and appreciate why this was important."