

Westcliffe Homes Limited

# Westwood Residential Care Home

## 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

Westwood residential care home is situated close to Chorley town centre. The service is set in a large Edwardian house with a small private car park to the rear. The home offers residential support for up to 20 people who do not require nursing care. The home also offers respite care by arrangement. There is wheelchair access and a lift to all floors.

At the time of the inspection 19 people lived at the home.

The inspection visit took place on 13 September 2018 and was unannounced.

At our last inspection we rated the service Good in all domains. On this inspection, we found the service had remained good in each domain.

We found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

There had been a change of registered manager since the last inspection. The new manager had become the registered manager for the home shortly before the inspection. A registered manager is a person who has registered with the Care Quality Commission 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.

People who lived at Westwood residential care home, their relatives and staff were positive about the management support in the home.

People told us they felt safe and looked after by staff. We observed interactions between staff and people. These were positive friendly and supportive. There were procedures in place to protect people from abuse and unsafe care. We saw risk assessments had been developed to minimise the potential risk of harm to people. These had been kept under review and were personalised to meet people's needs.

Medicines were managed safely. People received their medicines when needed and appropriate records had been completed.

There were sufficient staffing levels in place to provide the support people required and staff responded promptly when people needed assistance. Staff had been recruited safely and received training to develop their skills and knowledge.

We saw people had access to healthcare professionals. People told us staff cared for them in the way they

wanted and met their care needs promptly. They referred them to healthcare professionals in a timely way. We saw and people told us staff provided care in a way that respected peoples' dignity, privacy and independence.

We saw staff were attentive to people's needs and wellbeing and responded promptly to requests for assistance. They provided care in a personalised way, taking people's preferences into account. They were aware the importance of upholding people's rights and diverse needs and treated people with respect and care. People told us they enjoyed a variety of social and leisure activities and staff were welcoming to their families and friends. People said this assisted their well-being.

People had been supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People told us they enjoyed the food provided and had choice and variety. We observed the lunchtime meal. People received sufficient food and drink and the assistance they needed. The kitchen was clean, organised and stocked with a variety of provisions and staff were trained in food safety.

We looked around the building and found it had been maintained, was clean and hygienic and a safe place for people to live. The design of the building and facilities in the home were appropriate for the care and support provided. We found equipment had been serviced and maintained as required. There were safe infection control procedures and practices and staff had received infection control training. Staff wore protective clothing such as gloves and aprons when providing personal care to people so they did not risk causing cross infection.

The management team sought people's views in a variety of ways. They assessed and monitored the quality of the service through audits, resident, relative and staff meetings and surveys. People told us the management team were approachable and willing to listen. They knew who to complain to if they were not satisfied with their care and felt appropriate action would be taken. People also had information about support from an external advocate should this be required.

Further information is in the detailed findings below.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Westwood Residential Care Home

## **Detailed findings**

### Background to this inspection

We carried out this comprehensive 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.

Westwood residential care home is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Before our inspection on 13 September 2018 we completed our planning tool and reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the home and previous inspection reports. We also checked to see if any information concerning the care and welfare of people who lived at the home had been received. Prior to our inspection visit we contacted the commissioning department at the local authority and Healthwatch. Healthwatch is an independent consumer champions for health and social care. This gave us additional information about the service.

As part of the inspection we used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

The inspection visit took place on 13 September 2018 and was unannounced.

The inspection team consisted of an adult social care inspector.

Where people had limited verbal communication and were unable to converse with us, we observed staff

interactions. During our inspection we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with the people in their care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

During the visit we spoke with a range of people about the service. They included eight people who lived at the home and four visitors. We spoke with the registered manager and six staff. We looked at the care and medicines records of three people. We reviewed a variety of records, including care plans, staff training and personnel records and records relating to the management of the home. We checked staffing levels, arrangements for meal provision and checked the building to ensure it was clean, hygienic and a safe place for people to live. We also observed care and support in communal areas. This enabled us to determine if people received the care and support they needed in an appropriate environment.

# Is the service safe?

## Our findings

People we spoke with told us they felt safe and supported at Westwood residential care home. They told us they were comfortable and staff cared for them in a patient and attentive way. One person told us, "Much safer than being on my own." Another person said, "I couldn't be better looked after it is 100%."

Procedures continued to be in place to reduce the risk of abuse or unsafe care. We spoke with staff who told us they had received safeguarding training and understood their responsibilities to report unsafe care or abusive practices. Records seen confirmed staff had received safeguarding vulnerable adults training.

Risks for people were minimised because staff carried out risk assessments to identify possible risks of accidents and harm to people who lived at Westwood residential care home, visitors and staff. These provided guidance for staff in how to safely support people, reduced potential risks to people and were reviewed regularly. We looked at how accidents and incidents had been managed. Where any incident, accident or 'near miss' occurred the staff team discussed and reviewed them to see if lessons could be learnt and if they could reduce the risk of similar incidents.

People said staff supported them with their medicines safely. One person said, "The staff do them all for me so they don't get mixed up." We saw medicines were ordered appropriately, checked on receipt into the home, given as prescribed and stored and disposed of correctly. People told us they received their medicines when needed. Staff followed The National Institute for Health and Care Excellence (NICE) national guidance on safe management of medicines.

We looked at three staff files. Safe recruitment checks continued to be carried out before staff started to work at the home. New staff had received induction training to make sure they had the skills, knowledge and experience required to support people with their care.

We saw there were enough staff on duty during the inspection and rota's demonstrated staffing levels were consistently sufficient. We saw staff quickly attended and provided supervision and support for people throughout the inspection. People spoken with and relatives told us there were always enough staff on duty. One person said, "I don't have to wait if I call them and there is always someone about." A relative said in a recent survey, 'The staff are always on hand and are helpful and friendly.' Staff said there were enough staff to provide safe care.

We looked around the home and found it continued to be was clean, tidy and maintained. There were safe infection control procedures and practices and staff had received infection control training. We observed staff used personal protective clothing such as disposable gloves and aprons to reduce the risk of cross infection. and understood their responsibilities in relation to infection control and hygiene.

## Is the service effective?

### Our findings

People told us they enjoyed the food at Westwood residential care home. One person told us, "The food is great here and you get plenty." Another person said, "I don't like sandwiches and I am always offered something else that I do like." A relative told us, "The food is exceptional. I know because we are offered meals when here." Staff knew each person's nutritional needs, likes and dislikes. People said they were regularly offered drinks and snacks. We observed lunchtime. People were given a choice of meal and serving sizes. There were sufficient staff to give people the attention they needed and the food looked and smelled appetising. The kitchen was clean, organised and stocked with a variety of provisions. Staff told us and training records confirmed they had received training in food safety and were aware of safe food handling practices. The Food Standards Agency, a regulatory body responsible for inspecting services providing food had awarded the home their top rating of five in meeting food safety standards about cleanliness, food preparation and associated record keeping.

We looked around the building and saw accommodation and equipment continued to meet people's needs and be appropriate for the care and support provided. A conservatory had been turned into a 'garden room' with wall paintings of flowers a garden shed and garden equipment. People told us they loved their bright cheerful room. We found equipment to assist people with mobility and personal care was in place, had been serviced and maintained as required. We saw the providers had recently purchased a special shower machine that enabled people to be showered in bed. One person told us how lovely it had been for family member to have 'a real shower' in bed. A member of staff told us, "We only have to ask for a piece of equipment to benefit residents and we get it. The owners are so caring."

We looked at how the service gained people's consent to care and treatment in line with the Mental Capacity Act (MCA). People said staff checked they agreed for them to provide care and support. Care records seen confirmed this. We saw people's mental capacity had been considered for specific decisions and was documented in their care records. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff made sure that people had choice and control of their lives and supported them in the least restrictive way possible; the policies and systems supported this practice. We saw where people were restricted this was done lawfully.

Staff continued to monitor people's health. They liaised with other professionals and shared information on people's needs to assist with care and treatment. People told us staff talked with them about their care and supported them to see GP's, district nurses, opticians and other healthcare professionals. Included Care records seen confirmed this. One relative told us "I am confident [family member] is being given exceptional and compassionate care."

We spoke with staff members and looked at the service's training matrix. Staff training was frequent and relevant. Training included safeguarding, mental health, health and safety and fire safety, infection control, food safety and equality and diversity. This assisted them to provide care that met people's needs. One staff



member told us, "We have brilliant training. We are always learning something." Staff told us and records seen confirmed they received regular supervision and annual appraisal. These were one to one meetings held on a formal basis with their line manager. They told us they could suggest ideas and training needs and were given feedback about their performance.

We saw evidence the provider was referencing current legislation, standards and guidance to achieve effective outcomes. This supported the service to ensure people received effective, safe and appropriate care which was meeting their needs and protected their rights.

# Is the service caring?

## Our findings

People told us the staff were caring, patient and helpful. One person told us, "The staff here are so kind. They are lovely. I can't fault them." Another person told us, "I'm really pleased I came here. The staff are so good." A relative said, "The staff here have made [family member] being here so much easier." In a recent home survey, a relative said, '[Family member] is looked after very well by attentive, caring and well-trained staff.' Another comment made was, 'Thank you to each and every one of you for providing care and support with dignity, affection and a sense of humour.'

People told us they were supported in the way they wanted. They said staff provided care in a way that respected their dignity, privacy and independence. A relative told us "This is an exemplary home. The quality of the staff is exceptional." A visiting professional told the staff team that people seemed happy comfortable and well cared for.

We saw that staff interactions with people who lived at Westwood residential care home, visitors and other staff continued to be friendly and attentive. Staff treated people with respect in an understanding and considerate way. They gave people sufficient time to ask and answer questions, listened carefully and acted on requests. People said staff spoke with them in a polite and respectful way and they were treated with dignity during delivery of their personal care. We saw staff respected people's privacy and dignity by knocking on doors and waiting for a response before entering. One person said, "They are always polite and treat me with respect." Feedback from thank you cards from relatives included, 'Residents are treated with the utmost dignity and respect and the staff know their residents incredibly well.' A relative told us, "I have huge respect for the staff because they treat people with such care and respect."

Staff had a good understanding of protecting and respecting people's human rights. They talked with us about the importance of supporting and responding to people's diverse needs and treated people with respect and care. Care was provided in a personalised way such as using people's preferred form of address, providing nicely scented flowers for a person with limited sight, choice of breakfast in bed or in the dining room or providing a different meal or drink to people who didn't like the choices that day. A relative commented, "[Family member's] wellbeing has been enhanced and nurtured. They are allowed to be as independent as possible." Staff made sure people's information remained confidential. People's records were safely stored in an office and staff knew not to talk about people's personal information in public areas.

All staff had received or were due to receive training which included guidance in equality and diversity. There was a sensitive and caring approach, underpinned by awareness of the Equality Act 2010. The Equality Act 2010 legally protects people from discrimination in the work place and in wider society. People's personal relationships, beliefs, likes and wishes were recorded in their care records and this helped people to receive the right support around their individual beliefs including religion, culture and sexuality. This confirmed the service could accommodate diversity in the workplace and create a positive and inclusive environment.

People told us staff encouraged people to keep in touch with families and friends and made visitors welcome. They helped people keep in touch by emails or through social media where relatives lived far away or were unable to visit. This helped people keep in contact with people who mattered to them. One relative said, "This home is so very welcoming. It is the best place we have seen." Another person told us, "The staff keep in touch even though we live [away]. They keep us up to date by phone, email and would skype if we wanted. Another relative commented in the recent home's survey, 'The overall feeling when you visit is that you are visiting your relative in their home rather than in a care home.'

We spoke with the registered manager about access to advocacy services should people need their guidance and support. The service provided information with the welcome packs. Advocacy services offer independent assistance to people when they require support to make decisions about what is important to them. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

## Is the service responsive?

### Our findings

People said they were happy with their care and the attention they received from staff. They said staff were quick to respond to requests for assistance, and available when they needed them. We observed staff responded promptly to people's needs and requests. We saw people could choose when to get up and go to bed. On the inspection people were getting up and having breakfast as they chose. People told us they went to bed when they wanted and care records confirmed this.

We saw comments from relatives regarding care provided. These included, 'We are very satisfied with [family member's] care. The environment of Westwood gives her involvement in excellent activities and a community of friendship and companionship. And, 'We won't forget the stories they told us about the time spent with you all and we will treasure the moments of triumph, helping to paint woodwork and being involved in the garden competition to name but two.' A visiting professional said the staff were a good team of people and Westwood was a friendly environment.

People told us there were frequent and varied social and leisure opportunities every day including arts and crafts, games, singing armchair exercises, entertainers visiting and weekly trips out in the minibus. One person told us that they had just been on a drive around and stopped for an ice cream. Adding, "It is so nice to get out and enjoy the change of scene." A relative told us, "There is a fabulous choice of activities and relatives can get involved as well." A relative told us their family member had liked going out for milky coffee so staff regularly took them to local cafes, which they thoroughly enjoyed. Staff set up different displays to encourage discussion and reminiscence. These were regularly changed. On the inspection there was a large display about schooldays with a variety of school uniforms, books and other artefacts. A previous display was of weddings including the display of several people's wedding dresses. People were regularly involved in activities in the local community. These included: decorating a bicycle for a Grand Prix Cycle race, making a scarecrow for Chorley in Bloom scarecrow competition and entering a show garden in the Chorley Flower show and winning a gold award.

We looked at arrangements the service had taken to identify, record and meet communication and support needs of people with a disability, impairment or sensory loss. Care plans seen identified whether a person had communication difficulties and how they communicated. Staff recorded what help people needed to increase their abilities in communication. One person had poor sight, so had an adapted call bell and other special equipment to assist them. Staff shared important information about people's needs, including communication needs, with other professionals. This helped to guide other professionals particularly where people were unable to communicate easily.

The service had a complaints procedure which was made available to people they supported and their family members. The procedure was clear in explaining how to complain and reassured people these would be responded to appropriately. People we spoke with told us knew how to make a complaint. They said they felt comfortable about talking to the management team if they had any concerns. One person said, "No complains at all about the staff here. They are golden." Another person told us, "I would tell [registered manager] if I didn't like something but everything is fine." A relative commented in the recent survey, 'We

have never had any issue with the home/staff. We are very happy.' Another relative said they had only ever had a couple of complaints and these immediately dealt with to their satisfaction.

We saw care plans were informative, personalised and reviewed regularly. People told us and the care plans we saw demonstrated people were consulted and involved in care planning and reviews. One person told us, "They [staff] ask if they are doing things as I want. I can say if I want it changed." Relatives told us they were involved and kept informed about their family members. One relative said, "The staff frequently contact me to update me about [family member] and the home also has a 'page' on [social media] so friends and relatives can see what their family member has been involved in."

We saw from care records staff had discussed people's preferences for end of life care where people were willing to do so, so staff and families were aware of these. We found people had been supported to remain in the home as they headed towards end of life. This let them stay in familiar surroundings, supported by staff who knew them. A relative told us their family member had been very seriously ill but staff looked after them so well their health had improved. Surveys and written compliments showed staff provided caring and compassionate end of life care including 'You were there when she needed you the most, you made her last few days comfortable, peaceful and dignified always having time, and kind words for her, offering love, kindness and encouragement. Our heartfelt thanks.' And, 'At the end, the love, affection and attention given to [resident] and family were outstanding and way above what anyone could expect.'

## Is the service well-led?

### Our findings

There had been a change of registered manager since the last inspection. The new manager had been employed by the service since July 2018. They had been a registered manager for another organisation and were an experienced manager. They had completed the registration process shortly before the inspection. A registered manager is a person who has registered with the Care Quality Commission 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.

The management team understood legal obligations, including conditions of CQC registration and those of other organisations. They confirmed they were clear about their roles and provided a well-run and consistent service. There was a clear management structure in place and the staff team were, knowledgeable and familiar with people's needs. The management team carried out audits to govern, assess and monitor the quality of the service and staff. These included monitoring and auditing medicines, care plans, equipment and the environment. Actions had been taken as a result of omissions or shortcomings found. They learnt from incidents that had occurred and made changes in response to these to improve care and safety

People who lived at the home, relatives spoken with and staff were praising of the management team. They said they were happy with the way the home was managed and the management team were available whenever they had questions or concerns. They told us they could chat informally with the management team to discuss any minor issues. A relative told us, "Everyone here is totally responsive to any comments or ideas. There are robust policies and practices in place."

People told us there were resident's meetings where they could raise any issues or ideas. Records confirmed meetings had been held on a regular basis. There were regular newsletters to keep people up to date with what was happening in the home. The management team asked people to complete surveys about the care they received as were their family and friends and healthcare professionals. All confirmed they were happy with the standard of care, accommodation, meals and activities organised.

Staff told us they felt supported by the registered manager and management team. They said they could contribute to the way the home ran through supervisions, daily handovers, staff meetings and surveys. On the last staff survey the many positive comments included: 'The activities for the residents are brilliant.' And, 'The management are very good at listening to the needs for residents and implement new ideas to keep our residents safe.'

The staff team worked in partnership with other organisations to make sure they followed current practice, providing a safe, quality service. These included healthcare professionals such as, district nurses, dieticians, speech and language therapists and mental health teams. This multi-disciplinary approach helped to support people in their care to receive the right support.

The service had on display in the reception area of their premises and their website their last CQC rating, where people could see it. This has been a legal requirement since 01 April 2015.