

# System Associates Limited

# Westwood House

## Inspection report

35 Tamworth Road, Ashby De La Zouch  
Leicestershire LE65 2PW  
Tel: 01530 415959  
Website: [www.yourhealthgroup.co.uk](http://www.yourhealthgroup.co.uk)

Date of inspection visit: 17 & 20 November 2015  
Date of publication: 15/01/2016

### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



### Overall summary

We carried out our inspection on 17 and 20 November 2015. The inspection was unannounced on both days.

The service provides accommodation for up to 16 older people. At the time of our inspection there were 15 people using the service.

The service had a registered manager. 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 and associated Regulations about how the service is run.

People felt safe at Westwood House. Staff had a good understanding of the provider's procedure to keep people safe from harm and abuse. Staff told us they would report any concerns firstly to the registered manager and deputy manager. The managers referred concerns to relevant authorities. Staff also knew the external agencies they could contact if they were concerned about people's safety, for example the local authority adult safeguarding team and Care Quality Commission.

People could not be assured that they would receive their medicines as prescribed by their doctor. The administration of medicines was not sufficiently safe and errors had occurred although we could not identify that

# Summary of findings

anyone had suffered harm as a result. The registered manager told us they had plans in place to commence the improvements required to manage people's medicines correctly.

The provider did not always support people in accordance with the Mental Capacity Act 2015. We found that the provider did not always complete mental capacity assessments where required. They also could not evidence that where they made decisions on behalf of people that they did so in people's best interest.

People were supported with their nutritional and health needs. They had access to a variety of healthy meals that they told us they enjoyed. They also had prompt access to healthcare services when they needed them.

People told us they liked the quality of care they received from staff. They told us staff supported them to meet their individual needs. We observed that staff supported people in a caring manner, and promoted people's dignity and privacy.

People using the service, their relatives and staff told us the managers were accessible and supported them when needed.

The provider had quality assurance systems to monitor the quality of the service. The system had failed to identify the concerns we found with the management and recording of people's medicines or in supporting people's human right under the Mental Capacity Act.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was not consistently safe.

There were sufficient staff to meet people's needs.

Staff knew their responsibilities of how to keep people safe and report concerns.

People's medicines administration records were inaccurate.

**Requires improvement**



### Is the service effective?

The service was not consistently effective.

People's mental capacity were not always assessed as required by the Mental Capacity Act 2005.

People were supported to have enough to eat and drink and to have a varied healthy balanced diet.

People had timely access to relevant health care support.

**Requires improvement**



### Is the service caring?

The service was caring.

People were involved in decisions about their care and support.

Staff were knowledgeable about the needs and preferences of people who use the service.

Staff respected people's wishes and choices and promoted their privacy and dignity.

**Good**



### Is the service responsive?

The service was responsive.

Care was focused on the individual needs of people.

People using the service and their relatives contributed to in the planning their care and support.

People knew how to make a complaint if they were unhappy about something and were confident that this would be dealt with.

**Good**



### Is the service well-led?

The service was not consistently well led.

**Requires improvement**



# Summary of findings

The management team were open and approachable.

People were given the opportunity to contribute to service planning and to routinely share their experience.

The provider had quality assurance systems in place to monitor the quality of the service being provided though this failed to identify the issues with medicines management. This was being addressed.

# Westwood House

## 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 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.

We inspected the service on 17 and 20 November 2015. The inspection was unannounced. The inspection team consisted of two inspectors.

Before our inspection visit, we reviewed information that we held about the provider. Information we reviewed included notifications sent to us by the provider. A notification tells us about important events which the service is required to tell us by law.

We spoke with six people who used the service, relatives of four people who use the service, four staff members, including the registered manager and deputy manager, and three other professionals who visited the service. We contacted the local authority who had funding responsibility for people who were using the service to obtain their feedback about the service. We looked at the care records of four people who used the service, people's medication records, staff training records, two staff recruitment files and the provider's quality assurance documentation.

We spent time observing the care and support that people received. We also used the Short Observational Framework for Inspectors (SOFI) to observe the support staff provided to people over lunch time. SOFI a specific way of observing care to help us understand the experiences of people who were unable to talk to us.

# Is the service safe?

## Our findings

A person using the service told us that they felt safe because “It is like being at home” meaning that they felt safe due to the support they received at Westwood. Several people using the service also told us that they felt safe because of the homely environment and support they received. A relative told us, “Anytime time we [family] take [person using the service] out, she wants to go home to Westwood because she feels safe there.”

The provider had policies and procedures in place to guide staff on their responsibilities to keep people safe. Staff that we spoke with knew how to recognise and report signs of abuse. Staff told us that they would report any concerns of people’s safety to the manager or deputy manager. We saw from people’s records that where safeguarding concerns had been raised, the registered manager took appropriate actions and liaised with the local authority’s safeguarding team to ensure that the people involved were kept safe.

The provider had systems for reporting and investigating accidents and incidents. The information was used to develop plans to support people in a way that minimized the risks of a reoccurrence of the accident or incident. For example, we saw records where staff had supported a person whose behaviour may challenge others to engage in other activities that helped manage their behaviour. Staff had also liaised with other professionals to develop the person’s support plan in a way that minimised their tendency to behave in a way that may challenge other people using the service.

The provider had arrangements for the maintenance of equipment. We found that up to date maintenance checks had been completed on equipment and appliances. We saw that hot surfaces were protected and window restrictors were in place where required. This protected people from the risks associated with use of unsafe equipment, falls and burns. We saw that the premises were generally well maintained. However, we found that the storage area accessed only by staff posed a high risks of falls and other accidents due to the haphazard way items were stored. We brought this to the registered manager’s attention, and on the second day of our inspection visit we saw that this area had been cleared and items stored securely.

People’s care records included a personal emergency evacuation plan to guide staff on how to support people in the event of an emergency. We saw that the provider has displayed procedures and floor plans to guide and support the evacuation of visitors in the event of an emergency. People’s records also included an emergency admission grab sheet which told other professionals relevant information about the person and how to support them in the event of a hospital admission.

We found that the provider’s call bell display system was located in the kitchen. We brought this to the attention of the registered manager. We discussed the risk that may be associated with staff not being able to hear and respond promptly to people requesting support when they pressed their call bell. The registered manager agreed that it was possible that when staff were supporting people on other floors they may not hear the call bell sound. They confirmed that the provider was aware of the challenges the position of the call bell system posed to the care and support of people using the service. The registered manager also confirmed that there had been occasions in the past where staff had not heard the call bell alarm when people requested support. However, the provider had not taken records of these occasions. They told us the provider was working on the installation of a new system in the future. The registered manager told us that at night time where they were only two members of staff on duty, that the risk of staff not responding to people promptly was minimised because staff checked each person using the service at two hour intervals. We saw records in people’s care plans that confirmed this. A person using the service told us, “They come when we call the buzzer, quite quick depending on what they are doing”.

There were enough staff on duty to meet people’s needs. The provider determined staffing levels based on people’s assessed needs. We saw evidence from staff training records and staff rotas that there were enough suitably skilled and experienced staff to meet people’s needs. The provider had recruitment procedures in place that ensured that the relevant pre-employment checks were carried out before staff commenced their employment. This meant that people were supported by staff that met the requirements and had the skills to meet their needs.

People did not always receive their medication as prescribed. Their medicines were stored according to current guidance and only staff who had been trained to

## Is the service safe?

administer medication did so. However, staff did not always follow the provider's policies and guidance when administering medicines. For example, staff did not always record the date they opened medicines such as eye and ear drops. This meant that people were at risk of having medication which had become unsafe administered to them. Similarly staff did not always check which medicine they should be giving before administering it and did not always ensure that people had taken their medicine. We found that on some occasions that staff had signed the administration records to say that someone had received their medicine when they could not have done so. Where people required to have their blood sugar monitored, staff did not have protocols to guide them on when to complete

these checks. Although we could not identify that anyone had suffered adverse consequences we concluded that medicines administration was not sufficiently safe. The manager took immediate action in respect of the more urgent issues we found, and on the second day of our inspection informed us that they had scheduled a meeting with all senior staff to review policies and procedures. They also told us that their pharmacist was visiting the service the following week to train staff, and the service's compliance manager who was a registered nurse would also be training staff and completing competency checks as a follow up to the training. This showed they had taken some action in response to concerns we brought to their attention.

# Is the service effective?

## Our findings

People's needs were met by staff who had the skills and knowledge to support them. People gave us positive feedback when we asked them about the staff that supported them. One person said, "The girls are lovely, they work blooming hard. I love them." Another person said, "They [staff] are very good here, they are good in every way." Relatives were also very complimentary of the staff. One relative said, "I can't speak highly enough of them [staff]."

Staff told us they had the skills required to fulfil their roles and responsibilities because they were supported through training and supervision. Staff told us that the training they had completed included infection control, safeguarding of vulnerable adults, moving and handling, dementia awareness and the Mental Capacity Act (MCA). We saw evidence that staff completed this training when we reviewed staff training records. Staff we spoke with were aware of the specific needs of people that used the service and supported people to meet their assessed needs.

Staff we spoke with had varying levels of understanding of MCA 2005 and Deprivation of Liberty Safeguards (DoLS) and its relevance to their work. The Mental Capacity Act (MCA) 2005 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. We checked whether the service was working within the principles of the MCA.

One staff member told that they learnt through MCA training that "you can't assume people don't have the capacity." They went on to tell us that "the principles of the MCA are in the process of being rolled out in the service". The registered manager told us that the provider's internal quality assurance process identified a shortfall in their application of the MCA.

We found that there were stair gates and the top and bottom of each set of stairs. Each gate had a clasp which was stiff and difficult to open. Senior staff told us this was in place to "keep people safe". The provider did not have any records to show that the gates were installed in people's

best interest. When we asked a person using the service about the gates, they told us, "It's a bit of a pain if you forget something on the morning, that's it". However, they told us they could ask staff to take them up to their room again, they chose not to ask staff sometimes because they knew staff were busy so they would want to disturb them. They said they would ask for staff support to go upstairs for a lie down if they wanted to. The registered manager confirmed that they had not consistently completed mental assessments where required to show that where decisions were made on behalf of people that the decision was made in people's best interest. This meant that people were restricted from accessing their room liberally.

The provider had made applications to the local authority for DoLS authorisation for people that required this. Staff told us they asked for people's consent before providing support to them. A staff member told us, "We ask for consent. If someone doesn't want us to do something we could ask again in a while." We saw records in people's care plan to show that they had given their consent to care and treatment.

People were supported to have a healthy balanced diet that they enjoyed. People comments about the food included, "I like the food", "I had pancakes today, presentation was beautiful". Another person told us that they had choice of meals. They said, "If you ask for anything you get it. I'm very well satisfied and it's dished up so nice. I can't fault it." We observed that people chose the times that they wanted to have their meals. At the time of inspection we saw that people ate different meals for at breakfast and lunch. Three relatives spoke to us about the meals. One said, "The cook is brilliant, nothing is too much trouble." Another relatives said, "[person using the service] said the food is lovely, they are putting on weight." The third told us "[Person using the service] eats what he wants, when he wants."

We saw that the cook had prepared each person's meal according to their choice and preference. The cook had a good understanding of people's dietary needs and preferences. They told us that they ensured there were sufficient supplies of particular foods that people enjoyed. They consulted with people every three to four months to get their views on their meals and will introduce any food people have requested. People appeared to enjoy their meals. Staff offered people choice and gave extra helpings when people requested.



## Is the service effective?

The provider liaised promptly with other professionals such as dieticians and GP to meet people's nutritional needs where required.

People were supported to maintain their health needs because they had prompt access to health care professionals. A relative told us, "They [staff] involve doctors promptly." Another relative said, "The health support has been good, contacts with the doctor etc. I've

had meetings here [at Westwood] and at the doctor's, what I've been told here is same as what the GP said, so I am confident nothing is slipping [meaning no health needs were being missed]." We saw records in people care plans that staff promptly referred people to health services where required. We observed staff request a visit for a person who had suddenly felt unwell, and we saw a nurse visit the person shortly afterwards.

# Is the service caring?

## Our findings

People using the service and their relatives spoke fondly of the caring attitudes of the staff. A person who used the service told us, "Carers are really nice and helpful." Another said, "They [staff] are lovely." One relative told us, "The girls [staff] go the extra mile. I can't speak highly enough of them. I also see how they interact with other residents, same as they treat my relative." Another relative told us, "Care is brilliant here. Carers make sure [person using service] is comfortable." Relatives told us how they have formed positive relationships which had been based on the genuine interest and support staff had shown in the care and support of the people using the service.

Staff understood people's individual needs and supported them to meet their needs based on their preferences. People's bedrooms were personalised with their personal photographs, bedding and furniture of choice. People's care plan included details of their personal histories. We saw that staff made references to people's history in their conversations with them. We observed that this helped people connect with staff and formed the basis for further conversation. We observed caring interactions from staff. For example, we saw a member of staff reassure a person who appeared upset in a nice and warm manner which appeared to settle her.

People felt involved in decisions about their care and support. They told us that they were confident to express their views about their care. One person told us, "If there was something I didn't like I would tell them." A relative told us, we [relative and person using the service] feel involved, definitely!" We found that people care plans did not include evidence that they and their families had been involved at the reviews of their care plans. The registered manager told

us that the service had involved people but had not documented people's involvement in their care plans. They told us they were developing new styles of care plan that would show documentary evidence of people's involvement in their care. The current styles of care plans did not have any negative impact on people as people told us they felt listened to, and that staff acted on their wishes. We found that the provider did not offer information of independent advocacy services for people and their relatives should they require this. Advocacy services support people to be involved in decisions about their lives and promote people's rights. The registered manager told us that this had not been required as people had the support of their families to make decisions. They went on to tell us that they would make provision for access to advocacy services for people.

People were treated with dignity and respect. Staff respected the privacy of people that used the service and treated their information confidently. For example, during our visit we saw a member of staff go to the office and shut the door when she was sharing information about a person's health with a health professional. We observed another staff member knock on a person's door before they entered to respond to the call bell. Staff gave us examples of how they promoted people's dignity and respect to include "using a privacy screen when supporting people with personal care, enabling people to independently complete areas of their personal care where they were able to do so". A relative told us, "They [staff] let [person using the service] be as independent as they can be".

Relatives told us they visited Westwood without undue restrictions. The service encouraged people to visit without giving prior notice.

# Is the service responsive?

## Our findings

People received support that was centred on their individual needs. A relative told us that the service had met their relative's needs during a short respite stay that they chose to move to Westwood permanently because "nothing but the best will do". We saw that staff had relocated cleaning equipment from an outbuilding to the cellar in order to convert the outbuilding into a smoking room for a person using the service. The room was fitted with a heater, fire extinguisher, chair, books and furnished by the person. We saw the person use the room, and appeared to enjoy their own space. A relative told us how the manager had supported a person using service to have a raised bed in the garden where they grew plants. The relative told how this had been a positive experience for themselves [family] and the person using the service because, "I dug, they grew stuff, just like when we were younger. It helped with their dementia as he was a gardener. It was a stimulus for him." Staff told us this person enjoyed tending to his plants and staff supported him with harvesting plants which was used by the cook to prepare their meals.

People's care plans included information of their preferences on how they would like to receive support from staff. For example, a person care plan showed that they like to wake up between 3am and 5am when they like to have their breakfast and return to their room. We saw records that staff supported this person daily to complete this part of their routine.

People were supported to follow their faith. During our inspection, we saw that a vicar brought Holy Communion for a person using the service. The person chose where they wanted to have their communion.

We spoke to several people who visited the service including a hair dresser, vicar and a trainer. They all told us positive things about the way staff made arrangements to meet the individual needs of people and the effect that had on people using the service. One person said, "Staff are

always welcoming. I also go to another care home up the road but I'd rather come here." Other comments included, "Service users always seem happy. Lovely staff, lovely team", "One of the nicest homes I've been to, feels homely."

People and their relatives were involved in decisions about their care. They told us that the managers and staff listened to their views and acted on them. One person said, "I would tell [deputy manager] if there was a problem. She is really good, she would sort things." Another person told us of an incident that they had with another person using the service and how staff responded to it. They said "I am happy with the way it was handled." We saw from the records of the people involved in the incident that the managers had listened to them, made referrals for support from other professionals and had implemented strategies to ensure that people continued to have their support in a manner they preferred. A relative told us, "We were involved in the care planning. [Person using the service] gets his preferences". Another relative said, "We are consulted at reviews, if I have any concerns I will raise it."

The provider also had arrangements for seeking the views of people using the service and their relatives. We reviewed the responses from the provider's recent residents' questionnaires and their audit report and saw that the provider listened to people's feedback and made changes to improve outcomes for people. For example, one person had stated they did not always get their medication given to them by a senior member of staff. This provider changed this with immediate effect in response to the person's feedback. People said they knew how to make a complaint if needed. We saw the provider's complaints procedure displayed in the home's reception area.

In response to the provider's questionnaire, all the people using the service said that they felt happy, and comfortable at Westwood. They also said that they had opportunities to maintain contact their family and friends. Ninety three per cent of people using the service at the time of the survey said that had a choice of leisure activities. The registered manager told us that they were in the process of recruiting a part time member of staff who would be employed in the role of an activity coordinator to organise leisure and social activities for people using the service.

# Is the service well-led?

## Our findings

People, their relatives and staff told us that the managers were open, transparent and easily accessible. They told us there were confident to express their views on any ideas about the development of the service. A person using the service told us, “I’ll tell [registered manager] if I was unhappy about anything.” A relative told us, “[Registered manager] and [deputy manager] are here for me all the time].” They went on to tell us about the confidence they had in the managers and staff, they said, “If I had any doubts, [person using the service] would not be here.” Staff we spoke with told us, “The manager is approachable.” Another staff member said, “[registered manager] and [deputy manager] are 100 per cent supportive, always at the end of the phone.”

The registered manager told us to how their objective was to make sure that the people who used the service felt and enjoyed Westwood as their home. We saw that staff understood and worked toward this objective. During our inspection, we saw a person who was being supported by staff ask where they could sit. The staff member replied, “You go anywhere you want, it is your home.” A relative told us, “They [staff] are good. It is at all levels, from the manager to the cleaner.” A staff member told us, “We remind each other, we are a team.” The managers supported staff to meet the standards expected from them. They did this through training and regular supervision.

The provider had procedures for monitoring and assessing the quality of the service. These included quality assurance audits of people’s care and support and the general

maintenance of the building. Although these procedures were in place, they failed to identify the issues we found around the administration and recording of medicines. The manager completed a medication audit shortly before our visit. The deputy manager told us that they carried out competency checks on staff who administered medication but did not keep records of the findings of the checks. The registered manager agreed with our findings. On the second day of our inspection, the manager told us that they had started to review the procedures to ensure that people received their medicines as prescribed. They also told us that they had organised further training for the staff on medicines management.

Providers are required by the Care Quality Commission to complete a Provider Information Return (PIR). This is a form completed by the provider, where the provider gives key information about the service, what the service does well and improvements they plan to make. The manager had not completed the PIR.

The registered manager understood their responsibilities to report events such as accidents and incidents to the Care Quality Commission. They carried out thorough investigations of incidents that staff reported, and worked with the local authority where required to investigate such incidents.

We saw that the provider was awarded the Quality Assurance Framework (QAF) silver award for the previous year.

A person using the service told us proudly, “I would recommend Westwood. It’s the best one!”

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

## Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.