

Westmorland Healthcare Limited

Westmorland Court Nursing and Residential Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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

Summary of findings

Overall summary

This comprehensive inspection was conducted on 29 June 2018 and it was unannounced.

Westmorland Court Nursing and Residential Home (Westmorland Court) 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.

Westmorland Court provides accommodation for up to 48 adults, who require help with personal and nursing care needs. The home is in a semi-rural setting, a short distance from the village of Arnside. A small car park is available at the front of the building. The home is arranged over three floors with communal bathing and toilet facilities being appropriately located throughout the building. There are stairwells in the home for access to the upper floors, although a passenger lift is also installed for people who live there and visitors to use. At the time of the inspection there were 34 people living in the home.

A new registered manager was in post following the completion of their registration with CQC in April 2018. 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. A clinical lead nurse was also in post to support the registered manager and oversee clinical matters. Staff we spoke with felt supported by the management team.

At our last comprehensive inspection, 18 January 2018, the service was rated overall as Requires Improvement. We found that there were five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to; need for consent; safe care and treatment; safeguarding service users from abuse and improper treatment; fit and proper persons employed and good governance. The management of risks within the environment was insufficient and therefore people were at risk of harm. The kitchen was found to be unhygienic and in need of a deep clean. The management of medicines could have been better, so that people who lived at the home could be better protected against poor medicine practices. These findings constituted a breach of regulations 11, 13, 12, 17 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued three warning notices and made two requirements.

Following that inspection, we asked the registered provider to take action to make improvements and complete an action plan to show what they would do and by when they would do this. During this inspection we found that improvements had been made and the registered provider had taken action to improve the quality and safety of the service and the breaches of regulation had been met.

At this inspection on 29 June 2018 people living in the home and their relatives told us they believed the home was a safe place to live. We were told that staff were "cheerful" and "friendly". We saw occasions when

staff displayed empathy and compassion as they comforted people when they became distressed or as helped them around the home. Relatives told us staff responded to people's needs but that some staff found communication with people living there difficult at times. This was being addressed through an ongoing programme of training and support for overseas staff.

We found that improvements to the processes used when employing people had been made and the recruitment of staff was robust. The checks on the suitability of staff required by regulation had been completed for staff in the home.

The quality assurance and monitoring systems being used to assess the quality of the service provided had been developed to be more effective and quality monitoring visits by the provider and area manager were taking place and were recorded. Audits were undertaken to assess compliance with internal procedures and against the regulations and these were highlighting areas that needed to improve or be acted upon.

At this inspection we saw how people were supported to have choice and control of their lives and staff supported them in the least restrictive way. The policies and systems in the service supported this and that only those who had legal authority to do so could make decisions on a person's behalf. The service carried out assessments of mental capacity in relation to specific decisions. Where necessary applications for Deprivation of Liberty authorisations had been made to restrict a person's liberty in their best interests.

People's care plans had nutritional risk assessments in place and instructions for specific dietary needs. We have made a recommendation that the service find out more about how to make menu choices clearer so everyone knows exactly what the alternatives are for all meals and snacks.

We looked at the risk assessments in place at this inspection. We found all the recommendations made by the fire officer had been carried out to make the premises safe. The fire risk assessment and fire safety policy had been updated by an independent company in February 2018. We saw that Personal Emergency Evacuation Plans [PEEPs] had been put in place for all those living in the home and emergency equipment was in place for use in such an emergency.

Moving and handling equipment, hoist slings, window restrictors and emergency equipment had been checked to ensure they were fit for purpose. Equipment and appliances in the home had been checked by the maintenance person for faults. Records showed that environmental risk assessments were in place to protect people in the home. Appropriate individual risk assessments had been completed, which helped to make sure people's needs could be safely met. Accidents and incidents were being recorded and analysed for themes.

We found that the kitchen has been refurbished and COSHH (Control of Substances Hazardous to Health) risk assessments have been brought up to date and the relevant staff were receiving HACCP (Hazard Analysis and Critical Control Point) training. HACCP is a food safety management system. An inspection by Environmental Health Officer following improvement rated the service at level 5 which is the highest rating that can be achieved.

Records showed that people's needs had been assessed and appropriate individual risk assessments had been completed, which helped to make sure people's needs could be safely met. We have made a recommendation that the service review their procedures for managing records to ensure they are consistently kept up to date.

We observed medicines being administered safely and there was specific information about people's

preferences when taking tablets.

There were sufficient numbers of care and nursing staff to meet people's needs. We had noted on the rotas that there had been occasions when self-employed staff had worked long stretches of shifts without a break or only a short break. This had been addressed by the registered manager with the staff concerned.

Staff training was ongoing and people had received sufficient training to support people living in the home. Staff were also being supported through regular staff meetings, supervision and appraisals. There was a programme of induction training for new staff and refresher training was booked for all staff throughout the year. The service had a safeguarding policy and procedure as well as guidance on how to report concerns on display in the home for all to see and use. Staff had undertaken safeguarding training and were aware of how to report any concerns they had. We have made a recommendation that the registered manager finds out more about best practice in relation to evaluating staff understanding and application of their training. This would help to make sure that improvements made were being embedded into the systems of working and into the culture of the home.

We saw that the service was working in partnership with other agencies and had made referrals appropriately. Information was recorded about joint work and referrals to other professionals.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Improvements had been made to the safety of the service. However, the service still required to show sustained improvement.

We observed medicines being administered safely.

People were kept safe and there were sufficient staff to meet people's needs.

Risks to people's safety had been identified and were being managed.

All the required checks of suitability had been completed when staff had been employed.

Procedures were in place to protect people from the risk of infection.

Requires Improvement 

Is the service effective?

Improvements had been made to the effectiveness of the service. The service was effective.

The principles of the Mental Capacity Act 2005 were being followed.

Advice from community professionals had been sought and people's needs had been properly assessed to meet their physical and mental health needs.

The staff were being given induction and ongoing training relevant to their roles.

Nutritional needs were assessed but menu choices needed to be made clearer.

Good 

Is the service caring?

Improvements had been made in staff communication but were not always being well applied and the service still required to show sustained improvement.

Requires Improvement 

Visitors were made welcome in the home and people could see their friends and families as they wished.

Information was available about services that could support people to express their views.

People were supported to maintain their independence and privacy.

Is the service responsive?

Improvements had been made to the responsiveness of the service. However, the service still required to show sustained improvement.

Care was planned and provided to meet people's needs. Some records needed to be better reviewed to help ensure they were always up to date.

There was an activities schedule in the home but we did not see organised activities going on during the inspection.

There was an appropriate complaints process in place. People knew who to speak to if they had any concerns.

Requires Improvement ●

Is the service well-led?

Improvements had been made to the way the service was being led and managed. However, the service still required to show sustained improvement.

Staff members we spoke with spoke highly of the current management team and told us they felt supported and listened to by them.

A wide range of audits had been carried out. These were more effective in identifying any shortfalls within the home than at the previous inspection.

People living at the service and their relatives could give their views and take part in meetings and discussions about the service.

The management team had made the required improvements to meet the fundamental standards of quality and safety. However, the systems used to assess the quality and safety of the service needed to be maintained to evidence long term and sustained improvement.

Requires Improvement ●

Westmorland Court Nursing and Residential 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008. We also looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

This unannounced inspection was carried out on 29 June 2018 by two Adult Social Care inspectors from the Care Quality Commission (CQC) and a pharmacy inspector. The pharmacy inspector carried out an inspection of medicines management and handling. We looked at 11 people's medicine administration records (MARs). At the time of this inspection there were 34 people living at Westmorland Court and we spoke with seven of them and four family members. We also spoke with eight members of staff, including ancillary staff, the registered manager and the clinical lead nurse for the home. We looked at five care plans in detail.

Before the inspection we reviewed all the information we held about the service and the comments that had been sent to CQC about the service. We spoke with the Clinical Commissioning Group (CCG), the local authority commissioning team and safeguarding team. We spoke with the Fire Officer from Cumbria Fire and Rescue Service to check they were satisfied with the actions taken by the home to improve fire safety. We reviewed notifications of incidents the provider had sent to us since the last inspection. A notification is information about important events, which the service is required to send us by law. We asked the local GP surgeries for their feedback on the service.

We used a planning tool to collate all this evidence and information prior to visiting the home.

Some people living at Westmorland Court had limited verbal communication and understanding due to frailty and living with dementia. Therefore, some were unable to tell us very much about their experiences of the services. During our inspection we spent time with people observing

daily routines and interactions between people and staff supporting them and we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Westmorland Court is currently in the Quality Improvement Planning [QUIP] process, which provides the home with additional support from the clinical commissioning group and the local authority. This process is to support the service drive forward improvements where needed and to reach a consistently satisfactory standard of service provision. Progress continued to be made in that process, in line with the home's ongoing action plan.

Is the service safe?

Our findings

People we spoke with, who lived in or were visiting the home, told us they felt Westmorland Court was safe to live in and were satisfied with the service. One person who lived there told us, "I think I'm alright here." A relative told us, "I believe [relative] is safe here, they've been here a few months now and I have not seen anything that would make me think otherwise." A relative told us, "There seems to be plenty of staff about." Another relative commented "I feel [relative] is safe here and content."

At our last inspection, 18 January 2018, we found those who lived at the home were not being protected by the recruitment practices in place. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. A warning notice had been issued regarding this breach.

At this inspection, 29 June 2018, we found that the registered manager and provider had undertaken a comprehensive audit of all recruitment procedures and practices for all the staff working in the home. This was to identify any gaps and then make sure all the necessary information had been obtained and that security checks had been carried out. This helped to ensure the staff working in the home were fit to work with vulnerable people. We looked at the recruitment files of the five newest staff and found that all staff had appropriate police checks in place. We saw job application forms with confidential health questionnaires, employment histories and that two appropriate written references had been obtained.

We saw that, for overseas staff, police checks had been carried out in their own countries as well before they had come to work. Recruitment files showed that both face to face interviews and telephone interviews had been done and the same questions asked in relation to a person's, knowledge and suitability for a role on both types of interview. The recruitment practices had improved significantly, continued to be subject to internal audits and were in line with the organisations own procedures. Therefore, the breach of regulation 12 warning notice from the previous inspection had been met.

At the last inspection, 18 January 2018, we had concerns that environmental risks within the home, the fire safety, infection control practices and medicines management were insufficient so people were potentially at risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. A warning notice had been issued regarding this breach.

We looked at the latest fire risk assessment and fire safety policy that had been undertaken by an independent company in February 2018. This new risk assessment had made several recommendations to the registered provider and these had all been carried out to improve fire safety including fitting new fire doors and light fittings. The fire officer had visited to follow up on their enforcement action from the previous year and made further suggestions on additional alarms to promote fire safety. These had been put in place, and at their last visit in May 2018, the fire officer confirmed they were satisfied with the actions taken.

We looked at the Personal Emergency Evacuation Plans [PEEPs], which had been developed for people. At the last inspection in January 2018 the evacuation procedure was not in keeping with horizontal evacuation

guidance. At this inspection all the PEEPs had been rewritten and there was a new format in place in keeping with the horizontal evacuation procedures. We could see that emergency equipment was in place for use in such a situation. Training records indicated that staff, including agency and self employed staff, had been given fire training.

We looked at maintenance and safety records and made a tour of the premises to look at the areas of environmental concern from our previous inspection. We saw that moving and handling equipment, hoist slings and emergency equipment had been checked to ensure they were fit for purpose. We noted that slings were named for the person using them and not used communally. We saw that equipment and appliances in the home had been PAT (Portable Appliance Tested) tested by the maintenance person to check for electrical faults.

Window restrictors were in place that conformed to environmental safety standards and had been risk assessed and subject to maintenance checks. Records showed that regular internal checks had been conducted on the nurse call system, water temperatures, shower heads, wheelchairs, walking aids, hoists, bed rails and pressure relieving equipment. A contingency plan was in place at the home should it be required for foreseeable emergency situations.

Stair gates were installed at the top and bottom of each of the four stairwells. There were risk assessments in place for these indicating the service had assessed that it was safer for the people living in the home to have the gates in place, with some modification, than not. Changes had been made to the locking systems to reduce the risk of being opened from either side.

Appropriate individual risk assessments had been completed, which helped to make sure people's needs could be safely met. Risk assessments had been done for the use of bedrails and these checked for their correct fitting. There were bumpers in use to protect people from the risk of entrapment when they were in bed. Accidents and incidents were being recorded, analysed for themes and monitored including environmental risks as well as risks associated with health, wellbeing and lifestyle choices. There were individual risk assessments, such as, skin integrity, mobility, falls, nutrition and for the use of equipment.

At the last inspection the kitchen had been unhygienic and in need of a deep clean. We requested a visit from the Environmental Health Officer who visited on 9 March 2018 and rated the service at level 5 which is the highest rating that can be achieved. At this inspection we found that the kitchen had been refurbished and COSHH (Control of Substances Hazardous to Health) risk assessments have been brought up to date and the relevant staff were receiving HACCP (Hazard Analysis and Critical Control Point) training. HACCP is a food safety management system.

We noted, during the inspection, that some areas in the kitchen that had not been thoroughly cleaned in line with the home's cleaning schedule. We raised this with the registered manager who made sure it was attended to straight away by the kitchen staff. The registered manager had found similar issues at the last kitchen audit and followed it up with kitchen staff to ensure the cleaning was done. It would now be taken up again formally.

Communal areas were clean and were being appropriately maintained. On the day of the inspection there was only one housekeeper working in the home for the week. The registered manager confirmed that recruitment was underway for more housekeeping staff to make sure the home could be kept at a consistently good level of cleanliness and hygiene.

We observed medicines being administered safely, the staff took time to support people. At our last

inspection the medicine administration records (MAR) had incomplete front sheets and missed doses were documented. During this inspection we saw improved front sheets with photograph, allergy specific information and information about people's preferences when taking tablets. This supported safe administration of medicines. The clinical lead had implemented a post medicine round checklist and we saw evidence of this being completed.

On our last inspection records for covert [disguised in food] medicines needed to be more detailed. During this inspection we saw clear covert administration guidelines and evidence of an appropriate best interest assessment and GP authorisation. We noted a member of nursing staff delegated a medication task to a carer who had not had medication training. We raised this poor practice with the registered manager to follow up with this staff member to reflect upon and take appropriate action to support their learning.

At our last inspection we had found poor recording of temperatures for the medicine refrigerator and excess stock and the controlled drug register was difficult to follow and legally incorrect. During this inspection we found staff checked temperatures for the medicines refrigerator and storage room daily. A new storage area had recently been identified which provided access to improved storage temperatures and work was ongoing to ensure this room was fit for purpose. We checked controlled drugs and found the stock balances were correct and the register was completed legally and clearly. There was evidence of regular stock checks to help ensure these medicines were not misused.

At our last inspection monthly medication audits had been conducted however there was no recorded evidence to demonstrate that actions needed had been followed up. During this inspection we found the monthly medicines audits were carried out and overseen by the clinical lead. The outcomes of the audit informed actions to be taken to improve.

During this inspection we could see the improvements that had been achieved in the last six months. We discussed with the registered manager the need to continue to maintain and build upon the improvements that had been made. Issues identified during this inspection included one incomplete patch chart, thickeners not being stored safely and lack of some when required medicine protocols and some incomplete TMAR s [topical applications]. All these issues were raised with the registered manager and dealt with during the inspection.

Considering the changes and improvements made the breaches identified at the last inspection had been met. However, the registered provider and manager would have to show they could sustain the improvements over a period to demonstrate a consistent level of safe service provision.

There was some appropriate signage to help people orientate themselves within the home. Wheelchairs and equipment was stored out of the way and store cupboards were locked. We noted that the laundry door was not kept locked. This could pose a risk to people who lived in the home if they entered and ingested laundry products. The registered manager had the door locked immediately and the key for staff only. They confirmed they would look at putting a key pad on the door for ease of staff use.

We saw that there were sufficient staff on duty to meet people's needs. Rotas indicated that staffing levels were monitored and dependency tools were used to assess people's care needs. We had noted from information from the QUIP process that there had been occasions when staff who were self-employed had worked long stretches of shifts without a break or only a short break. This meant that staff could be fatigued and less mentally alert could put them and the people who lived in the home at risk as a result. We checked the current rotas to make sure that the registered manager had addressed this and noted that they now had guidance in place to inform staff about this. Quarterly health reviews are being introduced for staff who have

opted out of the 'Working Time directive' and work over 48 hours a week on a regular basis. This is also being monitored in the QUIP process.

The service had a safeguarding policy and procedure and guidance on how to report concerns on display in the home for all to see and use. Staff had undertaken safeguarding training and were aware of how to report any concerns they had. Those we asked were aware of the whistleblowing policy and we were told they felt comfortable discussing concerns to the registered manager. The service had cooperated and worked with safeguarding teams when concerns had been referred to them to investigate.

Is the service effective?

Our findings

People we spoke with who lived in or were visiting the home made some positive comments about the staff. We were told that, "It's nice enough here" and "Staff are kind". We were also told that "The food is very good" and "I just hope I like it when it comes". A relative told us, "Personally I think the staff are wonderful, it's a very hard job and they are very patient." Another relative told us "[Relative] is fine here, always clean and tidy and cared for. They eat well and have put some weight back on. I am very pleased."

We noted that the menu had alternatives but did not say what they were. People's care plans had nutritional risk assessments in place and instructions for specific dietary needs. We saw that people had their weight monitored for changes so action could be taken if needed. Training records indicated staff had been given training on food hygiene and infection control. However, we recommend that the service finds out more about how to make menu choices clear and easy to understand so everyone knows exactly what the alternatives are for all meals and snacks.

At our last inspection the home had not been working within the principles of the Mental Capacity Act 2005 (MCA). Consent to care and treatment had not always been sought from people who had the legal authority to make decisions on behalf of those who lacked capacity.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests, be as least restrictive as possible and legally authorised under the Mental Capacity Act (MCA). The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

We found that the service had policies and procedures in place in relation to the MCA and DoLS. Nursing and care staff had received training on this. We looked at how the service had assessed a person's mental capacity and how decisions about their care and support had been made. We found that where necessary applications for DoLS authorisations had been made and the service had appropriate systems in place to assess a person's mental capacity. These assessments related to specific decisions, such as covert medicines, [given in a hidden way]. We found that the service had assessed a person's capacity in relation to the administration of their medicines and there was evidence of a best interest decision in their care records.

People who were unable to consent to the use of bedrails for their safety whilst in bed had their capacity assessed as the rails restricted their liberty. The home was working within the principles of the MCA by making sure that people were not being unlawfully deprived of their liberty and by ensuring decisions were being made in their best interests. We looked at a sample of people's care plans in the home and five in detail. Systems had been put in place to have electronic care records. This use of technology was to help the service to improve care planning and monitoring of people's conditions and needs. We found that consent

to care and treatment was being assessed and recorded in care records. Therefore, the breaches of regulation 11 and 13 requirement from the previous inspection had been met. The registered manager needs to make sure that the improvements made are embedded into the systems of working and into the culture of the home and that the improvements can be maintained.

There was an ongoing programme of staff training in place that was being kept under review. Evidence of training was recorded on the training matrix and in staff files. We saw that there was a programme of induction training for new staff and refresher training was booked for all staff throughout the year. Following the last inspection all staff had been required to complete the induction work book as a refresher on the core principles of care. We could see that care staff had received training in relevant areas such as, on managing challenging behaviours, as assessing needs, safeguarding, infection control, medicines management and health and fire safety. Some staff had done basic dementia awareness to help them understand the condition better. Staff confirmed that they did have the opportunity for supervision, annual appraisal and support with a senior member of staff. We saw these had been recorded in staff files.

Nursing staff we spoke with told us they were receiving training they needed to do their work and confirmed they had done training on venepuncture (taking blood), the use of syringe drivers for palliative care, medication, mental capacity and deprivation of liberty. We were told "I have easy access to any training I need, there has been a big push for us all to take up more training". Records indicated that appropriate training was being provided for nursing staff to develop and update their knowledge and skills and to support their revalidation with the Nursing and Midwifery Council (NMC).

We saw that the service was working in partnership with other agencies and had made referrals appropriately. Information was recorded about joint work and referrals to other professionals such as GPs, dieticians, speech and language therapist (SALT), the tissue viability nurse, occupational therapy, the Care Home Education and Support Service (CHESS) and community physiotherapy.

Is the service caring?

Our findings

We asked people who lived in the home what it was like living there. We were told that staff were "smiley" and "cheerful" and "They [staff] help me all the time" "I like it, it's nice here, they [staff] are kind." A relative told us "They [staff] seem to be gentle with her and patient. I have seen them put up with a lot from people in here." A relative who contacted us told us, "We have high praise for all the staff and the manager, who have been very open with the family. [Relative] seems happier and more like their old self than they have for quite a while." The relatives of one person who had come to live at Westmorland Court contacted us to tell us they wanted us to know that their family had been, "Very impressed with the whole service at Westmorland Court."

We were told by one relative that "[Relative] is communicating well with the staff and is encouraged to communicate with them and other residents", and they felt this had helped their relative. They told us "Staff take the time to chat with [relative]. However, another relative commented that, "It's hard for some to make chit chat with someone or make a passing comment when English is not your first language."

At the last inspection some people we spoke with said they found communication with some overseas staff difficult because of a language barrier. Since that inspection the registered manager had been providing support and training to overseas staff in the home to help them develop their language skills and confidence in communication. Three members of staff had successfully completed English and maths courses at the local further education college to help them in their work and interactions, others had taken additional English courses before coming to work in the home. The home was being supported, via the QUIP process, to arrange to host English for Speakers of Other Languages (ESOL) courses. ESOL is designed to improve speaking, listening, reading and writing skills. People's care records included information about how they communicated and the actions staff needed to take to support them to express their wishes.

Also at the inspection in January 2018 we had feedback from a local professional that telephone communication had been problematic. The service had not responded to telephone requests to call back in a timely way. There had been times when the home had been contacted to discuss a clinical issue, such as medication changes but the home had not always responded. This could compromise a person's treatment. The service had carried out a survey with local healthcare professionals that indicated that telephone communication needed to improve. The nurses now carried cordless telephones and mobile telephones for use to take incoming calls only so no important calls should be missed. The registered manager told us their feedback from local professionals had been positive following this change.

Some people found it hard to talk with us about their views on the service so we observed how people in the home were being supported by staff and how they were spending their time during the day. We sat in the dining area at lunch time and in lounge areas, throughout the day, with people who were living with dementia. We looked at how staff were supporting and interacting with people who lived in the home.

Staff adopted a kind and friendly approach towards those who were using the service. We did not see any interactions that were disparaging but did note one interaction where the carer spoke to a person in a

childish way as they were assisting them. This was not promoting their dignity, although we could see it was meant in a kindly way.

During our observations at lunchtime we noted some staff did not give people individual attention to help them enjoy their meal. For example, we observed a staff member put soup down in front of a person, warn them it was hot and to wait before eating it then walk away. We observed people sat with bowls of soup in front of them but not eating because they needed some assistance or prompting. We observed that staff brought people drinks but did not always ask what drink they wanted. Staff put protective aprons over people for lunch but did not always ask or explain why they were putting them on. Some staff moved between people at lunch to help them eat or went to other parts of the room to help rather than remain with the person and give them individual attention. We observed that some staff were not always taking up the opportunity to chat and interact with people.

We discussed our observations with the registered manager and the inconsistencies we had seen. We could see from training, staff meeting and supervision records and from speaking with staff that additional training and support was being provided for staff around the importance of talking and engaging with people whilst supporting them. The registered manager had made sure that training and support was available to staff to help address communication issues and language skills within the staff team. The registered manager was aware that this was an area of practice that needed continued support and training to raise awareness and for all staff to fully embed the importance of clear and open communication as part of care. We recommend that the registered manager finds out more about best practice in relation to evaluating staff understanding and application of their training. This would help to make sure that improvements made were being embedded into the systems of working and into the culture of the home so that the improvements can be seen to be maintained in practice.

During the inspection we also observed several examples of good practice with staff interacting well with people and including people in conversations. We saw occasions when staff displayed empathy and compassion as they comforted people when they became distressed or as helped them around the home. We saw that people appeared at ease with the staff that were helping them. We saw that staff were polite and knocked on the doors to bedrooms before going in and that doors to bedrooms and toilets were kept closed when people were receiving personal care

The service had also been developing the role of 'champions'. Champions are staff who have an interest in a specific of care and are central in bringing best practice into a home, sharing their knowledge, acting as role models and supporting staff to provide people with good care and treatment. The home now had two dignity champions to provide support and information to staff and promote the individuality of people who lived there. Information was displayed within the home about access to advocacy services. An advocate is an independent person who will support people to make decisions which are in their best interests.

We looked at the arrangements in place to ensure equality and diversity and that support was provided for people in maintaining important relationships. People told us they had been supported to maintain relationships that were important to them and to follow the religion of their choice. People told us that they could see their visitors when it suited them and go out with them as they wanted. Bedrooms we saw had been personalised to help people to feel at home and where they were able to spend time in private if they wished to. We saw that people had been able to bring some personal items into the home with them to help them feel more comfortable with familiar items and photographs around them. The home produced a newsletter to help people who lived there and families keep up to date with what was going on in the home and any changes underway.

We saw that the staff knew what equipment people used to aid their mobility and independence and provided these when they were required. Staff used the equipment in a manner that promoted people's dignity and modesty. Staff gave people explanations about what they were doing with the equipment, although on one occasion we noted the staff members were half way through the process when they did this.

The registered provider had CCTV cameras in communal areas of the home and at entrances. This was to help keep people safe from potential harm and to monitor accidents and incidents. A privacy impact assessment had been carried out and people living in the home had been consulted about this. There was information outlining its use on display and information about it was included within the statement of purpose.

Is the service responsive?

Our findings

People we spoke with told us "There is not much for me to do" and "I just stop in here [lounge] really, I come down in the morning and stay until bed." A relative we asked said "There probably is not that much [relative] can do really. When there is something going on they [relative] often just refuse". A relative told us, "They [staff] deal with [relative] very well and if there have been any problems I have been told." Relatives we spoke with told us they would know how to make a complaint and would not be afraid to do so. People who lived in the home we asked said they would tell their family or the registered manager if they were unhappy.

We saw that an assessment of needs had been done before a person came to live at Westmorland Court. These assessments covered people's physical, psychological, and social needs. There was a system of review so people's progress and changes could be recognised and monitored. However, we found that relevant information had occasionally been missed or not always updated in care plans. For example, wound management for one person with dressings for ulcers had not been updated. Blood monitoring had not been recorded regularly for one person and we raised with the registered manager the need to do this on a formal basis for monitoring. Positional changes were not always being recorded for people at the required intervals and one person had not had their falls risk assessment updated following a fall. The registered manager addressed the issues before the end of the inspection. We recommend the service reviews the procedures for managing records to ensure they are promptly and consistently completed and up to date. The registered manager was clear about the need to continue to build upon and maintain the improvements made to make sure all staff understood the importance of up to date record keeping.

Care plans were being reviewed monthly by nursing staff to help identify people's changing needs. Care plans contained some individual and person focused information to help make sure that staff could meet people's needs. We could see that improvements had been made in monitoring care and in taking appropriate action. For example, one person had deteriorating mobility and posture and the home had got an occupational therapy assessment so the person could get a chair that would meet their changing needs and give them better support. The person's relative told us, "I thought it was very good that they had noted the changes and did something."

At this inspection we looked at people's care management plans and records to check if people were receiving the care and support they needed and preferred. We looked at how the service provided person centred care. An electronic care planning system was in use with hard copies of plans as back up. The system incorporated monitoring and assessment tools to help with quality monitoring and risk assessment.

The service had useful 'daily folders' that gave a clear summary of people's needs. This gave care staff easy access to information people's care needs and preferences. These folders were updated on the electronic system and produced in hard copy for care staff to have an up to date picture without the need to have to go over everyone's care plans each day. A separate file was kept for each person, that contained relevant information about the person and their personal and healthcare needs, should a hospital admission be required.

We saw that people's treatment wishes had been made clear in their records about what their end of life preferences were. Where people had been identified as nearing the end of their lives the home had worked with local professionals to make sure that appropriate care could continue to be provided. This included ensuring appropriate palliative medicines were available to support people to be peaceful and free from pain.

At this inspection we found complaints were being appropriately managed. A policy was displayed within the home, in both pictorial and written forms, that set out the procedure people needed to follow, should they wish to make a complaint. Systems were in place for recording any complaints received. These showed the correspondence, outcomes and action taken following a complaint investigation.

There was a schedule of activities for people to participate in on display and an activities folder to record what people had done. There was also easily accessible general information displayed in the entrance hall of Westmorland Court. Photographs were on display of a range of events that the home had put on for people to participate in, a birthday party, barbeque, Burns Night celebrations, bingo and musical events. However, at the time of our inspection the activities coordinator was on leave. We did not observe people being supported to pursue any individual activities of their choice or leisure interests noted on their files.

Is the service well-led?

Our findings

The home had a registered manager in post. They had completed of their registration with CQC in April 2018 and had formerly been the deputy manager and previously the office manager for the home. 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 registered manager was being supported by the registered provider to undertake training relevant to their role. There was also a clinical lead nurse in post working with the registered manager to develop the service. Both were knowledgeable and familiar with the needs of the people they supported.

A relative we spoke with told us, "[Clinical lead] is very good, very open and enthusiastic." Another relative commented "I am hoping for some management stability now, we've seen so many changes in the last 12 months but I do feel it has improved and the atmosphere is much better." Staff we spoke with reported having confidence in the management team and one told us, "It's much improved, better organisation and leadership." Another staff member said, "I feel we are supported, I can go to the manager with anything. We can bring ideas to our team meetings and we are listened to." Records showed that regular staff meetings had been held for the different groups within the staff team.

At the last inspection the auditing system being used was not always effective. This was because it had not identified many of the improvements needed that were found during the inspection and because there was no system in place for monitoring accidents and incidents. We issued a warning notice.

At this inspection we found that the registered provider and registered manager had acted to fulfil the breach and to make the systems more effective. At this inspection we saw that the quality assurance and monitoring systems being used to assess the quality of the service provided had been further developed to be more effective. Audits were undertaken to assess compliance with internal procedures and against the regulations. This audit programme included audits on medication procedures and stocks, care plans, safeguarding, infection control, catering, environment and on falls and accidents and incidents to try to identify any themes. The monthly falls analysis being done highlighted the times and locations where people had fallen and identified the actions to be taken such as medication reviews, using low beds and sensor mats and recorded where referrals had been made to other agencies for support. This process was helping the service to learn lessons and make changes and improvements in people's care.

We saw this improvement demonstrated in practice. For example, the home's internal auditing had noted some discrepancies in the way some 'Do Not Attempt Cardio Pulmonary Resuscitation' (DNACPR) forms and followed this up with GP surgery the home and it was reviewed. The kitchen audit had found an "unacceptable" standard of cleanliness and the registered manager had acted to improve this. A daily audit was done in the home that included staffing and checks temperatures in the treatment room where medicines were stored. The house keeping audit had identified stains to carpets that needed deep cleaning. And a mattress audit carried out by maintenance person on a rolling programme. These practices help the service learn from what had gone wrong and made sure the service provision was being monitored to try to

keep the home a safe place to work and live.

We saw the records of regular monthly registered provider visits to the home to speak with people who lived there and staff and to have management meetings with senior staff. The area manager also visited regularly and did their own audit of records. Procedures were in use to protect confidentiality with training on this and confidentiality agreements incorporated into staff induction. People who lived in the home had regular meetings that their relatives/representatives could also attend. People could make suggestions or comment anonymously if they preferred using the suggestion box.

Notifications of deaths, serious injuries and allegations of abuse were being sent in to CQC as required by regulation. The rating for the previous inspection was displayed within the home and on the service's website so people were aware of its current rating. The registered manager provided us with a service users' guide that had been updated to reflect the recent changes in the management structure of the service. This included the facilities and services available and important policies and procedures, such as the complaints procedure.

We saw there were a wide range of written policies and procedures within the home that were subject to review, such as, health and safety, safeguarding adults, privacy and dignity, infection control, fire awareness, confidentiality and data protection and the general data protection regulations (GDPR). This helped to make sure that staff were kept up to date with any changes in legislation and good practice.

Westmorland Court was in the Quality Improvement Programme (QUIP). This meant they received support from outside agencies such as, the local authority, CCG and the safeguarding team to help the service develop and continue to make the improvements needed including in medicines management. The registered manager and provider were working well and fully engaging with that process to help improve all aspects of the service. The challenge for them going forward was to maintain these improvements in all five domains and to show they can sustain them over the long term for the people who lived at Westmorland Court.