

Westwood Lodge Ltd

# Westwood Lodge 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?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Westwood Lodge Care Home provides accommodation for up to 44 people with personal and nursing care needs. People had a range of health care needs including those with mental health, drug and alcohol misuse related conditions and those living with dementia. At the time of the inspection the service supported 33 people.

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

People felt safe and comfortable living in the home and receiving support from staff. Risks to people's health and welfare as well as the environment were managed well. The manager understood their responsibility about safeguarding and staff felt confident protecting people from abuse. Medicines were managed in a safe way. The provider learned from accidents and incidents to reduce future risks. Staff were recruited in a safe way and checks on nurses took place to ensure they were fit to practice. There were enough staff to meet people's needs.

At the time of the inspection the service did not have a registered manager and the Commission had not received an application from the provider. There was a manager in post who was effectively overseeing the day to day running of the home.

People's needs were assessed prior to moving into the home. Staff were inducted into the service and received ongoing training. Staff felt supported in their roles and received annual appraisals. The frequency of supervisions differed amongst staff and requires review.

We have made a recommendation about the provider ensuring the performance of all staff is regularly monitored and recorded.

People were encouraged to enjoy a balanced diet and supported with their nutritional needs. People had access to a range of health care professionals to maintain or improve their health. People were 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.

Staff thought highly of people and supported them in a respectful and dignified manner. People were encouraged to live their lives in the most independent way possible and to do things for themselves, where possible. People were supported to access advocacy services.

Care plans were person-centred and detailed to instruct staff how to support people in line with their wishes. People's communication needs were detailed within care records and staff knew how to communicate with them effectively. People knew how to raise concerns and were confident they would be dealt with. The provider had a complaints procedure that was followed in practice.

People and staff were positive about the management of the service. Staff felt the manager was approachable and they could raise any issues or concerns with them at any time. People, relatives and health professionals were consulted about the quality of the service through surveys. Staff were involved in the ongoing development and improvement of the service via regular meetings. An effective quality assurance process was in place.

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

#### Rating at last inspection

The last rating for this service was requires improvement (published 21 December 2018) and there was one breach in regulation. The provider completed an action plan after the last inspection to show what they would do and by when, to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvement. Please see the Effective and Well-Led sections of this full report.

#### Follow up

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

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service wasn't always well-led.

Details are in our well-led findings below.

# Westwood Lodge Care Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team was made up of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

The service did not have a manager registered with the Care Quality Commission at the time of the inspection. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public

about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with seven people about their experience of the care provided. We spoke with seven members of staff including the manager, the deputy manager, a nurse, two senior care workers, one care worker and the activities co-ordinator. We also spoke with a visiting health care professional. 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.

We reviewed a range of records. This included five people's care records and six medication records. We looked at three staff files in relation to recruitment and records relating to staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Procedures and processes were in place to ensure people were protected. People felt safe living in the home and receiving support from staff. Comments included, "I'm safe here. They [staff] keep an eye on me" and "They [staff] knock on the door to see if we are all right."
- Staff were very knowledgeable about people and felt confident protecting them from abuse. Staff were safeguarding and whistleblowing trained. Safeguarding alerts were raised with the local authority in a timely way, when required.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's health, safety and wellbeing were assessed and managed. Staff understood potential risks to individual people and how to reduce them.
- The premises were safe. Maintenance of the building and regular checks of equipment were completed. Appropriate environmental risk assessments were in place.
- Accidents and incidents were recorded in appropriate detail and monitored. Trends analysis were carried out and lessons were learnt. Actions were taken to reduce the likelihood of a recurrence.

Staffing and recruitment

- There were enough staff to meet people's needs. Comments from people included, "I press my buzzer [for staff] to help me change and they come straight away." Staff were present around the home and call bells were answered quickly.
- Staffing levels were determined in line with people's needs.
- Staff were recruited in a safe way. All appropriate checks were carried out prior to staff commencing work in the home.

Using medicines safely

- There were arrangements in place to ensure people received their medicines safely. One person said, "The care is great. I always get my tablets on time."
- Medicines were administered by trained and competent staff.
- Medicine administration records and care plans provided staff with information to ensure people received their medicines as prescribed. This included 'when required' and topical medicines.

Preventing and controlling infection

- The premises were clean. The cleanliness of the home was maintained by dedicated domestic staff.
- The provider had an infection control policy in place. Staff wore appropriate personal protective equipment such as aprons and gloves to prevent cross-contamination when supporting people with

personal care.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff received regular training to ensure they had the correct skills and knowledge to support people. One staff member said, "We get enough. We've had non-stop training. We've done loads."
- New staff had completed an induction training programme suitable to their role.
- Staff received supervisions and annual appraisals. The frequency of staff supervisions varied, with some receiving more than others. The majority of staff had worked in the home for a number of years and were very experienced.

We recommend the provider makes required improvements to ensure the performance of all staff is regularly monitored and recorded.

- Staff felt supported in their roles. Comments included, "Oh yes I feel supported. I recently had a supervision. [Manager] is very approachable. We can just walk in and talk to him about anything."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they moved into the home to ensure staff could effectively support them.
- Assessments and associated care plans were regularly reviewed and contained people's individual choices.

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

- People were supported with their nutritional needs and to maintain a balanced diet.
- People chose what to eat and drink and enjoyed their meals. Comments included, "It's good food and fresh fruit is available all day. If you don't like it you can have an alternative" and "The food is ok and you do get a choice of two [meals]."
- People had care plans in place to support their nutritional needs. They included recommendations from health professionals such as Speech and Language Therapists and incorporated people's specific special dietary requirements and preferences.
- Staff gently and patiently supported people to eat their meals, offering encouragement when needed.

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

- People were supported to maintain their health and access a range of health professionals. A GP and community nurse visited the service every Wednesday.

- Engagement with health professionals was clearly recorded in care plans to ensure people received appropriate care and support to meet their needs.

#### Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager was working within the principles of the MCA. People's capacity to make specific decisions were assessed and best interest decisions were made on their behalf if they lacked capacity.
- Care records included details of people's capacity and if they were subject to a DoLS authorisation.
- Staff encouraged people to make decisions about their care as well as day to day decisions such as what clothes to wear.

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

- The service was appropriately designed and adapted for people living there. People were involved in the ongoing refurbishment and redecoration. Staff comments included, "There is a rolling programme [of redecoration]. We're going through the building and redecorating people's rooms as they would like them" and "[Manager] lets them [people] do what they want décor wise."
- During the inspection new furniture was delivered for the new dining room being created on the ground floor. This was to improve people's dining experience and give them more choices where they would like to eat their meals. Decoration followed shortly after the inspection and the dining room was named after a person in the home.
- The provider had development plans in place for the grounds around the home, to encourage people to use them more frequently.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were well cared for. Comments included, "They talk to me and make me feel happy when I'm feeling low" and "They are always popping in for a chat. We crack a joke and have a laugh."
- Staff engaged well with people. They were knowledgeable about people's life history and interests and encouraged people to chat using related topics. One staff member said, "We are a massive family. A lot of residents don't have family so they look to us."
- People were supported to maintain relationships important to them. For example, staff supported a person to contact their relative who was on holiday in another country, as they wanted to speak with them.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people in a dignified manner and treated them with respect. Comments included, "They keep my dignity. They respect me and knock on my door [before entering]" and "I like the care. They [staff] bed bath me regularly and always keep my dignity, they do everything for me."
- Staff approached people gently and supported them with patience. People's appearance was well kept.
- Staff supported people to be as independent as possible and carry out tasks for themselves, when they were able to do so. Care plans detailed what tasks people required support with and what they could do themselves.

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

- People were involved in planning and reviewing their care. Details of care plans and changes reflected people's choices and preferences. Comments included, "My care plan is on the inside of my door. I'm happy how I'm being treated. They take their responsibilities seriously."
- People's communication needs were recorded in care plans including appropriate methods to use to help people understand and express their choices and preferences, such as, using pictures.
- Some people received regular support from local advocacy services. An advocate helps people to access information and to be involved in decisions about their lives. Information about 'Your Voice' advocacy services was on display in the home.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection the provider had failed to ensure people had care plans in place to detail all aspects of care provided to meet people's needs. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection sufficient improvement had been made and the provider was no longer in breach of Regulation 17.

- People had person-centred care plans which detailed how staff should support people with various tasks. People's choices, preferences, cultural and spiritual needs were considered as part of their care plans and assessments.
- People's plans of care were regularly reviewed and updated when their needs changed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were given information in a way they could understand. Care plans described appropriate methods of communication such as using short, clear sentences or pictures.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service offered people a range of activities. There was an activities co-ordinator who organised a programme of activities for people to enjoy in the home.
- Some people enjoyed taking part in the arranged activities. One person said, "We do karaoke, quizzes and go to the coffee shop." The majority of people told us they preferred to spend time in their rooms watching tv or going out into the community.

Improving care quality in response to complaints or concerns

- People knew how to raise concerns if they were unhappy with the service. One person said, "No complaints, everything is good. Washing is done, food is done, they worry about you all of the time."

- The provider had a complaints procedure in place. The service had not received any complaints since the last inspection.

#### End of life care and support

- People's end of life wishes were considered. Care records contained people's wishes in relation to end of life care and included details of their spiritual faith and funeral plans.
- Staff worked with the palliative care team when people were at the end stages of their life. They also arranged for local clergy to visit people in the home, in line with their wishes.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This was because the service management and leadership was inconsistent.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider did not have effective auditing and governance systems in place to monitor the safety and quality of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection sufficient improvement had been made and the provider was no longer in breach of Regulation 17.

- The provider had appointed a manager. However, at the time of the inspection CQC had not received an application for registration of this manager to be approved. Having no registered manager is a rating limiter for this well-led key question.
- The manager monitored the quality of the service to make sure they delivered a high standard of care. This included the completion of regular audits in areas such as medicines, health and safety and the mealtime experience for people.
- The manager spoke to people and staff on a regular basis to seek their views and monitored the quality of the care and service people received.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- The manager promoted a person-centred culture in the home. They were open and approachable throughout the inspection and had a good relationship with people and staff. Comments from people included, "[Manager] likes to look after people who can't look after themselves" and "[Manager] is very nice and pleasant. Staff told us, "[Manager] is very approachable. We can just walk in [to their office] and talk to [them] about anything."
- People were involved in the design and development of the service through discussions with management and staff in meetings. The manager listened to people and took their views into consideration when implementing changes or improvements in the home.
- The manager and staff understood their roles and responsibilities.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong;

- The manager understood their obligations under the duty of candour. The manager conducted themselves in a very open and honest way. They submitted statutory notifications in a timely manner for significant events that had taken place in the service.

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

- People and relatives were asked for their views of the service through annual surveys and meetings. The next batch of questionnaires were due to be given to people and sent out to relatives and professionals on 20 December 2019. The manager said, "We then analyse the information, identify the action to take and feedback to people and relatives what we did."
- Staff were kept updated about the service and any improvements by attending regular meetings and through day to day discussions with the manager.

Working in partnership with others;

- Staff were working in partnership with key stakeholders to achieve positive outcomes for people.
- The service had developed links with the local community. People regularly visited the local community for social and hobby type activities.