Activecare Limited

Westwood Hall Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

At the last inspection the service was rated Good. At this inspection we found the service remained Good.

The inspection was unannounced and took place on the 12 and 14 November 2018. At the last inspection carried out in June 2016, we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because of Medication Administration Records (MAR) not being completed at all times and the safe storage of medication. Temperature records for the medication rooms and medication fridge temperatures were not taken to ensure medication was stored at a safe temperature for the people living at the home. Actions had been implemented and audits completed to ensure the medication procedure was completed effectively by staff.

Westwood Hall Nursing Home 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.

The service is registered to accommodate up to 52 people, there were 42 people living at the home at the time of our inspection. Westwood Hall Nursing Home is situated in Brimstage, Wirral and has large gardens surrounding the home. The building has two floors with two lifts to access the first floor.

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

People were protected from the risk of abuse. Staff had received training in safeguarding vulnerable people and knew how to report their concerns to the local authority.

People were supported to take their medication as prescribed. Medication audits were carried out on a monthly basis to help identify and address any issues. Medication records were being signed appropriately by staff and controlled drugs were being stored securely as required by law.

Staff had received the training they needed to carry out their role effectively. New staff were supported to gain the necessary skills and qualifications and shadowed experienced staff to gain knowledge of the role. Staff spoken with and records seen confirmed training had been provided to enable them to care and support people with their specific needs. We found staff were knowledgeable about the care and support needs of people in their care. We saw that individuality was encouraged and supported and people were able to express themselves in the way that they chose and that their well-being was enhanced by this support.

Everyone we spoke with, spoke positively about the registered manager and the staff. We observed positive

interactions between people and staff.

There was a complaints procedure at the home and we were told by people and relatives that they were aware of how to make a complaint and all would talk to the manager. There was information on how to make a complaint on a notice board in the reception area.

Care plans were person centred and completed with the people who lived in the home, their family members and any professionals involved in their care. They detailed how people wished and needed to be cared for. They were regularly reviewed and updated as required.
The registered manager understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This meant they were working within the law to support people who may lack capacity to make their own decisions. We saw that people were supported to make their own decisions and their choices were respected and at all times the least restrictive option was taken.

People were supported to maintain good health and the registered manager ensured nursing staff were competent in providing their healthcare. Care records showed that staff sought the input of health and social care professionals when needed.

People told us they enjoyed the food served at the home. Care records showed staff had given consideration to people's nutritional needs and diabetic diets were catered to.

We identified that some governance procedures to assess and monitor the quality of the home were not documented. The registered manager was clearly very 'hands on' in their approach and took an active role in the daily lives of all the people using the service but admitted this sometimes meant that paperwork was not always checked effectively. The registered manager acknowledged that at times, due to not having the support of a deputy manager, completion of monitoring records was delayed.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service has improved to Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Westwood Hall Nursing 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 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.

The inspection took place on 12 and 14 November 2018 and was unannounced. It was carried out by one adult social care inspector, one primary medical service's inspector and one 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 and has expertise of dementia care.

This service was selected to be part of our national review, looking at the quality of oral health care support for people living in care homes. The inspection team included a dental inspector who looked in detail at how well the service supported people with their oral health. This includes support with oral hygiene and access to dentists. We will publish our national report of our findings and recommendations in 2019.

We looked at all of the information that CQC had received about and from, the service since the last inspection.
A Provider Information Return (PIR) is a form that asks the registered provider to give some key information about the service, what the service does well and any improvements they plan to make. We had asked the registered provider to complete this prior to the inspection which it was. We also reviewed safeguarding alerts; share your experience forms and notifications that had been sent to us. A notification is information about important events which the provider is required to send us by law.

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.

During the inspection we looked at all parts of the premises. We spoke with the registered manager, one nurse, three health care staff, the maintenance officer, the acting cook, the assistant operations manager and two housekeepers. We met with five people who lived at the home, and we spoke with four relatives. We observed staff positively interacting with people in the home. We looked at staff recruitment records, staff rotas and training records. We looked at health and safety and building maintenance records. We looked at care and monitoring records for four people who lived at the home.

Good

Is the service safe?

Our findings

At the last inspection carried out in June 2016, we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because of Medication Administration Records (MAR) not being completed at all times. The temperature records for the medication rooms and medication fridge temperatures were not taken to ensure medication was stored at a safe temperature for the people living at the home. Actions had been implemented and audits completed to ensure the medication procedure was completed effectively by staff.

We asked three relatives if they felt that their family member's were safe living at the home. One relative told us "It's a house and a home for my [relative] the staff are brilliant. It's very secure". One person living at Westwood Hall told us "I feel safe, staff look after me and the other people really well".

We looked at medicines management in the home and saw that it was good. The medicines were regularly audited. We saw that three bottles of medication specifically for PRN 'when required' use, had no date of opening recorded. This ensures that the medication is effective up to a certain date after opening. The registered manger acted straight away to ensure the correct procedure was completed by nursing staff.

We checked the premises safety certificates and saw that they were up to date. The registered manager informed us that there was a plan for the home being redecorated, specifically the communal areas. We were sent an email confirmation of this on 17 November 2018. The bedrooms we saw were personalised for the people living there. People spoken with told us they were comfortable in the home. There was a designated private lounge for people to spend time with their relatives that had a conservatory facing the front garden.

We looked at risk assessments and saw that they were managed well. The risk assessments were reviewed monthly or more frequently if required. We had requested a falls analysis from the registered manager, this was provided with a plan of actions taken and information for referrals to the falls team for support of individuals. An example of this support was that three people who regularly had falls in their rooms, had sensory mats that were used on chairs so if the person moved an alarm was raised for staff to attend. We also saw that accidents and incidents were closely managed and near misses were recorded and shared so that future incidences could be reduced or avoided.

The provider had recently involved staff in becoming 'falls champions'. We were told training had been provided and the information was on the notice board with staff names on for staff and relatives to talk to and seek any advice.

Fire safety measures were in place and each person had a personalised emergency evacuation plan to support evacuation in the event of an emergency.

We sampled five employment records for staff in different posts and with varying lengths of service. The records included application forms, interview details, references and DBS (criminal records) checks. We

found that all the records were completed effectively. We saw that notes of applicant's interviews had been made and that they had signed once employed, to say they would adhere to the services policies and procedures. Each staff member was given a contract of employment with a job description.

We saw that staff had up to date training in safeguarding and what to do if they were concerned about the people living in the home. Safeguarding notifications were sent to the CQC as required and we saw that the safeguarding policy, which followed local safeguarding protocols was also written in the Staff Handbook, which each employee had signed to say they had. Staff told us that if they had any concerns about any allegations of abuse or neglect, they would report this to the registered manager or nurse immediately and most staff also knew that they were able to report it to the local authority or to CQC. Whistleblowing information was available for staff and staff told us they knew about the whistleblowing policy and would use it if required.

We spent time talking to staff and most of the staff spoken with said that staffing levels were enough. One staff member told us, "The staffing levels are good; they have increased the health care assistants by two each day which really helps. We are using a lot of agency staff, but we just get on with it" and another said, "They are very good, but we could do with a few more on sometimes so that more of us can go out with people on outings".

We saw that the home was clean in all areas including the communal toilets and sluice rooms. Infection control procedures were being adhered to by staff. There was signage in the areas stating 'Ensure the area is kept clean at all times'. There was a cleaning schedule to ensure that everywhere got cleaned regularly, however we were informed that there were staffing number issues within the domestic team, specifically at weekends when only one person was on duty. We discussed this with the registered manager who told us that this was the procedure as deep cleaning was not expected over the weekend and was completed by the four staff in the week.
The registered manager completed Infection control audits that were sent to the local authority infection control team.

Staff had received training in infection control and had access to Personal Protective Equipment. The registered manager initiated training updates for all staff to attend to ensure staff were clear in their roles and the environment was cleaned effectively.

Good

Is the service effective?

Our findings

People spoken with told us staff had the necessary skills to support them. One person told us, "Staff are very good and clearly well trained". Another person described how the staff supported them in a sensitive manner with their care. One person told us that agency staff were used a lot 'lately', and another person told us that "I'm not keen on the agency staff. They're friendly enough, but I feel they just don't know their job". We discussed staffing vacancies with the registered manager and was told there were eight health care assistant vacancies at present.

We were told that agency were used and in-house bank staff to sure up the vacancies. The registered manager and assistant operations manager told us that recruitment was ongoing and that offers had been made for new staff including a deputy manager.

New staff went through induction training, learning basic core skills and they were paired with more experienced staff, in the first few weeks of their job. They had a probation period of three to six months, during which they were assessed for their suitability to perform their job. Monthly supervisions were scheduled and took place. One staff member told us, "It's where we discuss with the senior nurse or manager, whether we are happy and whether we need any training".

The service provided a thorough programme of training for all staff, which included safeguarding, moving and handling, infection control, person centred care and fire safety amongst others. Some staff had additional, specific training such as health care for nursing staff. The staff training matrix and plan showed that the vast majority of staff were up to date with the service's mandatory training. Most training was provided by e-learning, staff told us that they learned better face to face. One staff member told us, "We do training all the time. They make sure you get all the training". Some staff had been enabled by the provider to achieve national recognised qualifications, such as National Vocational Qualifications (NVQ's) and Health and Social Care awards.

All staff spoken with told us they had supervision meetings with either the senior nurse or the registered manager. All nursing staff were up to date with their annual appraisal meetings and the registered manager showed us an action plan and schedule for all other staff that was already being implemented.

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 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 with appropriate legal authority. 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 provider worked within the legal framework of the MCA. The people living at Westwood Hall Nursing Home had mental capacity assessments in place and if people were unable to understand the decisions around their care and support we observed a best interest record and this was respected and promoted by staff. Consent documents in respect of decisions such as money management and personal photographs were contained within care files and signed by people themselves, or a representative acting on their behalf. The registered manager provided us with a log of the DoLS in place at the home and there were currently nineteen applications authorisations? with five having been requested for further authorising by the local authority.

People using the service were supported by nursing staff and external health care professionals to maintain their health and wellbeing. We saw that the registered manager liaised with health professionals including opticians. There was a doctor from the local surgery that most people used who visited weekly and saw all people who required their support. These visits were recorded in the persons files under 'professional health visits'. We saw information was shared and a record was kept so staff were aware of any advice provided. Staff were very good at identifying the early signs of deterioration in health for people they supported.

People told us they enjoyed the food available at the home. People's comments included, "Meals are mainly good", "We have snacks and a choice of tea or coffee", "Food is nice" and "Food is quite good." Staff knew and catered to people's dietary needs. For example, low sugar options were provided for people who were diabetic. The service did provide alternative options for people and staff told us that the menus were based on their knowledge of people's likes and dislikes and if people wanted something else, this would be catered to.

There was an issue with agency staff (chef) not completing food monitoring records at the home for three days prior to this inspection. The assistant operations manager showed us a briefing she had sent to the agency due to the omissions and the apology response from the agency.

The dining room looked comfortable, the tables were laid with tablecloths, place settings, cutlery and condiments. There was a menu on the white board informing diners of the meal choices they could make. Meals were served on pleasant looking crockery and there was plentiful supplies of hot and cold drinks available. One person told us that, "It is lovely here; the staff can't do enough" and another said, "There's always lots of choice". Everyone spoken to said that if they didn't like the choices for the day they could ask for something else. One person told us "One week I was feeling a bit fussy and really fancied a bacon butty and they made it especially for me". They will make me a salad each day. They always make everyone a birthday cake".

The registered manager told us of their refurbishment plans for the home was well under way to modernise the property. People's bedrooms reflected their individual personalities which helped to ensure people felt at home. One person told us that they were very happy in their bedroom and had all of their own furniture. Another person told us, "I've got a lovely bedroom and staff keep it lovely for me".

Good

Is the service caring?

Our findings

Our observations and people's feedback confirmed that staff were caring, patient and compassionate. People's comments included, "Staff are really good, they look after me very well", "Staff are very nice, I like them all day and night staff". Relatives spoken with told us "Staff are very nice and they do care my [relatives] are comfortable with all of them". Another relative told us "The staff are caring and respectful, they always ensure [relative] is supported with dignity and respect".

Care plans contained documents of life histories which outlined information relating to people's background and important family relationships. We saw the four care plans we looked at had a 'future wishes record. There were also care plans for hobbies and their health and support needs. Information included guidance on things that worried or upset the person and how staff could support the person to feel better. This enabled staff to get to know the person and develop a rapport and provide care based on their needs and preferences. There was a key worker who worked closely with a person and spent time ensuring their needs were being met and updated records when required.

The service had a homely atmosphere and it was evident that people felt comfortable in the company of staff. One person told us that they viewed the environment as their home. Comments from other people included, "This is my home and I like it here, don't get me wrong would rather be in my own house" and "It's my home and my family come to see me every day". We saw that people initiated conversations with staff and we observed a caring rapport.

Staff encouraged people to participate in decisions about their care and understood the importance of promoting choice. One staff member told us, "We always make sure they have choice including what they want to wear, when they get up or go to bed. It really is their decision". We observed people going to the registered managers office asking questions and conversing and the registered manager was seen to be supportive. Staff had received training in equality and diversity and had access to policies in respect of communication and confidentiality.

Staff provided examples of how they promoted people's dignity and privacy when delivering care, which included knocking on bedroom doors and asking people's permission before offering support. We observed this practice over the two-day inspection.

The provider had recently involved staff in becoming 'dignity champions' training had been provided and the staff names were on display on the notice board in the reception area. A member of staff told us this was really positive and a good morale booster involving staff. The dignity champions were available to talk to staff, people using the service and relatives. The registered manager told us that the dignity champions also reported practices to her, good and not so good, where training would be provided.

People were consulted and encouraged to be involved in making decisions about their care. We saw that people signed their own care plans and each review as evidence of their involvement and agreement. If people were unable to understand the care plans we saw that family members or representatives with

Power of Attorney had agreed. There were best interest records in the four files we looked at informing of what was considered the best care and support staff would provide. At the time of the inspection, there was nobody accessing advocacy services however, the manager had an awareness of local services that could be accessed in the event that a person had no one independent, such as a family member or friend to represent them.

Good

Is the service responsive?

Our findings

People we spent time with told us they were treated well by staff and that staff understood them and were responsive to their individual needs. Comments included. "I need a lot of support and when I am not well, more care. The staff know me and are very good". Another person said, "They are always helpful and are there when I need it". We were told by people that at times agency staff being used were not as knowledgeable about their care requirements and that the homes staff had to support them and explain. Staff spoken with told us that they did have difficulties with some agency staff used understanding the care plans, we were told this was always reported to the registered manager.

We reviewed four care plans to look at areas such as activities, medication and finances. People were consulted in relation to their plan of care and had input into this if they were able to. We saw records were kept which outlined people's attendance at review meetings. People's relatives told us, "Yes, I have seen [relative's] care plans. We are always kept informed". Another relative said "Our [relative] has been unwell recently and the manager kept us up to date which is great, they always communicate with us". Care plans were reviewed regularly and any changes were clearly recorded in the person's review record.

Care plans were person centred and responsive to the needs of the individual. Records looked at informed how people liked or disliked their care and support to be provided. There were residents meeting and relatives meetings where an agenda would be agreed by all attending. All people and relatives were invited, we looked at the last three records of these meetings. Examples of individual person centred care we saw were [Person] likes to have their hair and nails done weekly, records informed this was provided. Hairdressers visited the home on a weekly basis and we were told that people enjoyed the time spent in the homes salon.

We observed staff to support people when requested, the staff listened to what the person wanted and acted accordingly. Staff encouraged people, not telling them what to do but working with them and listening. We were told that at times people would have to wait for their call bell response especially in the morning time. We were told that due to sensory mats being linked to the call bell system at times the response by staff took a bit longer due to them appraising the risk of people falling.

We discussed the use of technology at the home and the registered manager told us that there was access to the internet throughout the home for all people and their visitors. We spent time talking with people about activities and were told by them that there was a lot of group activities taking place. Comments included "There is a lot to do if I want to join in which I do at times" and another comment "I love to go out in the garden". One person told us "I can't see properly and would like to go out it doesn't seem to happen much anymore". Relatives we spoke with commented "I would like more activities provided for my relative; they are not doing much". Another relative said "My relative does get involved sometimes, it's her choice".

The activities coordinator went through the programme of activities provided including external entertainers that came into the home on a weekly basis. Activities were provided in groups for example, arts and crafts, keep fit, baking and a crochet class. One to one records we looked at had what activities people

had requested that included reading the daily newspaper, opening mail and reading it out, reminiscing and reading books. The activity coordinator had records for all of the people living at the home and told us that she ensured all were seen as regularly as possible.

We talked about specialised activities for people with dementia with the activities coordinator who told us she would enjoy doing training. We talked to the registered manager about continuous learning for the activities coordinator and was told that they would discuss with the provider and look at a training programme available.

People were supported to make sure they were appropriately dressed and that their clothing was chosen and arranged to ensure their dignity. Staff were seen to support people with their personal care, taking them to their bedroom or the toilet/bathroom if this support was needed.

Assistive technology used at Westwood Hall included call bells and there were five people who had sensor mats to inform staff if they had got up out of bed or their chair if sitting out of bed. We saw risk assessments in place for the sensor mats and room monitoring records to inform of staff responses.

A complaints policy was on display in the reception area. The people we spoke with told us they had no cause to raise a complaint but felt comfortable in approaching the registered manager and staff if they had to raise a concern. People told us they felt confident that their concerns would be listened to and taken on board. We looked at the complaints/compliments records that showed that actions were taken immediately if required. Relatives told us that the registered manager had spoken with them and informed them if they had any concerns or issues to talk to her. They said the manager was very good and listened, however they had no reason to complain.

The registered manager told us that this was a person's home for the rest of their life when they moved in, if that was their choice and that the staff could ensure the relevant care and support would be provided. There were regular assessment and reviews by the staff and other professionals ensuring people were receiving the relevant healthcare. The manager told us they considered the most effective way of exploring people's end of life wishes and all four of the peoples records we looked at had an anticipatory care plan in place and their requests in line with their religious denominations. We were told that there was currently no one living at the home being provided with end of life care.

Good

Is the service well-led?

Our findings

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 service had a registered manager who had been in post for many years.

Four peoples room monitoring records looked at, had gaps of when staff had not recorded support. It was difficult to know whether or not the care and support was provided in line with people's care plans. We discussed this with the registered manager who provided us with handover records, daily diary records and a communication book all of which had information recorded about the care and support each person had on a daily basis. We discussed the outcome with the registered manager and the assistant operations manager and was told it was being dealt with in the staff supervision meetings. Emphasising to staff the reason for the records being implemented in line with risk assessments and the comfort of people. We were provided with a copy of supervision records that had 'main issues to be addressed'; required paper work to be completed.

We looked at the arrangements in place for quality assurance and governance. Quality assurance processes are systems that help providers assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. We reviewed several audits and checks and these included checks on health and safety, staff records, care records, infection control audits and medicines. We saw that these checks were carried out regularly and that any action that had been identified was followed through and completed.

We saw that there were regular meetings held in the home. There were meetings for the people who lived in the home on a three monthly basis and staff meetings were also held. All the meetings were recorded and minutes kept for future reference. The minutes of the resident's meetings were accessible and actions were taken for any requests. We saw this in a format called 'You asked, We did' and the records were on display.

There was a positive culture apparent in the home and obvious respect between the registered manager, staff and people who lived in the home. The assistant operations manager told us that they were in contact with the registered manager and visited the home regularly. The registered manager maintained an active and visible presence at the home and it was evident that people found them approachable. During our inspection, we observed people approach the registered manager with ease and sense of familiarity, to have a chat or ask for help.

Everyone we spoke with told us they were happy with the quality of care they received and complimented the service. Comments included, "I'm very happy", "The manager, I call her the matron. She runs a good home", "What can I say?, yes, I'm happy living here would rather be in my own home but understand I'm not safe there. The manager is really good and respectful too".

A satisfaction questionnaire was given to people annually to look at the quality of the service provided. We

were shown the collated outcome of the satisfaction survey from September 2018 and the action plan being followed.

Staff told us they enjoyed working at Westwood Hall. One staff member said, "The manager listens and does act on issues raised appropriately. I think it's a brilliant home and would have my family here, no question". Another staff member told us "I have worked here for years and we do provide great care, the manager has an open-door policy and supports me when I need it". Staff meetings were held regularly and staff felt they could raise any issues informally with the registered manager. One staff member told us, "The manager is always here, she listens to us and is very helpful and fair".

The ratings from the last inspection were clearly displayed via a link on the registered provider's webpage. The ratings were also displayed in the reception area.