







# Four Seasons (Evedale) Limited Westfield Lodge

## Inspection report

Weston Coyney road  
Weston Coyney  
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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	

### Overall summary

We inspected this service on 5 February 2015. This was an unannounced inspection.

The service was registered to provide accommodation, personal and nursing care for up to 48 people. People who used the service were older people who required residential or nursing care and may have physical and/or mental health needs, such as dementia.

At the time of our inspection 32 people were using the service.

At our previous inspection of May 2014 we found improvements were needed in the Care and Welfare of people, Management and Records. We found that improvements had been made in all these areas.

The provider had recruited a new manager who was in the process of registering with us. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

# Summary of findings

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 harm, because staff understood how to recognise and report concerns. Risks were assessed and action was taken to reduce risks of harm.

Sufficient numbers of staff were provided and staff received the training they needed to deliver appropriate and safe care.

Medicines were stored, managed and administered safely.

Staff and the manager understood their responsibilities in relation to The Mental Capacity Act 2005. Where people did not have the capacity to make decisions for them, appropriate action was taken to ensure decisions were made in their best interests.

People's health and dietary needs were assessed, recorded and acted upon. Access to health care professionals was facilitated.

People and their relatives told us the staff were kind and caring and treated them with respect. Staff were patient and understanding when interacting with people.

People were involved in an assessment of their needs and their care was planned to meet their care preferences. People were also encouraged and enabled to participate in activities that were important to them.

People knew how to raise concerns and felt confident in doing so. They and staff told us the manager was approachable and had made many improvements to the quality of the service.

The quality of service was monitored to ensure the standards expected by the provider were maintained. There were systems in place for monitoring the infection control standards in the home.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Staff knew how to keep people safe and how to report safety concerns. People's risks were assessed and managed to keep them safe and incidents were monitored and managed to reduce the risk of further incidents occurring. There were sufficient numbers of suitable staff to keep people safe. Systems were in place to ensure people received their medicines safely.

Good



### Is the service effective?

The service was effective.

The staff received training that enabled them to provide effective care and support. People's health and wellbeing were monitored and staff worked with other professionals to ensure people received medical, health and social care support when required

When people did not have the ability to make decisions about their own care the staff understood the legal requirements to ensure decisions were made in people's best interests. People received sufficient amounts of food and drink and specialist diets were catered for.

Good



### Is the service caring?

The service was caring.

Care was delivered with kindness and compassion and people were encouraged to make decisions about their care. People were treated with dignity and respect and their independence was promoted.

Good



### Is the service responsive?

The service was responsive.

People were involved in the assessment of their care and reviews of their care. Care was delivered in accordance with people's preferences.

People were enabled and encouraged to participate in activities that were important to them. The provider listened to and acted upon feedback from people who used the service to improve care.

Good



### Is the service well-led?

The service was well led.

Systems were in place to monitor and improve the quality of the service. The manager informed us of significant incidents within the home and understood their role and responsibilities.

People, relatives and staff told us that a recent change in management had led to some significant improvements. They told us how their views and opinions were sought and acted upon.

Good



# Westfield Lodge

## 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 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.

This inspection took place on 5 February 2015 and was unannounced.

The inspection team consisted of two inspectors, a specialist advisor 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. Our expert had experience of caring for an older person. Our specialist advisor advised on nursing care needs.

We checked the information we held about the service and provider. This included the notifications that the provider had sent to us about incidents at the service and information we had received from the public and other agencies. Some of the information we held included

evidence of allegations of poor care and alleged abuse. The service was subject to investigations under safeguarding procedures and we liaised with the local authority safeguarding team about these concerns.

The provider had completed a Provider Information Return (PIR) prior to the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used the information to help in our inspection planning.

We spoke with 10 people who used the service and five relatives. We did this to gain people's views about the care. We also spoke with four members of care staff, two nurses, an activity coordinator, the manager and the regional manager. This was to check that standards of care were being met.

We spent time observing care in communal areas and we observed how the staff interacted with people who used the service.

We looked at five people's care records to see if their records were accurate and up to date. We also looked at records relating to the management of the service. These included audits, staff rotas, training records and staff recruitment files.

# Is the service safe?

## Our findings

All people and relatives we spoke with said they felt safe and well cared for in the home. Without exception their responses were extremely positive. One person said, “Yes I feel safe here but I miss my home.” A staff member told us, “Yes I think people are well cared for and safe and a relative said, “Yes my relative is safe we visit every day so know that for sure”. Staff were aware of different types of abuse and they told us they would report any suspicions of abuse to the manager and were confident action would be taken. One member of staff said, “I would report it and have reported it in the past.” Another staff member said, “If there was a safeguarding incident I wouldn’t hesitate to document and report it.” This showed procedures were in place that ensured concerns about people’s safety were appropriately reported to the manager and local safeguarding team.

We observed staff transferring and supporting people to move with the use of special equipment. They were observed to follow safe practice and reassured each person they helped throughout. We confirmed that one person had received all of the equipment they needed to keep them safe following a recent review of their risk of falling. We saw that risks were managed and reviewed to ensure people received their care in the safest way.

One person told us, “I know what tablets I take and what they are for”. We looked at the way people’s medication was managed. Medication was stored safely in a locked facility and administered to each person individually. Staff were patient and waited with the person until they were

sure that their tablets had been taken. Staff told us how people preferred or needed to have their medication; and we saw one example where clear guidance was provided about the administration of a medicine given on an as required basis. This showed that medicines were managed safely.

Staffing levels were sufficient to meet people’s needs. A staff member told us, “We are not using so many agency staff now and that helps”. A relative told us, “We see staff we are familiar with and that is a good thing. It helps [person using the service]”. We heard call bells being used and responded to promptly. One person who was in their room held the call bell in their hands just in case they needed it. They told us that staff came when they used it. We asked if they had to wait long for staff and they said, “Have to wait a little time but they come.” We observed that care and nursing staff appeared busy throughout the inspection but were focussed and attentive to people’s needs.

One staff member told us that they had applied for a job vacancy and had been invited to interview. They were shown around the home and then offered the position. They said, “Once I accepted the job all references, CRB and legal checks were done before I started the job”. We saw that recruitment checks were in place to ensure staff were suitable to work at the service. The five staff files we looked included requesting and checking references of the staffs’ characters and their suitability to work with the people who used the service. There was also evidence that checks were undertaken to ensure the nurse’s registration to practice was up to date.

# Is the service effective?

## Our findings

At the last inspection we found a breach of Regulation 21, of the Health and Care Act 2008 (Regulated Activities) Regulations 2010. The provider was not maintaining records appropriately, accurately or ensuring they were safely stored. There was evidence of improvements in the quality of care planning and records of monitoring of people's needs.

A staff member said, "We have e-learning training. I am up to date with it all." A person who used the service told us, "I don't know if they are trained but they know what I need," and a relative said, "I can't comment but they appear efficient and when I ask they know about [person who used the service] and how they like things done". Staff told us that most of their training was done on the computer. Some staff expressed that they preferred in house training as they felt they learnt more. The manager told us that there had been a recognition that staff had different learning styles and had arranged some face to face training sessions for things such as pressure ulcer care.

Another staff member said, "I have to complete the mandatory training before the end of the probationary period". Records we saw confirmed staff had received essential training relevant to their role and to the needs of people who used the service.

Staff told us that they had very recently had an annual appraisal. A staff member said: "The manager did my supervision when they first came and I have had an appraisal." The manager told us, "There has been a lack of evidence of staff supervision and appraisal but nearly everyone has had at least one since I came here and I have a schedule in place". This showed that staff performance was regularly monitored to ensure people received good and consistent standards of care. We were provided with records that confirmed this.

One person we spoke with told us, "I'm fairly independent but they always ask me about what I like and don't want to happen". We saw that people's capacity had been assessed. Most people were able to make day to day decisions but required support making more complex decisions. Care plans stated, "To involve family and multi-disciplinary teams regarding more complex decisions." We saw that people had care plans for consent. One person's care plan stated "[Person using the service] is asked for their consent

prior to any care intervention." It also stated, "Obtain verbal consent for medicines." We observed staff gain a person's consent before they supported them with their personal care needs.

We saw Do Not Attempt Resuscitation orders (DNACPR) in two files we looked at. This is a legal order which tells a medical team not to perform CPR on a person. We saw that these were completed and had been reviewed appropriately. Records showed the decisions had been discussed with family members where people had been assessed as not having capacity to make their own decision.

The Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) set out requirements to ensure that decisions are made in people's best interests when they lack sufficient capacity to be able to do this for themselves. Staff were able to tell us about the basic principles of the Act and we saw that mental capacity assessments were completed when required. We saw that applications had been made for deprivation of liberty safeguards where the provider had identified people may be subject to restrictions. This was because the people were deemed to lack capacity to make decisions about the care they received for example when bed rails were being used and when people would not be free to leave the home if they wished.

We observed the meal time experiences of people who used the service at breakfast and lunchtime. We saw people who needed assistance were supported by staff who were encouraging and patient. All the people we spoke with told us the food was good. They confirmed they were provided with choices of meals at each mealtime. Staff knew of the individual dietary needs of people, they gave examples of the range of 'special' diets they provided. One relative also explained that their relative had their food pureed and although this tended to make it quite bland they were content that they were getting the nutrition they needed.

We observed one person being supported to eat their meal. Staff talked to the person and offered food to the person at a pace that was comfortable to them. We saw that people's care plans recorded people's dietary needs. Records relating to people's food and drink intake showed they were regularly monitored and people received the nutrition and fluid they needed to keep them well.

## Is the service effective?

People were supported to access healthcare services when they were needed. For example, district nurses, doctors

and chiropodists. People's health care needs were documented and monitored. We saw good information and record keeping that showed people's health care needs were being met.

## Is the service caring?

### Our findings

We observed staff care practice when they were providing food to people who needed to be fed artificially. Some people had difficulties swallowing and had a percutaneous endoscopic gastrostomy (PEG) tube fitted. This is usually a soft plastic tube that is put into their stomach. One person who had their nutrition provided through a PEG told us, “The staff are thoughtful and considerate. They know I don’t like to be near food at mealtimes because it upsets me that I can’t eat”. We observed care staff engaged in appropriate conversation at mealtimes, we saw people smiling in response. It was evident from the smiling exchanges we saw that people enjoyed the interactions. A relative told us, “We visit every day, the care staff are great. They know [person using the service] well. Lovely”. One staff member said, “I believe people here are well nourished and hydrated their care is personalised and they are clean and well dressed.”

We observed staff speak to people with consideration and respect and people and their relatives were all very complimentary about the quality of care. One person said, “The carers are really nice you can’t fault them”. A relative commented, “They [the staff] always show the utmost respect, they take care that dignity isn’t compromised at all”. We saw one care plan demonstrated an effective and

caring response to a person’s recent anxiety during hoist transfers. The care plan gave clear guidance on how staff could minimise the person’s anxiety by the use of familiar staff and taking time and reassurance throughout procedure.

We saw that people were encouraged to be as independent as they could and one person was able to describe very fully how they were involved in their own care plan. Another person confirmed, “I do as much for myself as I can, I like to and the staff here let me, but they are always available if I need help”. We observed staff encouraging and supporting people throughout the inspection.

Two relatives confirmed they were always consulted about any changes to their relatives care and plans. One relative told us, “We insist on knowing and being involved. The staff know we need to be included and we are happy with this. We all want what is best for [person using the service]”.

People we spoke with confirmed their privacy and dignity was respected and they could choose to spend time in their bedrooms or join other people in the communal lounges whenever they wanted to. We observed staff supporting people to mobilise and transferring them from wheelchairs to arm chairs. When they did this staff ensured people’s modesty was protected.



# Is the service responsive?

## Our findings

At the last inspection we found the provider was in breach of Regulation 9 of the Health and Care Act 2008 (Regulated Activities) Regulations 2010. The provider had not acted to ensure people who used the service received care and treatment that met their needs and kept them safe from harm. We found improvements had been made.

We saw that initial assessments of people's care had been completed. We saw needs assessments had been completed and care plans developed. These were reviewed regularly. It was not always evident in the records we looked at if people or their relatives were involved in the monthly reviews of care, but some people and their relatives confirmed they were included in decisions.

People and relatives we spoke with told us how there was always 'something going on'. One relative said, "The activity coordinator is fantastic, absolutely passionate". There was an extensive activities programme for people and we were told how people were taken out on trips to the theatre, meals out and shopping. We saw a list of 'in house' events and activities that were planned and arranged. People were also encouraged to become fully involved with organising activities and fund raising and one person was in charge of selling tickets. There was a "Valentines Night" raffle underway at the time of the inspection. Where people chose not to be involved in the planned activities, we saw and read that they were offered one to one activities and engagement, such as 'having a chat' or reading the paper. We saw that records of activities were maintained.

People's spiritual needs were catered for. A religious church service took place monthly. We were told there were two people who followed a different faith who chose not to attend religious services. Staff told us, "It's not compulsory".

We saw that meal times were fixed with the main meal at midday. Many people did not eat their breakfast until mid-morning which meant lunch was served within a couple of hours. A light supper/tea was served at five pm which represented a long period until the next meal (often 15 hours). This information was shared with the manager for their attention and action.

One person told us, "If I needed to complain I'd talk to the staff or the manager". Another person said, "If I had a complaint I would speak to the head one." A relative told us, "I have had to complain in the past, but currently am satisfied with the care". Everyone we spoke to knew what to do if they were unhappy with any aspect of the service. They all knew the manager and deputy manager and said they would have no hesitation in approaching them if something was wrong. A good example of the manager's responsiveness was provided by one relative who said they had brought in bed clothing for their relative and that once or twice they had noticed that it wasn't being used. She raised it with the management who immediately drew up a notice and placed it on the door to remind the house keeping staff to use the correct bedding. Another person told us they had asked for a replacement carpet because the old one was tired and worn and were really pleased that it had just been replaced.

For people who might be reluctant to raise issues in an open forum there was a suggestion box in the entrance which went straight to the manager.

# Is the service well-led?

## Our findings

At the last inspection we found the provider was in breach of the Regulation 22 of the Health and Care Act 2008 (Regulated Activities) Regulations 2010. The provider was unable to demonstrate that staff were receiving regular one to one supportive meetings or appraisals with the registered manager. There was evidence that the manager had acted to ensure staff received regular supervision of their practice since they had begun to work at the home. Staff we spoke with confirmed this.

Several people who used the service and relatives commented specifically on the improvements and leadership since the new manager and deputy were appointed. One relative told us, “[The management] have made a big difference. The manager’s really on the ball she sorts out problems before they arise”. Another relative said, “The manager is brilliant, she’s not like a manager, she’s always got time for you and happy to talk”. One person said that the new manager was, “Much better than the last one. She gets things done”.

One staff member said “The new manager is very approachable.” Another said, “She is the best manager. She has turned around the home in the short time she has been here.” Another staff member said “I have seen the home pick back up. The manager is approachable and always pleasant.”

Staff told us that they have had department meetings; heads of departments would include the catering manager, housekeeping manager and the care manager, and they had recently had a general staff meeting. People who used

the service told us they were involved in meetings to discuss their care and the running of the home. This showed how the provider encouraged people to use the service to express their views on the quality of the service.

In the entrance lobby we observed that in addition to the Activity Board there was a notice outlining the action the management had taken in response to people’s comments at meetings called, “You said we did”. People we spoke with gave examples of improvements such as: “We asked for yellow fish on the menu. We’d asked for this and other things when the old manager was here but nothing happened, but now we can have it if we ask for it. Things are getting done now”.

The manager was in the process of registering with us. They had demonstrated they understood their role and responsibilities as a manager by notifying us of significant events in the home, accidents and incidents.

We saw that they monitored the quality of the service by carrying out regular audits. We saw where a need for improvement had been identified; action plans were in place showing how and when they would be resolved. We saw care plans and records of audits had been completed to ensure they were up to date and reflected the needs of people who used the service. The manager told us, “I have had to focus on getting the systems up to date and ensuring everyone is clear about their roles and responsibilities. I still need to carry out regular checks to satisfy myself that things are working as they should”.

We liaised with the local authority commissioners of the service to seek their views on the running of the home. They told us they had noted improvements in many aspects of the service since the new manager had taken charge.