

Holistic Care Provision Limited

# Westwood Care Home

## Inspection report

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Date of inspection visit:  
15 August 2019  
22 August 2019

Date of publication:  
10 October 2019

### 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 Care Home is a residential care home providing personal care to 16 people aged 65 and over, some of whom may be living with dementia. The accommodation is provided in one building separated over two floors.

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

The provider had not undertaken audits to monitor the quality or safety of the support provided and to promote best practice. Checks that had been completed had not consistently highlighted some of the points raised during the inspection. Immediate actions were taken during and following our visit to the service.

People and their relatives had confidence in the safe care provided by the staff. There were enough staff to respond to people's needs and the staff team was consistent. Staff continued to be safely recruited. Staff supported people with their medicines and had a good understanding of their needs. The environment was clean and smelt fresh throughout.

Staff undertook training to ensure they had the skills, knowledge and approach to provide people with effective care. Staff felt supported in their role. A member of staff told us why they enjoyed working at the service; "We work as a team, everybody puts the residents first, we have great communication with professionals. I just love it."

People had access to healthcare professionals and staff were vigilant in ensuring any changes to people's needs were reported. Staff worked transparently with other health and social care organisations.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were kind, caring and patient in their approach towards people. They had established a rapport with people and their families and took an interest in their lives and emotional well-being. People were supported when making decisions about their lives.

There was a series of activities scheduled and activities were flexible dependant on what people wanted to do. People were confident in approaching the staff team or registered manager with any concerns or issues they wanted to address.

The registered manager was experienced and visible to people and the staff team. They knew people well and had a 'hands on' approach to their role. They were passionate about people receiving good quality, person-centred care.

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 good (published 16 March 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### 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. We will work with the local authority to monitor progress.

## 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.

### Is the service effective?

Good ●

The service was effective.

### Is the service caring?

Good ●

The service was caring.

### Is the service responsive?

Good ●

The service was responsive.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

# Westwood 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

This inspection was completed by one inspector.

#### Service and service type

Westwood Care Home provides 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 had a manager registered with the Care Quality Commission. This means that they and the provider are 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 received about the service from the provider since the last inspection, such as notifications, which the service is legally required to send us. We requested feedback from the local authority. We used the information the provider sent us in the provider information return. This is information we require providers to send us, when requested, to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with two people who used the service and four relatives. We spoke with four members of staff

which included the registered manager, senior care assistant and care assistants. Three visiting health and social care professionals gave feedback on the service.

We reviewed records for two people and multiple medicine administration records. We looked at a selection of records relating to the recruitment and support of the staff team and the management and running of the service.

After the inspection

We continued to seek clarification from the provider to support evidence found. We looked at further records relating to the running of the service, the quality assurance and health and safety.

# 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 good. At this inspection this key question has remained good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- Some essential checks of the premises had not been completed. This included an asbestos survey and a risk assessment in relation to single paned glass windows. Following our inspection, immediate actions were taken to address these. Other health and safety checks had been completed as required.
- Fire safety checks were completed and staff discussed what to do in the event of a fire. Fire drills were not completed; these recommenced immediately following our inspection.
- People felt safe living at Westwood Care Home and relatives felt reassured people would get the help they needed. A person told us, "If you want anything, you only have to ring your buzzer and they're there in two minutes."
- Risk assessments were completed for areas of identified risks and staff were aware of what actions to take to try and reduce potential risks.

### Using medicines safely

- Staff had a good knowledge of people's needs and medicines regimes,
- People confirmed staff supported them to take their medicines as needed and records confirmed this.

### Staffing and recruitment

- Staffing levels were consistently maintained to meet people's needs in a timely way.
- Staff continued to be safely recruited. Records of interviews held with potential candidates were limited, which the registered manager agreed to address.

### Systems and processes to safeguard people from the risk of abuse

- Staff were aware of the different types of abuse people could experience and how this could present. They understood the importance of sharing concerns with the management team.
- Concerns about people's safety or welfare, had been appropriately shared with the local authority.

### Preventing and controlling infection

- The service smelt fresh and was clean throughout. A relative stated, "I have never seen anywhere as clean."
- Staff wore protective clothing, including aprons and gloves, to help control and prevent the spread of infection.

### Learning lessons when things go wrong

- Staff recorded and appropriately reported when there had been an accident or incident. Following an incident, consideration was given as to any additional support or changes that could be implemented to

further support the person.



# 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 good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People were assessed prior to moving into the service to ensure their needs could be met and this was the right type of environment for them.
- People were involved in discussions about their preferences and wishes.

Staff support: induction, training, skills and experience

- Staff undertook training and had the right knowledge to support people.
- Staff completed an induction and, for those who were new to the caring profession, the 'Care Certificate'. This is a set of nationally agreed standards for care workers to achieve.
- The registered manager continually observed staff to ensure they had the right skills and approach in how they supported people. A staff member told us, " [The registered manager] is encouraging me to learn. I couldn't fault them at all; in a personal and professional way."
- Staff had supervisions but there were no records of these. Annual appraisals were not completed. The provider agreed to review their policy in this area.

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

- Staff were involved in supporting people and mealtimes were a relaxed and pleasurable experience. The food smelt appetising and people clearly enjoyed their meals.
- People had access to a variety of food and drinks according to their individual preferences and dietary needs.
- Staff advised as part of their training, they were assisted to eat, and were asked to reflect on how this felt. A staff member said they would never forget that experience and this had supported best practice.

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

- People's bedrooms were personalised to their tastes. People were encouraged to hang photographs and paintings and to bring furniture with them to help them feel more comfortable and at home.
- People had the option of spending time in the privacy of their room, within communal areas or a secure and well-maintained garden.
- The environment had been refurbished, which included replacing some bedroom carpets. Further plans were in place to update the decor to ensure it was 'dementia friendly'.

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

- Visiting professionals told us staff were knowledgeable about the people they supported. A healthcare professional stated, "They are very on the ball at getting in touch with us."
- People's relatives expressed confidence that people's health issues would be quickly identified and addressed. A relative told us, "When [Person's name] had a chest infection, which we wouldn't have noticed, [the registered manager] had the doctor in straight away. When they were living at home it wouldn't have been known."
- Should people have needed care in a different environment, such as hospital, detailed information was in place which could be taken with them.

#### 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.

- Mental capacity assessments were completed when there were concerns about a person's understanding. Following our inspection, assessments were completed around additional restrictions such as bed rails.
- The registered manager understood when a DoLS may be required and the processes in seeking authorisation.
- Staff understood the importance of seeking people's consent and continually sought their views.

# 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

- Staff were patient and gentle in their approach with people; they didn't rush people and took time to explain things. A professional stated, "Excellent care is given."
- Staff reassured people if they were becoming anxious or unsettled. Due to their familiarity with people, they could recognise when this was happening and quickly responded.
- Staff took an interest in people's emotional well-being. They knew what reassured people or helped them to feel good about themselves, such as having a hug or making sure their nails were nicely painted.

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

- The staff were familiar with how people communicated and took time to listen to them.
- People and, where appropriate, their relatives were involved in discussions about their support. Staff had established relationships with people's relatives and also took an interest in their well-being.
- The registered manager utilised the support of friends, family or independent organisations to support people to make decisions. They also directed people's relatives to other agencies which could further support them with understanding their rights.

Respecting and promoting people's privacy, dignity and independence

- Staff took measures to protect people's privacy and promote their dignity when supporting them with their intimate care.
- Staff encouraged people to use their skills and abilities, rather than doing this for them. A staff member explained, "It's adapting to what they need; as far as they can go with their independence. I think let's try this first rather than doing for them."
- People's care plans provided important information about how to promote people's dignity. For example, one person's care plan stated, 'I am a proud man. I like to look smart and well presented.'
- Staff understood the importance of protecting people's confidentiality.

# 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 good. At this inspection this key question has remained the same. 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

- Staff, including the registered manager, were familiar with people, their families and personal histories. This helped direct their conversation and enabled a rapport to be built.
- Care plans contained information about people's needs which aided staff in providing person-centred care. People were recognised as individuals and staff were keen to promote a good quality of life. For example, one staff member stated, "I absolutely adore my job. It's a stressful job but when I go home from work, works not finished. I think about what you could better, or if I could do this activity with people tomorrow."
- People guided staff, where able, about the support they wanted. Relatives or representatives were included in discussions about their care.
- Staff were well organised and continually communicated with one another to ensure people's needs could be met throughout the service.

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.

- Information about people's communication needs was assessed and recorded. Staff provided information to people in a way they could understand, such as not using overly complicated words or using visual cues.

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

- People's relatives were encouraged to visit and felt welcomed; they could stay for as long as they wanted and were invited to stay for meals.
- Some regular activities were arranged, such as thai chi. Staff were guided by people about what activities they wanted to do, including; playing dominos, carpet bowls or doing a jigsaw together.
- Some people continued to engage with their community outside of the service, such as through attending church or day services.
- Parties and events were held for special occasions. On the first day of our inspection, there was a garden party. An entertainer sang and there was lots of food and drink. People's relatives were invited to attend, staff came in on their day's off and people had meaningful interactions.

Improving care quality in response to complaints or concerns

- People felt able to approach the staff with any issues and were confident these would be addressed. A relative told us, "Any problems at all [the registered manager] or staff tell us."
- A complaints policy was displayed to ensure people understood how to complain.
- The staff team had received thank-you cards and compliments from people. One read, 'we were made to feel so welcome and looked after, including of course our four-legged family members.'

#### End of life care and support

- We received positive feedback about how kindly staff had treated a person and their family, when the person was approaching the end of their life. A relative told us, "We couldn't have asked for anymore."
- People were invited to share their views and wishes about their end of life support, to ensure they could be cared for in a place and manner of their choosing.

# Is the service well-led?

## Our findings

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 good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Although visits to the service were undertaken, the provider had not completed audits to monitor the quality and safety of the service and to drive improvements.
- Audits that had been completed had not highlighted some of the points raised during the inspection, such as fire drills not being carried out and the risks around single paned glass windows.
- The registered manager and provider were responsive and took actions to address points we raised during and after the inspection.
- The staff team understood their responsibilities and each person's role was valued. A staff member stated, "It's very much a team; from the cleaner to the cook to the manager. If something happens we discuss it."

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

- The registered manager was visible, and not removed. People, relatives and staff felt able to approach them and were relaxed in their company. A staff member told us, "[The registered manager] is there all the time; they're part of the team. They will take people a cup of tea or help to feed the residents; they're not aloof. If we need them, they're there."
- The registered manager was experienced and knowledgeable in providing person-centred care. They promoted this culture and wanted people to have the best possible quality of life; a value they shared amongst their team.

Continuous learning and improving care; 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 registered manager worked transparently with other agencies and people's relatives.
- Accidents and incidents that happened within the service were reviewed by the registered manager to ensure appropriate actions had been taken.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff felt empowered to ask questions, make suggestions or challenge the registered manager if they didn't understand or agree with the actions being taken.
- People were encouraged to share their views, through forums such as the residents and relatives'

meetings.

- The registered manager understood available community resources which could be used to better support people and their families.
- The registered manager had formed links with the local college to offer young people work experience opportunities.