

# Abbeyfield Loughborough Society Limited(The) Westfield House

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Westfield House is a residential care home providing accommodation and personal care for up to 64 people. The service provides support to older adults, people living with dementia and people with mental health needs. At the time of our inspection there were 32 people using the service. The home is separated into 2 buildings adjacent to each other. Each building has its own lounge and dining room.

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

The provider did not have robust systems in place to assess and monitor risks to people's health and safety. Risk assessments lacked the detailed guidance staff needed on the measures required to reduce risk of harm for people. Positive behaviour support plans required further development to ensure people, who experienced distress, received timely and consistent responses and intervention, using least restrictive approaches. Records relating to the monitoring of people's healthcare needs were not completed consistently or accurately.

The provider's processes for monitoring the quality and safety of the service were not always effective in highlighting and addressing areas for improvement within the service.

Staff were aware of how to report safeguarding concerns and the provider had sent notifications and shared information with the relevant authorities when appropriate. People and relatives told us they knew who to speak to if they had any concerns or complaints. People's medicines were managed safely. There were sufficient staff available to meet people's needs. Agency staff required further screening to ensure they had the specialist skills and knowledge needed to work in the service. Staff were recruited safely but records were not easily accessible.

We have made a recommendation that the provider reviews their processes for the storage and oversight of records relating to the safe recruitment of staff.

People's mental capacity assessments required further development. This was to ensure 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.

People, relatives and staff spoke positively about the open and transparent culture of the service. They were positive about the management team who were in the process of implementing more consistent approaches and oversight. Relatives and staff described people receiving good standards of care that enabled them to achieve positive outcomes.

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 15 December 2021).

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence the provider needs to make improvements. Please see the safe and well-led sections of this report. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

#### Enforcement and Recommendations

We have identified breaches in relation to the management of risks to people's health and safety and the oversight of the service at this inspection. Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 not always safe.  
Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.  
Details are in our well-led findings below.

**Requires Improvement** ●

# Westfield House

## 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by 2 inspectors 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

Westfield House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Westfield House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. However, a manager had been recruited and was in the process of completing their induction, including registration with the Care Quality Commission.

## 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 used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

## During the inspection

We spoke with 4 people who used the service and 12 relatives by telephone. We observed care and support provided in communal areas to help us understand the experience of people who were not able describe the care and support they received. We spoke to 10 staff including the manager, deputy manager, maintenance staff, care staff and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed care records for 6 people and sampled medicine records. We also reviewed 4 staff recruitment files, staff training records and a range of records relating to the management of the service.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- We were not fully assured risks associated with people's care and support had been fully assessed, planned for and mitigated.
- People's risk assessments did not always include detailed guidance around control measures required to minimise risks related to people's care and support. For example, two people were identified as requiring equipment to transfer their position. Their risk assessments did not detail what the equipment should be, such as type and size of sling hoist. There was no information around specific risks for each person associated with the task and equipment. This meant staff may not have the guidance they needed to provide safe care and support.
- A person's care plan identified them as being at risk from poor skin integrity. Measures to control risks included the need for staff to complete daily skin integrity monitoring charts. We found gaps in daily monitoring records which could put the person at risk of poor skin integrity through ineffective monitoring.
- Another person's care plan identified them as requiring support to change their position in bed to reduce the risk of pressure areas developing. We found gaps in re-positioning records completed by staff. This presented a risk that the person had not received the support they needed in terms of frequency of re-positioning to reduce known pressure risks.
- Some people using the service could become anxious or distressed. Care plans included positive behaviour support, but some plans lacked detailed guidance around interventions and responses. For example, one person's plan described their distress but failed to provide guidance for staff on suggested interventions if the person reached crisis. A second person's plan described them as becoming distressed during showering but failed to provide guidance around approaches and interventions to minimise their distress. This information is essential to ensure people receive timely, approved intervention using least restrictive approaches.

The provider had not effectively assessed and managed risks to people's health and safety. This was a breach of Regulation 12 (Safe Care and Treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Relatives felt staff managed risks for their family members well. Comments included, "[Name] falls frequently but they are not preventable. Staff always let me know and assure me they have checked [Name] over. They always take appropriate action," and "I've watched staff using the hoist and seen the safety and care they take."
- The provider had systems and processes in place to maintain the safety of the premises, although outcomes of safety checks were not retained centrally which made it time consuming to find this

information.

- Staff had received fire training. More regular fire drills were required to ensure staff competency in the event of an emergency, as some staff demonstrated confusion around fire zones following recent changes to the premises.
- People had personal escape and evacuation plans (PEEPs) in place to ensure they received the support they needed in the event of an emergency.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We found the service was not fully working within the principles of the MCA. People did not have sufficiently robust or detailed mental capacity assessments in place. These are important to ensure people received the support they needed to make specific decisions about their care. The management team told us they would review and update all mental capacity assessments following our inspection.
- Appropriate legal authorisations were in place to deprive people of their liberty where this was necessary.

#### Staffing and recruitment

- The provider had processes in place to ensure new staff were safely recruited. However, recruitment documentation was not all held in one location with some records held within the staff recruitment files and some held electronically. We found one member of staff who did not have a full employment history recorded.

We recommend the provider reviews their processes for the storage and oversight of records relating to the safe recruitment of staff.

- Following the inspection, the provider responded promptly to evidence a full employment history was now documented.
- The provider was in the process of recruiting to staff vacancies and relied on regular agency staff to work alongside permanent staff. We found agency staff profiles were not always available for staff who were working in the service. Agency profiles are important to ensure agency staff are safe and suitable to work in the service. The manager told us they would obtain up to date profiles following our inspection.
- People, relatives and staff told us there were enough staff to meet people's needs. A relative told us, "There is enough staff to monitor what is going on all the time. They have handovers and IT systems in place, so there are layers of staff watching what is happening."
- We observed there were enough staff to meet people's needs and spend time with people talking and reassuring them.

#### Preventing and controlling infection

- We were somewhat assured the provider was promoting safety through the layout and hygiene practices of the premises. The premises were clean and well maintained. Domestic staff were able to describe robust cleaning practices. However, we found a dirty hoist and a soiled side table which indicated cleaning



standards required further review to ensure they were sufficiently robust.

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- The provider ensured visitors were able to come into the service without restrictions and in line with government guidance. People received regular visits from friends and relatives.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Staff had received safeguarding training and understood what to do if they had any concerns. There was a safeguarding policy in place for staff to follow.
- The provider had submitted the appropriate notifications to the local authority and CQC when necessary. Staff had engaged with the local authority's safeguarding investigations, providing relevant documentation and addressing actions promptly.
- The provider had processes in place for reviewing and investigating safeguarding incidents and shared learning with staff to improve practices.

#### Using medicines safely

- People received their medicines safely and as prescribed.
- Staff maintained accurate and complete records of people's medicines, including protocols for medicines administered as and when required.
- Staff followed safe infection prevention practices when handling and administering people's medicines. We observed they gave people time to consent and take their medicines.
- Staff had completed medicines training and the provider had assessed their competency to administer medicines safely.
- The management team completed regular medicines stock checks and audited people's medicines administration records to ensure they were being completed correctly.

# 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 our last inspection we rated this key question good. At this inspection the rating has changed 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; Continuous learning and improving care

- The service had undergone a number of changes in the management team since the last inspection. Manager audits and checks to monitor the safety and quality of the service had not been consistently undertaken or carried out. This meant concerns we found during our inspection had not always been identified.
- The provider was not able to demonstrate robust oversight over the quality of people's care documentation. Daily care notes and monitoring forms were not always accurate or sufficiently detailed. Risk assessments did not provide detailed guidance around measures to reduce risks associated with people's care. Mental capacity assessments were not in line with the principles of the MCA framework. Appropriate checks had not been carried out to ensure agency staff had the skills and knowledge required to support people effectively. The provider had not implemented an improvement or action plan identifying areas for improvement whilst recruiting to a manager role.

The provider did not have robust processes 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.

- The provider had recruited to the position of registered manager for the service. A manager was in post and had started the process of applying for registration with the Care Quality Commission. At the time of this inspection, a stable management team was now in place. The manager had begun to identify areas for improvement with the intention of developing an action plan to make the required improvements.

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 provider was aware of their responsibility to be transparent and honest in accordance with the duty of candour. The manager understood their regulatory responsibility to submit appropriate notifications to CQC when necessary.
- Relatives felt the provider was open and honest. One relative told us, "Management are honest, there was nothing said that wasn't true regarding the care they can provide."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering

their equality characteristics

- Whilst the provider was not always able to evidence how people and their relatives had been involved in care planning, relatives told us they were able to give feedback about the service during regular discussions with staff and managers and by completing questionnaires. One relative told us, "I am involved in [Name's] care. There is a constant dialogue between staff and myself." A second relative told us they had recently received a questionnaire asking for their views about the service.
- We observed staff consistently sought people's views and opinions about how they wanted their care to be provided and how they wanted to spend their time.
- People and relatives generally spoke positively about the management team and the culture of the service. One relative told us, "The management team are very hands on and approachable." A second relative told us, "I would recommend the home to anyone, full marks for the care staff provide. I attended the Westfield House annual general meeting recently and observed the same ethos of care carried through by the members of board."
- Staff were clear on their roles and responsibilities and felt supported by the management team. One staff member told us, "The care here is of a very good standard; people are well looked after. The deputy manager monitors us and tells us if something is not right, or if we are doing things the right way." A second staff member told us, "This is an open and transparent home and is run how care homes should be run. People are given time and support, the care here is really good."
- Staff provided mixed views about staff meetings and how useful these were as they did not always feel their views and opinions could be shared or would be listened to. The new management team was keen to ensure future staff meetings and consultations were effective.

Working in partnership with others

- The provider worked alongside a number of different health and social care professionals to support people's health needs and enable them to achieve good outcomes.
- People's care plans and records captured the input of health and social care professionals into people's care. Records included any guidance staff needed to follow to maintain people's health and well-being.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider had not effectively assessed and managed risks to people's health and safety.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider did not have robust processes in place to monitor the safety and quality of the service.