

Valorum Care Limited

Westmead Care Home Physical Disabilities

Inspection report

Westmead Close
Staunton Road
Braunton
EX33 1HD

Tel: 01271815195

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13 December 2021

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Westmead is a residential care home providing personal care and support to 16 people aged 18 and over at the time of the inspection. The service can support up to 19 people in one adapted building.

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

Most people said they felt safe, well cared for and enjoyed living at Westmead. Two people were less positive about their life at Westmead, but for both individuals the service was working with commissioners to find more appropriate placements.

Not all medicines were safely managed. We did not find people had come to any harm and the management team have already addressed issues of concern to ensure medicines were administered and recorded more safely and accurately.

Staff were knowledgeable about people's needs and wishes and had strong relationships with them. The culture was caring and supportive but not always forward thinking in terms of ensuring people had enriched lives outside of the service. We are mindful that the pandemic had stopped some activities but there were options to enable people to go out and about which had not been fully explored until we gave this feedback. The registered manager believed there had been a reluctance for staff to think about assisting people to access the local community for fear of their vulnerable status. They said with some support they were now thinking of ways they could offer trips and outings that were low risk.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was not able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture (RSRCRC).

Right support:

- Model of care and setting maximises people's choice, control and independence. The building was large, and staff were seen to use only some sections of communal areas meaning lots of people were in one area. They did not make use of other spaces to ensure people had quiet times, a change of scenery or just space away from noise and lots of people.

Right care:

- Care is person-centred and promotes people's dignity, privacy and human rights. Staff did work in a

person-centred way to ensure individuals had personalised care and support. Due to the large number of people living in one building this was not always done in an individualised way. For example, most people ate at the same time in one dining area.

Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives. This model of care had not been considered or included within the service's statement of purpose or service user guide. There were no current plans to consider how Westmead might be adapted in line with RSRCRC principles and staff were not aware of this guidance.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for the service under the previous provider was good, published on 24 July 2018.

Why we inspected

This was a planned five key question inspection as the service has been registered under a new provider for 12 months.

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 that the provider needs to make improvements. Please see the safe, responsive and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report. Following feedback, the registered manager and provider has taken action to mitigate the risks we identified so people were not at risk of any harm.

Enforcement We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified breaches in relation to safe management of medicines and good governance 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 for 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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive 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 ●

Westmead Care Home

Physical Disabilities

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.

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

The inspection was completed by two inspectors.

Service and service type

Westmead 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 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 on the first day and announced on the second inspection visit.

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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with eight people living at the service and nine staff, including the registered manager, deputy, cook, and care staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included two people's care records and multiple medication records.

We looked at two staff files in relation to recruitment and staff training and supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We reviewed two further care plans and risk assessments. We spoke with two professionals who regularly visit the service. We also spoke with two relatives and received written feedback from four.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. This is the first inspection for this registered service under this provider. This key question has been rated 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.

Using medicines safely

- People's medicines had not always been safely administered. There had been a large number of errors and not all had been fully investigated. For example, errors had occurred in medicines which require additional recording. The CD (controlled drugs) book had lots of amendments due to errors which were not always easy to follow and neither the registered manager or deputy could fully explain what had actually happened and how the errors had been checked and investigated.
- Staff were using 5-7.5mg dosage for two people on liquid pain relief medicine. There was no clear plan in place as to how much to give and no guidance for what type of pain it was. The syringe used was a full ml reading, so 0.5ml would have been impossible to measure. This had led to inconsistent doses being administered with no assurance as to how much each person was receiving.
- We were not assured competencies for staff completing administration of medicines were robust. This was because the competency check list was not detailed and senior staff undertaking the checks had not been trained to do this.
- Staff confirmed they completed an on-line medicines course, but several felt they needed more in depth training. The deputy manager was sourcing some additional medicines training.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safe administration and recording of medicines. This placed people at potential risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following feedback for the above areas of concern, we received an action plan which included the following: more detailed competency checks for staff, more training for staff in safe administration of medicines, more detailed investigation into what had gone wrong in respect of errors, change in process for recording controlled medicines and discussion with the GP about single stated dosage to avoid errors.

Assessing risk, safety monitoring and management

- People's health care risk assessments were not detailed enough to ensure staff had the right information to mitigate all risks. For example, in stoma and catheter care.
- When we fed back these areas for improvement the registered manager and staff team took actions to update these risk assessments to make them clearer.
- Other risks such as pressure damage, risk of falls were more clearly documented and directed staff as to what to check and how to mitigate identified risks.
- Some people had complex care needs in terms of sleep systems to keep them comfortable, safe and pain

free whilst protecting their pressure areas. People had individual sleep systems with photos which had been completed by physiotherapists. This ensured staff helped people to be the correct position when in bed.

Systems and processes to safeguard people from the risk of abuse

- People were protected from risk of abuse because staff knew what to look for and how to report any concerns about people's safety and welfare.
- People confirmed they felt safe at Westmead. Comments included, "I feel safe here, it's the right place for me." One person said they did not like it when other people came into their room but also confirmed staff made sure they were supported when this happened.
- Staff confirmed they had regular training in understanding safeguarding processes and had policies and producers to refer to.

Staffing and recruitment

- There were enough staff with the right skills and experience to meet the current needs of people using the service. Some staff said they had worked longer hours than they had been contracted for and this had at times been stressful. They acknowledged that this had been their choice and were aware that the situation was temporary whilst new staff were being recruited and inducted. The registered manager said new staff were being recruited and they used some agency staff as they were mindful not to overwork the core staff team. Agency workers were always the same staff so they got to know people's needs and how the team worked at Westmead.
- Recruitment processes ensured new staff could only start working with vulnerable people once all their checks and references were in place.

Preventing and controlling infection

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

We have also signposted the provider to resources to develop their approach. This included ensuring more hand sanitizer was available throughout the service.

Learning lessons when things go wrong

- Audits were completed in respect of accident and incidents, however where a complaint had highlighted poor hygiene practice for one person, this was not documented so there was no evidence to show whether lessons learnt had been shared with the staff team.

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.

This is the first inspection for this registered service under this provider. This key question has been rated good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Westmead is an adapted old house with bedrooms all on the ground floor and level access into the home. Some rooms have ceiling tracking hoists to enable people to be supported safely. We noted some bedrooms had fluorescent strip lighting which was not in keeping with a homely environment. When we fed this back the registered manager included changing this lighting within their service improvement plan. This lighting is planned for being changed within the next few months.
- The design of the building is not in line with best practice for people with learning disabilities, but does give careful consideration to people with physical disabilities.

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

- People had detailed individualised assessments, care plans and some risk assessments in line with best practice guidance. This ensured staff fully understood each person's needs and could deliver care and support safely and effectively.
- People's preferred routines were carefully detailed in their plan. For example, what was important to them and how staff should honour these so care and support was delivered in a person-centred way.
- Areas for improvement in risk assessments have been identified and the service had already acted upon these. Staff knew people's needs and wishes well and were able to describe how best to support people in a way which allowed maximum choice and ensured safety for the person. For example, when assisting someone with dressing ensuring they had a choice. Their plan said they did not have capacity to dress appropriately for weather dependent conditions, so ensure that choice of clothes took this into consideration.

Staff support: induction, training, skills and experience

- People said staff had the right skills to meet their needs. One person said, "They know how I like my support and they know when I am having an off day like today. They are very good."
- Relatives said They felt staff did have the right skills. One said, "I can honestly say they work hard to encourage (name) to have good health and make decisions which help her to be independent."
- Staff confirmed they were supported to complete training and to develop skills. One said, "Training here is pretty good, (name of deputy manager) is always pushing for more training such as dysphasia (swallowing difficulties). Two staff said they would like training in working with people with expressive behaviours. The registered manager said they were looking into this."
- New staff had an induction tailored to their individual needs. If staff were new to care they were supported to complete the Care Certificate within a 12-week period where possible. This is a nationally recognised care course covering all aspects of working within care.

- Additional face to face training in healthcare conditions were to be resumed as and when the nurse educators were able to facilitate this.

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

- The service had two cooks who worked together to ensure people were offered a balanced diet with enough variety to ensure everyone's individual needs were catered for.
- People confirmed they enjoyed the menu choices and said their likes and dislikes were considered. For example, one person said, "Because I get up later they (staff) keep my lunch for later and usually I have a snack first."
- People were supported to have a modified diet where there was an identified risk of choking. Some people needed support to eat and drink and staff were aware of when and how this support was required.

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

- People's healthcare needs were well managed. This was because the staff team worked closely with healthcare professionals to ensure good outcomes.
- Where people had a particular nursing need, staff were supported by the local community nurse team to provide this type of care.
- People had a hospital passport which described in an easy read quick reference way, how individuals wished to be supported. This included how they communicated their needs and wishes.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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

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

- The registered manager had made applications for DoLS for some people. One had been authorised and this person had a paid representative who was acting on their behalf and working with the service.
- Consent was sought prior to delivering and care and support to people

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.

This is the first inspection for this registered service with this provider. This key question has been rated good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People said staff treated them well and supported them in ways they had expressed. For example, one person said, "I have increased pain in my leg, and it is making it very difficult for me to get out of bed. I am trying my best but some days, I am in too much pain. Staff respect this and make sure I have everything to hand so I am comfortable." Another person said, "I am very much a night owl; I enjoy my gaming and like to stay up late. That's my choice and staff know this and work around it."
- Relatives said their family members were treated as individuals and their interests, hobbies and way of life was taken into account as much as possible. For example, one relative wrote, "(name of person) is really happy there, and it always feels like a family home rather than a care home when I visit. The staff are all brilliant with him, and they get him involved in activities within the home, and also arrange fishing trips for him (pre-Covid!) which was something he loved to do before he was taken ill." Two relatives said that being in lockdown had curtailed activities and this had impacted on what their relative was able to do.
- People's equality and diversity were fully respected because staff understood the importance of treating people as individuals. It was clear from our observations that staff had very caring relationships with people. Staff knew who enjoyed jokes and banter and this was seen in abundance throughout the inspection days.
- Staff understood people's different and specific communication needs and this helped to ensure people's individual needs and wishes were understood and honoured.

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

- People's views and decisions about their care and how it should be delivered was documented clearly within individual care plans. This included detailed daily routines which people had agreed as part of their ongoing plan.
- People said their views were listened to and they were fully involved in decision making processes. One person said, "I don't want to move out, Westmead is my home and I have made that clear to staff and they know this about me." One person said they did not believe their decisions were being fully considered but this person was subject to a DoLS and had a representative looking at whether Westmead was the right placement for them. This person said, "I have nothing against Westmead and the staff are lovely, but I don't think I should be here, it's not right for me."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was fully considered when providing personal care. This was because staff received training in this area and understood the importance of ensuring respect and dignity were upheld.

One person said their dignity had not been upheld as they were left uncovered whilst staff went to assist someone else. This occurred in their own en-suite and we asked the deputy manager to follow this up with staff. We were assured on the second day this issue had been fully addressed.

- People's independence was fully promoted. Staff spoke about not rushing people, allowing time for people to do things for themselves where possible.

Is the service responsive?

Our findings

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

This is the first inspection for this registered service with this provider. This key question has been rated requires improvement.

This meant people's needs were not always met.

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 were not always supported in line with right support, right care right culture principles. For example, on our first visit which occurred during a weekend, no one was supported to go out during the whole day. Given COVID-19 measures and being cautious staff could have still supported people to go for a walk or drive to a local place of interest.
- We observed people being supported in either their room or the main lounge area. No one made use of the sensory room, upstairs lounge or computer suite. Staff asked people if they wanted to go to their room or the lounge, no other option was considered on that day. Given the number of people living at the service and some people's vocalisations did impact on others, staff did not plan to use the space to enable smaller groups.
- Two relatives said their view was the different spaces within the service were underutilised. One commented, "It's such a shame they no longer have a computer person to help. (Name of person) really benefited from their input." Another said, "It seems to go in peaks and troughs at Westmead. Covid has put a stop to a lot of activities but I do think staff could be doing a bit more to get people out and about, even if it's just for a drive to see the sea."
- When we fed this back, the registered manager assured us people do have the opportunity to use all the spaces within the service. They gave examples of the upstairs lounge being used by a few for a movie night with chosen "junk food." They also said they do encourage people to use the sensory room for relaxation and time out.
- Since the inspection visits the registered manager has met with the staff team and they were now proactively taking people out and would ensure this is evidenced within their daily records.
- The registered manager felt staff had been cautious about accessing the community due to the pandemic and similarly people had been anxious about going out due to their frailty and additional health conditions adding an extra layer of risk. The team have agreed that in order for people to be supported and encouraged to take part in activities, they need to be more creative.
- Longer term the registered manager has asked the provider to consider whether Westmead should be offering placement for people with learning disabilities and if so that right support, right care right culture (RSRCRC) principles be fully applied, including adaptations to the building.

Meeting people's communication needs

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

impairment or sensory loss and in some circumstances to their carers.

- People's individual communication needs were understood and staff were skilled at ensuring people's views were listened to and acted upon.
- One professional fed back that whilst staff did have skills they were often using eye movement to gain views when some people had communication systems which could help gain a fuller response. When we fed this back, the registered manager said communication systems were being used on a regular basis, especially where decision making was important. They agreed to check frequency of use of such tools and remind staff to assist people to use them as much as possible.

Improving care quality in response to complaints or concerns

- People said their views were being listened to and they could make a complaint if they wished.
- Relatives were aware they could make concerns known and several said they had in the past and been responded to. One relative said they had not received a written response to a long list of complaint issues. We agreed to follow this up with the registered manager who gave assurances that all issues were responded to but this was done verbally. They added they would ensure for future that all complaints would have a written response as follow up.

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

- People said they had choice and control in their everyday lives. Two people who have previously been quite negative about the care and support were upbeat and expressed their satisfaction and desire to remain at Westmead. This was because they felt staff understood their needs and supported them in a way which they preferred.
- Relatives felt staff were incredibly understanding of people's healthcare needs and went the extra mile to ensure these were met. For example, one relative described how their family member had an extreme fear of needles and the registered manager and staff worked with them to ensure she was visited by professionals who understood their fear and they were able to then get vaccinated. Another described how staff made sure visits to the hospital were facilitated and ensuring hospital passports gave clear information to medics about how to support the person.

End of life care and support

- Where known and appropriate end of life care was discussed and included in people's care plans.

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.

This is the first inspection for this registered service with this provider. This key question has been rated 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.

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

- The service had not fully considered the importance of guidance and principles for developing services for people with learning disabilities. Right support right care right culture (RSRCRC) is a document for providers about how CQC regulates providers supporting autistic people and people with a learning disability was published in October 2020.
- The service's statement of purpose and service user guide made no reference to RSRCRC despite the fact that some people who live at Westmead have a learning disability.
- The culture within Westmead, although caring and compassionate, was not proactive in ensuring RSRCRC was being used to ensure people were supported to live enriched lives. People were safe and well cared for but even given the pandemic there were limited opportunities for people to explore their interests outside of the home or indeed at times within the service. One relative said, "We are disappointed they no longer offer any physiotherapist sessions. We know (name of activities person) works hard with in house crafts but this does not suit everyone and we feel some people would benefit from more social activities outside of the home once restrictions allow."
- One professional said, "As of lockdown last year the computer room has been out of use for all the residents. It was a wonderful resource where residents could go and spend time emerging their communication skills through the use of high-tech communication aids, and most importantly with a skilled computer technician. He cared greatly about the residents, giving them a voice. It deeply saddens me that he was made redundant, to my knowledge there are no plans to replace this staff member." The provider has fed back the computer room was still in regular use.

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

- Some of the quality audits had failed to identify the areas of concern we identified during this inspection. This included medicine errors, lack of hand gel around the home, inappropriate lighting in people's bedrooms and lack of meaningful activities, in particular at weekends.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to identify the concerns we found. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following feedback, the registered manager has sent us action plans to show how all the areas of concern will be or have been resolved.

- The care team have been ensuring people are offered opportunities to go out each day and this has been risk assessed in line with current pandemic guidelines.
- The senior team had designated roles to ensure quality audits and review of care took place on a regular basis.

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 was experienced and understood the need to be open and honest with people and the staff team. They ensured shared learning took place when errors were made, or things did not go as well as they planned. They took their role seriously and understood their responsibility to act on duty of candour should things go wrong.

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

- People's equality characteristics were considered within their individual plans particularly their need for support with physical disabilities, their friendships and beliefs. One person said, "I have been here a long time and staff know just how to care for me. I have got a good routine to support me." One family said, "I would like express that we as a family have been very happy with the care (name) has received through the last couple of years. Everyone has been very kind to (name) and the registered manager has gone out of his way to make sure (name) has what she wants including a computer in her room while she was in isolation, so that she could contact her family in Australia."

Continuous learning and improving care; Working in partnership with others

- People, relatives and staff all said care outcomes were good and where needed learning was used to improve care. For example, one family spoke about their family member needing a particular approach to encourage them to be as independent as possible. Comments included "We have excellent contacts with the staff, they are friendly and supportive." And "Almost all staff have done their best to give her as good a quality of life as possible. I honestly believe that the current regime at Westmead is probably the best I have experienced in years."
- Three professionals said the service did work in partnerships to achieve good outcomes for people. One said, "Recently staff members including kitchen staff from Westmead attended eating, drinking and swallowing training. They were actively engaged in the session, demonstrating a better understanding of why a person's diet might need to be modified. I was impressed that kitchen staff took the time to attend, as they modify the meals of those residents with dysphagia at Westmead."

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 Medicines were not always safely administered or recorded
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Quality systems did not identify areas of concern we found during this inspection in relation to medicine management, inappropriate lighting and lack of inclusion of best practice for service for people with a learning disability