

Parkcare Homes (No.2) Limited

Westbury Lodge

Inspection report

130 Station Road
Westbury
Wiltshire
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Westbury Lodge is a care home which accommodates eight people in one adapted building. Accommodation is over two floors which are accessed by stairs. There is a small garden which people can access from the ground floor. At the time of the inspection there were eight people living at the service. People had their own rooms and access to communal areas such as a lounge and dining room.

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

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.

This service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. People were supported to live as independently as possible. People were able to access local amenities and carry out activities of daily living such as light domestic tasks. The leadership and management of the service supported staff to promote people's dignity and uphold people's human rights.

People were able to attend regular 'house meetings' to share their views or raise general concerns. People also had regular care reviews with healthcare professionals and where people had limited family members, they had advocates to speak up for them.

Staff received safeguarding training and understood how to report any concerns. Staff were confident the management would take appropriate action. People were supported by sufficient numbers of staff who had been recruited safely.

Medicines were managed safely, and people had their medicines as prescribed. Staff had been trained in medicines administration and had assessments to check for competence. Where appropriate and safe people were supported to manage their own medicines. People's risks had been identified and care management plans were in place.

Staff had access to personal protective equipment (PPE) and had been trained on how to use it safely. There was an area of the home where staff could put on and remove their PPE safely. The home was clean throughout and staff cleaned high contact areas such as door handles regularly. Posters reminded people and staff on how to wash their hands safely.

Guidance on COVID-19 had been shared with people in a format appropriate for them. This included easy read information and pictorial guidance. Staff encouraged people to be tested for COVID-19 and have the vaccination but people's right to choose was respected. Staff were testing weekly and had been offered

vaccinations for COVID-19.

Any visitors to the home were screened prior to admission and asked to wear PPE. The home had started using the lateral flow tests for visitors which gave COVID-19 results within 30 minutes. Any person returning to the home from hospital was asked to isolate in their rooms for 14 days as per government guidance. The home knew where to go for infection prevention and control advice and support locally and nationally.

Quality monitoring was in place and used to identify improvements and develop the service. Incidents and accidents were reviewed, and the registered manager took action to prevent reoccurrence. Systems were in place to make sure action was taken and the provider had good oversight of action plans.

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 this service was good (published 21 September 2017).

Why we inspected

The inspection was carried out due to concerns received about medicines management, staff and management approach and allegations of abuse. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

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 found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Westbury Lodge on our website at www.cqc.org.uk.

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.

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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Westbury Lodge

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

This inspection was carried out by two inspectors.

Service and service type

Westbury Lodge 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.

What we did before the inspection

We reviewed information we had received about the service since the last inspection which included a whistleblowing concern. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our

inspection.

During the inspection

There were some people living at the service who were not able to share their experiences of care and support, so we observed care provided. We also observed interactions between people and staff during the inspection. We spoke with four people who used the service. We spoke with three members of staff, the registered manager and the operations director.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and a variety of records relating to the management of the service.

After the inspection

Following the site visit we organised to speak with three relatives about people's experiences of care and support and we spoke with a further five members of staff. We spoke with the registered manager and operations director. We also contacted 10 healthcare professionals for their feedback about the care and support provided.

We continued to review evidence shared with us by the provider. This included staff rotas, quality monitoring records, staff meeting minutes and staff training records. A variety of policies and procedures were also reviewed. We also contacted the local Healthwatch for any feedback they had received. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- This inspection was prompted in part by concerns received that people were treated in an undignified way and were not safe at the service. We found no evidence to substantiate those concerns.
- We spoke with or observed everyone living at the service and spoke with relatives and professionals involved in people's care and support. All feedback received about care and support was positive. Comments included, "I have always worked with the staff, I have no complaints on how [person] is looked after. Staff ring me and we try and work through things together", "[Person] is ok with the staff who support [person], they would tell me if there was anything wrong" and "The care and support is good they [staff] have a good understanding of [persons] support needs".
- Staff had been trained on safeguarding and understood their responsibilities to report any concerns. All the staff we spoke with told us they were confident the registered manager would deal with any concern appropriately. One member of staff told us, "I understand, it is my priority to make sure people are safe. I think it is really important and a key part of my job."

Assessing risk, safety monitoring and management

- People's risks had been assessed and care management plans were in place to mitigate risks. These were reviewed by staff when needed. One person had recently returned from hospital and their needs had changed. Their care plan required a review. This was completed following our site visit.
- People were encouraged to take positive risks where possible, such as managing their own medicines and going into the local town. Risk assessments were in place to help manage these risks.
- Systems were in place to make sure equipment and utilities were serviced and maintained. The provider monitored servicing and health and safety checks such as fire system tests.

Staffing and recruitment

- At our last inspection we found the service used high numbers of agency staff. At this inspection we saw this had improved. There had been use of agency staff, but the registered manager tried to use them at night when people were generally sleeping.
- We saw there were sufficient staff on duty during our inspection. There had been some short notice sickness which had been covered with management support. Staff told us the registered manager and deputy manager were always on hand to work shifts when needed including sleep-ins and weekends.
- Staff had been recruited safely. The required pre-employment checks had been carried out.

Using medicines safely

- Prior to this inspection we received concerns that the service had unsafe medicines management. We did

not find any evidence to substantiate that concern.

- At the last inspection we found there was improvement needed to make sure 'as required' protocols were in place and had been reviewed. At this inspection we observed action had been taken and people had 'as required' protocols in place where needed. Staff had reviewed them to make sure they were up to date.
- People had their medicines as prescribed. Medicines administration records (MAR) we reviewed had no gaps in recording. Any handwritten instructions had been signed by two members of staff. This reduces the risk of transcribing errors.
- Medicines were stored safely. Staff checked temperatures of storage daily and recorded their findings. All temperatures seen were in a safe range.
- Staff had been trained to administer medicines. This included training from the pharmacy and assessments of competence.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- 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.

Learning lessons when things go wrong

- Accidents and incidents were recorded and reviewed by the registered manager. The provider used an electronic recording system to give them oversight of incidents.
- Monthly governance meetings were held where all incidents and accidents were reviewed to identify any themes or trends. Learning was cascaded to staff following these meetings.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- This inspection was prompted in part by concerns received about the management and care approach at the service. We found no evidence to substantiate those concerns.
- Concerns received had also been shared with the provider and the local authority safeguarding team. The provider carried out a comprehensive investigation and found whilst there were some lessons to be learned the allegations were not upheld.
- There was a registered manager in post. They were supported by a deputy manager and senior support workers. All the staff we spoke with were clear about their roles and who to go to for any concerns.
- Staff and professionals told us the service was well managed. Comments included, "They [management] have been really great. They do support us" and "I would go to them [management] with any concerns, they would deal with them."
- Notifications had been submitted to CQC appropriately and in a timely way and the rating from the last inspection had been displayed on the notice board by the front door.

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

- People had their own support plans which recorded their care needs. We observed staff following people's individual plans and offering support in a positive, person-centred way.
- Professionals told us the care provided met people's needs and staff were caring. Comments included, "Each time I have had any interaction I have found the staff to be very professional, compassionate, and committed to providing a high level of care to my client, often in difficult circumstances" and "It is evident that the staff members have a good understanding and knowledge of [people] and how their care needs are to be provided in a person centred way."
- People had monthly house meetings they could attend if they wished. Where people did not want to join the group meeting staff spoke with them on a 1-1 basis. Meetings were inclusive with everyone able to voice their views.
- Minutes were produced which were pictorial and easy read. The provider made sure easy read or pictorial information was available for people to have where needed. For example, pictures were available to help people understand COVID-19 testing and vaccination.
- Relatives we spoke with told us they felt involved and were sent surveys to share their views and feedback.

One relative told us, "The provider sends me lots of questionnaires to fill in and ask me what I think. They are always trying to improve; I think this provider is pretty tight with regulations and things."

- Staff had meetings they could attend and 1-1 meetings with their line manager. Staff told us they felt supported and enjoyed their jobs. Comments included, "I love it, I am happy here. I really like the service users and I like the team" and "I do enjoy it; I find it rewarding."

Continuous learning and improving care

- The registered manager told us, "We are looking at different ways we can improve. We look at areas we can maybe improve and then we review it as a team and agree to make some changes."

- Quality monitoring systems were in place and covered a range of areas at the service. The provider also visited monthly and carried out internal quality audits and reviews.

- Any improvements identified through quality monitoring or incidents were added to the home's action plan. The operations director told us they monitored action plans to make sure improvements were made in a timely way.

Working in partnership with others

- The registered manager worked with a range of healthcare professionals which meant people's health needs were met. Referrals were made to agencies when needed, such as the local authority, mental health teams and care home liaison services. One professional told us, "Staff will raise any concerns with me. They will tell me what [person] is doing, how [person] is, they always give me a handover. They will also email me if they need to."

- We did hear feedback that the registered manager did not always respond to correspondence from professionals in a timely way. We shared this feedback with the provider and registered manager. They told us they would take steps to make improvements where needed.