

# Hill House Nursing Home Limited

# Westside Care Home

## Inspection report

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## Ratings

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

# Summary of findings

## Overall summary

### About the service

Westside Care Home is a residential care home providing personal and nursing care to up to 30 people. At the time of our inspection there were 22 people using the service.

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

People received safe care and treatment. There were systems and processes in place for monitoring and managing risks to people. Some people's risk assessments and care plans lacked sufficiently specific and detailed information for staff in some areas. However, no one had been harmed and staff knew people and their needs well, so people received appropriate and safe care and support. During our inspection the registered manager updated those areas of some people's risk assessments and care plans that required more specific and detailed information and after our inspection the provider sent us evidence these records had been updated with the required level of information.

People received their medicines safely. Staff received medicines administration training and we saw medicines administration records were completed. The stock count of medicines had not always been recorded and was not always accurate. This potentially made it more difficult for the provider to check whether people always received their medicines. However, no one had been harmed and people had received their medicines as prescribed. After our inspection the provider sent us evidence of new procedures they had put in place to help make their medicines audits more effective.

At the time of our inspection there were still some visiting restrictions in place. We spoke with the provider about this and discussed the current national guidance for visiting people in care homes. As a result, the provider reviewed the visiting restrictions in place and decided they could be removed.

There were systems and processes in place to safeguard people from the risk of abuse. Staff knew how to protect people from abuse and how to report abuse. People told us they felt safe living here and their families said they felt their relatives were safe here.

The service worked within the principles of the Mental Capacity Act and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

There were sufficient numbers of staff to meet people's needs and staff recruitment followed safer recruitment practice.

Infection prevention and control followed best practice and we were assured the provider was responding effectively to risks and signs of infection and was making sure infection outbreaks could be effectively prevented or managed.

Staff knew how to report and record accidents and incidents and there were systems and processes in place

to identify learning and share lessons when things went wrong.

Managers and staff were clear about their roles, they understood regulatory requirements and there were quality assurance systems in place. However, not all the audits carried out were always effective. The provider had not identified the issues we found during our inspection. After our inspection the provider sent us evidence of new systems and processes they had put in place to help make their audits more effective.

There was a positive culture that was person-centred, open, inclusive and empowering and the provider engaged and involved people, their relatives and staff in the development of the service.

There were systems and processes in place to support continuous learning and improvement of the service and staff worked effectively in partnership with other professionals, agencies and organisations to meet people's needs.

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 28 October 2017).

#### 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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained good based on the findings of this inspection.

However, we have found evidence the provider needs to make improvements. Please see the well-led section of this report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Westside Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our safe findings below.

# Westside 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 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 one inspector and one 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

Westside Care Home 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. Westside Care Home is a care home with 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 a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 11 January 2023 and ended on 19 January 2023. We visited the location's service on 11 January 2023.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We also 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 3 people and 4 relatives. We also spoke with 8 staff, including the registered manager, area manager, nominated individual, nurses and care workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included 6 people's care records and 3 staff files. A variety of records relating to the management of the service were also reviewed.

# 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

- People received safe care and support and in most instances they were protected from avoidable harm.
- People had risk assessments and care plans in place and there were systems and processes for monitoring and reviewing risks to people and their needs.
- Staff completed records of people's care and support daily and there was a staff 'handover' at the start of every shift. This meant staff beginning their shift had up to date information about people before they started work every day and knew what needed to be monitored.
- In most instances people had sufficiently specific and detailed risk assessments and care plans. However, some people's risks assessments and care plans could have been more robust if they had more specific and detailed information in some areas.
- One person's diabetes risk assessment and care plan lacked sufficiently detailed information for staff about the signs of a hyperglycaemic episode. One person's epilepsy information lacked sufficiently specific information for staff about the signs leading up to an epileptic seizure. Two people's pressure sore risk assessments lacked sufficiently detailed information for staff about the signs of a developing pressure sore. One person's falls risk assessment and three people's information about their special diets were not up to date.
- This meant staff might not always have had sufficiently clear information about how to recognise the risks of a potential incident.
- We found no evidence anyone had been harmed and as well as people having risk assessments and care plans in place, staff knew people and their needs well, so people received appropriate and safe care and support.
- During our inspection the registered manager updated those areas of some people's risk assessments and care plans that required more specific, detailed and up to date information for staff. After our inspection the provider sent us evidence these records had been updated with the required level of detail.
- People's comments included, "The doctor calls regularly and I have had no major health problems since living here" and "Staff respond quickly to my call bell". Comments from people's relatives included, "I have never had any concerns about [his/her] care" and "The GP comes in weekly and [he/she] has regular checks".

### Using medicines safely

- People received their medicines safely.
- Staff received medicines administration training and we saw medicines administration records were

completed.

- People had clear and up to date medicines information in place for staff, including instructions for 'when required' medicines.
- The provider carried out a medicines audit every month.
- However, the stock count of medicines had not always been recorded and was not always accurate and the provider's medicines audits had not identified these issues. This meant there was potential for medicines to go missing or run out and made it more difficult for the provider to check whether people had received their medicines.
- We found no evidence anyone had been harmed and people had received their medicines as prescribed.
- During our inspection the registered manager told us they would put a daily medicines check in place and carry out weekly medicines audits as well as monthly medicines audits. After our inspection the provider sent us evidence that a robust medicines audit had been carried out and new processes put in place to help ensure medicines audits were more effective. This meant it would be more likely the provider would be able to identify any issues with medicines administration.

#### Visiting in care homes

- At the time of our inspection there were still some visiting restrictions in place.
- People could have visitors, but visitors had to make appointments and were only allowed to see people in their rooms. Visitors also had to wear face masks.
- We spoke with the provider about this and discussed the current national guidance for visiting people in care homes. The provider acknowledged they should have carried out a risk assessment and documented the reasons for having restrictions in place if they wanted to implement visiting restrictions. As a result, the provider reviewed the visiting restrictions in place and decided they could be removed and said they would inform people and their families.
- Therefore, during our inspection the procedures for visits were aligned with national guidance for visiting people living in care homes. People could have visits whenever they wanted and families could visit their relatives in any part of the home.

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

- There were systems and processes in place to safeguard people from the risk of abuse.
- Staff knew people well and understood how to protect them from abuse and worked well with other agencies to do so.
- Staff received safeguarding training and knew how to recognise and report abuse.
- People told us they felt safe living at the service. One person said, "I most definitely feel safe here". Another person told us, "I feel safe with the other residents, there's no problem".
- A person's relative told us, "My [parent] has lived at Westside for [number] months, I feel [he/she] is safe there". Another person's relative said, "My [spouse] was admitted as an emergency. I have no concerns about [his/her] safety".

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 working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- Staff knew and understood the 5 principles of the MCA.

#### Staffing and recruitment

- There were sufficient numbers of staff to meet people's needs and staff recruitment followed safer recruitment practice.
- There was a stable core staff team and when the provider used agency staff, they mainly used the same staff. This meant people usually received continuity of care.
- The provider carried out checks on new staff to make sure they were suitable to work with vulnerable people. This included checking people's identity and eligibility to work in the UK, obtaining references and carrying out a Disclosure and Barring Service (DBS) check. DBS checks include information about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### 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 supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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

- There were systems and processes in place to identify learning and share lessons when things went wrong.
- They included procedures for recording and reviewing accidents and incidents.
- Staff knew how to report and record accidents and incidents.
- Learning and updates were shared with staff in shift 'handovers', supervision, staff meetings, updates to people's care records and email and text messages sent to staff.

# 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

- Managers and staff were clear about their roles, they understood regulatory requirements and there were quality assurance systems in place.
- The provider and the managers regularly carried out audits of the service. The audits enabled them to identify issues and take action to improve things if necessary.
- However, not all the audits were always effective. The provider had not identified the issues we found during our inspection. Managers had been unaware of the issues with the quality of record keeping in relation to some people's risk assessments and care plans, medicines stock counts and some people's special diets.
- Staff had job descriptions and received an induction and training. The provider had a mission statement and a set of values and these were given to staff and discussed with them in every staff supervision. Information was shared with staff in shift 'handovers', staff meetings, supervision, updates to people's care records and messages sent to them. This meant staff received clear information about their roles and what was expected of them.
- The provider assessed staff competency and there were monitoring systems in place for the provider to keep up to date with staff training requirements.
- The managers understood their legal duty to submit notifications to CQC about key events that occurred at the service.
- After our inspection the provider sent us evidence of new systems and processes they had put in place to help make their audits more effective. We will continue to monitor the service to ensure the provider's new quality assurance procedures become embedded and are sustained and their audits are effective.

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

- There was a positive culture that was person-centred, open, inclusive and empowering.
- People and staff spoke positively about each other. One person told us, "The staff are excellent. I couldn't find a fault with the staff. They are definitely friendly and kind". A person's relative said, "All the staff are nice, it feels very homely, they have a very nice ethos". Another person's relative told us, "I cannot praise them [the staff] enough, they did everything they could to make us feel welcome".
- The registered manager said, "We are a small company, so we have lots of support from the directors" and

"We praise staff and their achievements and pass that on" and "I buy staff flowers to say thank you or bottle of wine. I have bought staff a bunch of flowers when they have come in at short notice to cover staff sickness".

- Staff comments included, "They [the managers] are very very supportive, I've never seen anybody so supportive" and "To be honest, it is a very bubbly, happy place, it is like a family, we all get along and work together and it is friendly and a very nice place to work" and "We work as a team. As soon as I came here, I loved it straight away, including the residents, we love them very much".

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 understood their responsibilities in relation to the duty of candour.
- Managers and staff communicated openly and honestly with people and their families and other organisations when something went wrong.

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

- The provider engaged and involved people, their relatives and staff in the development of the service.
- The provider held residents' meetings and people were asked what food they wanted on the menu and what carpet they wanted in their room, for example. The provider used feedback surveys to obtain views and suggestions about the service from people, their families and staff.
- The registered manager had an 'open-door policy' for people and staff to talk with them about anything whenever they wanted.
- People's assessments and care plans included their equality characteristics and individual preferences. The provider had considered people's gender, ethnicity, religion, culture, disability and other protected characteristics when carrying out assessments and planning people's care and support.

Continuous learning and improving care

- There were systems and processes in place to support continuous learning and improvement of the service.
- Managers and staff carried out regular reviews of people's care and support and monitored accidents and incidents and complaints and compliments. The area manager carried out quarterly audits of the service.
- The registered manager and staff participated in webinars, training provided by the local authority and Integrated Care Board (ICB), conferences discussing end of life care and virtual meetings about a variety of adult social care topics and practice.

Working in partnership with others

- Staff worked effectively in partnership with other professionals, agencies and organisations to meet people's needs.
- This included GPs, specialist healthcare services, local authorities and ICBs.
- They also worked with faith groups, a local school and entertainers, for example, to make sure people were engaged in activities they were interested in.