

Central Bedfordshire Council

Westlands Residential Home

Inspection report

Duncombe Drive
Leighton Buzzard
Bedfordshire
LU7 1SD

Tel: 03003008596

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Westlands Residential Home is a residential care home providing personal and nursing care to 16 older people.

The care home accommodates up to 30 people in one adapted building over three floors.

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

People were always receiving safe care because actions had not been taken to reduce some of the identified risks.

People mostly had their medicines managed in a safe way, administration records were accurate and up to date and medicines were stored in the correct way. For one person who required a specific form of medication administering, we found staff were unclear about the guidelines for administration and there were no clear instructions in place.

Care plans required further detail to ensure staff all the required information about meeting people's needs. Although care plans were reviewed not all identified changes to people's care were transferred into the main care plan, so staff had the most up to date information available.

Sufficient numbers of staff were employed to meet people's needs. Staff received training which gave them the necessary skills and knowledge to carry out their roles and meet people's needs. Although training for end of life care had still to be undertaken.

Staff delivered care and support that was personalised. Staff were kind, caring and motivated and people were complimentary about the care provided. Staff respected people's privacy, dignity and independence and encouraged people to lead their life in the way they wanted to.

People were supported to maintain their health. Staff made referrals to health professionals when required. Staff were kind and caring and had developed good relationships with people using the service. People were supported to have maximum choice and control over their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People had access to food and drink based on their individual choice and preferences. People had access to a range of activities that reflected their specific needs and interests. There were plans to increase the activities offered especially for those living with dementia.

Systems were in place to ensure lessons were learnt when things went wrong. There was an open culture

within the service, where people and staff could approach the registered manager who acted on concerns raised to make improvements to people's care.

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 11 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 responsive.

Details are in our responsive findings below

Good 

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good 

Westlands Residential Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was undertaken by one inspector.

Service and service type

Westlands Residential Home 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. We used all of this information to plan our inspection.

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-

We saw how the staff interacted with people who lived at Westlands Residential Home. We spoke with eight people who lived there. We spoke with the registered manager, interim support manager and four members of care staff

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at a variety of records relating to the management of the service, including complaints, audits and service improvement plans.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated 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

- Risk assessments had been undertaken for people, however, actions to minimise identified risks hadn't always been taken.
- Accidents and incidents were reviewed, and action taken as needed. The registered manager kept these under review to help identify any emerging trends or themes.
- Regular checks of all equipment and systems in the service, such as the fire safety system had been undertaken, to make sure people, staff and visitors to the service would be safe.

Using medicines safely

- System for auditing medication needed to be reviewed as we found that staff were not always completing checks on the stock of some medication at the frequency required.
- Staff who administered medication had been trained to do this and had their competency assessed on a regular basis.
- Guidance providing staff with information about how to administer a specific medication was not available. The registered manager told us they that guidance would written and made available to staff.

Staffing and recruitment

- The provider's recruitment process continued to ensure as far as possible that new staff were suitable to work at the service.
- A dependency assessment tool was used to determine the number of staff needed on each shift, to meet peoples needs. The staff told us that the number of staff on duty varied according to people's needs.
- Care calls bells were in reach of people, so they could summon staff when needed.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I do feel safe here, the staff are always around and come when I call."
- Systems were in place to protect people from abuse and avoidable harm. Staff had undertaken training and were confident about what they should look out for and to whom they should report any concerns. One member of staff told us "I would always report any concerns to the management team. If I felt no action was taken, then I would ring the local authority or CQC."

Preventing and controlling infection

- The provider had a infection control policy which was followed by staff. Staff had received training in

infection control and used gloves and aprons appropriately.

- A cleaning schedule was in place. Staff signed the cleaning schedule on a daily basis to confirm the cleaning tasks had been completed.
- The service had been closed to visitors due to a flu outbreak, the registered manager had reported appropriately to the Health Protection Agency.
- Cleaning products were stored securely and used as per the manufacturer's instructions.

Learning lessons when things go wrong

- Staff continued to record any incidents and accidents, and these were reviewed and analysed on a regular basis. The registered manager included them in their monthly report.
- Learning from incidents was discussed during staff meeting and when needed changes to staff practice took place.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

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

- Staff completed pre-assessments for prospective people before they moved in to the service. This was to ensure that staff had the skills to meet people's needs.
- Staff used up to date guidance and best practice to support people.

Staff support: induction, training, skills and experience

- Training courses and development opportunities continued to be undertaken so that staff had the knowledge and skills to look after people well. Staff confirmed they received lots of training and could always ask for other courses that were relevant to gain further knowledge. One member of staff told us, "I have completed first aid, safeguarding and dementia training. We get lots of opportunities to undertake training, I am happy with the training that I have had." Another member of staff said, "There is always something new to learn."
- Staff felt well-supported by the management team and by each other. Regular staff meetings and supervision sessions enabled staff to discuss any issues and get any further support or training they needed.
- The registered manager and deputy manager worked alongside staff so that they knew first-hand how well staff worked.

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

- People had enough to eat and drink. People were positive about the food with comments including, "I love the food" and "There is always a choice."
- Staff supported people to choose the meals they liked and assisted those who needed help to eat.
- People who required special diets were catered for and staff were fully aware of people who were at risk of not eating or drinking enough.

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

- Staff referred people to health care professionals for advice and treatment to promote their wellbeing. A person said, "Staff are very good in getting the GP out when you need them."
- Staff had guidance and information within people's care records to prompt staff when they needed to make these specific referrals. For example, a chiroprapist.

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

- The environment needed some improvements. The interim support manager told us they had identified this, and a refurbishment plan was in place. This included redecorating and replacing worn fixtures.

Although the service is due to relocate in three years they confirmed that redecoration would still go ahead.

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.

- Staff knew how the MCA and DoLS applied to their work. One member of staff said, "We always assume capacity unless we're told otherwise. We have to take into account that what is being looked at is in the persons best interest and we record this in the care plan."
- Staff talked to each person about the care and support the person wanted and gained consent before they carried out any tasks. Staff offered people choices in all aspects of their lives.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us they continued to receive kind and compassionate care,
- Staff responded to a person's distress. It was evident that staff knew the level of support needed and how the person needed reassurance.
- Staff referred to people by their preferred name. Peoples cultural and religious needs were detailed in their care plans.

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

- People were encouraged to make decisions. For example, choosing their preferred meals, where and who they wished to spend their time with.
- Staff gave people opportunities for them to express their views about the quality and safety of the service through meetings.
- Staff signposted people and their relatives to sources of advice and support or advocacy; they provided advisors or advocates with information after getting permission from people.

Respecting and promoting people's privacy, dignity and independence

- Confidential and sensitive information was safely stored in line with General Data Protection Regulations (GDPR).
- People continued to be treated with dignity and respect. For example, one person told us that staff always knocked on the bedroom door before entering.
- Staff continued to enable people to maintain their independence.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

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

- Care plans required more detail to ensure that staff had the full information to be able to provide care and support to each person. For example, how to meet people's oral health care.
- Care and support for people were reviewed regularly although the information had not always been included within the care plan. People and their relatives were fully involved in the review process..
- Staff knew people well and this included people's hobbies and interests and what was important to them.

End of life care and support

- One person was receiving end of life care and health care professionals were providing support to staff to ensure the person remained comfortable
- Staff had not received training in end of life care. The registered manager told us they were undertaking the train the trainer course to be able to train staff to support people at the end of life care.
- Peoples wishes, cultural needs and care for the end of their lives had been considered and were detailed in their care plans.

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.

- The registered manager understood the accessible information standard and told us they would make, adjustments to meet people's communication needs. For example. use large print.
- Staff knew how to communicate with people. For example, during lunch time the staff explained in detail what food was on the persons plate and the location on the plate that they could find it.

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

- Visitors were welcomed, relationships encouraged, and families involved in activities. People living at the service had formed friendships with each other.
- People were positive about the activities available. Staff offered various activities for them to choose from including board games, crafts, quizzes. One person said, "I sometimes join in but on other occasions I like to just read my book. The staff are always offering us different things to do. Another person told us, "it depends on my mood if I want to join in. The girls (staff) always ask me if I would like to join in as I may change my mind."

Improving care quality in response to complaints or concerns

- Complaints were recorded, investigated and outcomes shared through team meetings were appropriate.
- People and family felt confident their concerns would be resolved to their satisfaction. One person told us, "If I had a complaint. I would speak to the staff and they would listen and sort it out."

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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager had a positive attitude and were passionate about delivering person-centred care and achieving good outcomes for people.
- Staff told us they felt supported, sharing their views through meetings and individual supervisions. Staff told us, "I enjoy coming to work." "I feel comfortable talking in meetings and I am proud of the staff and residents." The home has a family atmosphere. We all get on well together and help each other."

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 aware of their responsibilities under the duty of candour. The provider had an open, transparent approach to communication with people and their families.
- The registered manager had fulfilled their legal obligations by notifying the CQC of important events. Notifications of these incidents showed that people and their relatives were informed in line with the duty of candour.
- The registered manager had displayed their inspection rating clearly in the entrance to the service for people and their visitors to refer to.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.; continuous learning and improving care

- The provider had invested in the service and implemented a computer system for electronic records of people's care records. This system was able to report when care reviews were due to take place.
- Staff told us that they attended regular team meetings where information about the service was shared quickly with them.
- Members of the management team undertook audits to monitor the quality of the service provided. Representatives from the providers management team also completed monitoring visits as part of the providers governance systems. Any improvements found were either completed or on-going.
- The registered manager kept up to date with current research and good practice, which they cascaded to staff to ensure people were given the best possible care and support.

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

- Feedback on people's care experience was sought, through regular meetings with people and their

relatives. Responses to suggestions were displayed on a, 'What you said, we did' board in the entrance to the service for people to review.

- Records showed people and their relatives were involved in the service and kept up to date on any developments.
- Regular staff meetings took place and were well attended. These were opportunities to discuss changes within the service and to identify areas for improvement.

Working in partnership with others

- The management team worked in partnership with external organisations such as the local authority, GPs, district nurses and chiropodists. This helped make sure people received joined up care and support.