

Regal Care Trading Ltd

Westlands Care Home

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
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 is a residential care home, registered to provide accommodation and personal care to 28 people, aged 65 and over. At the time of the inspection 26 people were living in the home.

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

Staff understood their roles and responsibilities to safeguard people from the risk of harm. People were supported to access relevant health and social care professionals.

People's medicines were managed in a safe way. People's risks were assessed at regular intervals or as their needs changed. Care plans informed staff how to provide care, which mitigated these known risks.

People received care from staff they knew. Staff had a good understanding of people's needs, choices and preferences. People were encouraged to make decisions about how their care was provided and their privacy and dignity were protected and promoted. Staff gained people's consent before providing personal care.

People were involved in the planning of their care which was person centred and updated regularly. People were supported to express themselves, their views were acknowledged and acted upon. There was a complaints system in place and people were confident, complaints would be responded to appropriately.

Staff were recruited using safe recruitment practices. Staff received training to enable them to meet people's needs and were supported to carry out their roles.

The management team continually monitored the quality of the service, identifying issues and making changes to improve the care.

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

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 14th June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Westlands 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 Care Act 2014.

Inspection team

The inspection was undertaken by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert by Experience had experience of caring for older people who use regulated services.

Service and service type

Westlands is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 sought feedback from the local authority, Healthwatch and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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 six people who used the service and three relatives about their experience of the care provided. We spoke with four members of staff including the registered manager, deputy manager, care worker and the cook. 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 three people's care records and medication records. We looked at three staff files in relation to recruitment and staff 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.

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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us staff helped them to feel safe. One person said, "I feel as safe as the Bank of England." Another person told us, "I feel safe here, as people are good to me."
- Staff received training in Safeguarding Adults. They demonstrated they understood their responsibilities to protect people from the risks of harm and abuse.
- The provider's safeguarding policy guided staff on how to raise referrals to the local authority safeguarding team. Safeguarding alerts had been raised appropriately and clear records were maintained.

Assessing risk, safety monitoring and management

- People's risks were assessed at regular intervals or as their needs changed. Care plans informed staff how to provide care and manage known risks. Staff were kept up to date with changes in people's care during handovers and team meetings.
- Staff promoted independence and were observed encouraging people to use walking aids where they were at risk of falls. People were not discouraged by staff, from undertaking certain activities solely on the grounds there was an element of risk. Staff sought to balance the risk and the person's rights and recorded this in people's care plans.
- Staff ensured people had their call bells within reach before leaving their rooms. One person told us, "I had to use my call bell when another resident came into my bedroom during the night. [They] were confused, so I called for staff to take [them] back to [their] room. [The staff] came quickly."

Staffing and recruitment

- There were enough staff deployed to provide people with their care at regular planned times. The registered manager used a dependency tool and assessment, which enabled them to calculate the specific needs of people. The deputy manager told us they planned their staff rota to ensure good coverage, which included extra coverage at busier times, such as bedtime or mealtimes.
- People received care from a regular group of staff who knew people well.
- Staff were recruited using safe recruitment practices, whereby references and their suitability to work with the people who used the service were checked.

Using medicines safely

- People were assessed for their abilities to manage their own medicines. Where people required support with their medicines, people received these as prescribed. One person told us, "I know what my medication is for. If I need a painkiller I can ask and [staff] will get one out of the locked medicine cupboard."
- Senior staff received training in Medication and their competencies were regularly checked by the

registered manager. One member of staff told us, "Training is really important and to keep up to date with medication training. No matter how long you have been doing it, there is always something new to learn."

- Regular medicines' audits informed managers of any issues which were rectified in a timely manner.

Preventing and controlling infection

- The registered manager had systems in place to ensure regular cleaning of the home. A person told us, "The cleaner comes in every day to clean the floor and my room."
- People were protected from the risks of infection by staff who received training in infection prevention.
- Staff followed the provider's infection prevention procedures by using personal protective equipment (PPE) such as gloves and aprons. Staff were observed using PPE, when serving food and drinks and assisting people living in the home in keeping clean.

Learning lessons when things go wrong

- The registered manager had a system for reporting accidents and incidents. Records showed incidents were recorded clearly and information was shared with relevant bodies.
- The registered manager was pro-active in using information from audits, complaints, incidents and safeguarding alerts to improve the home. The managers worked with staff to understand how things went wrong and involved them in finding solutions.

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.

Staff support: induction, training, skills and experience

- New staff received an induction, which included, completing the Care Certificate workbooks. This provided staff with a good foundation of knowledge and understanding of the organisation and their roles.
- New staff shadowed experienced staff to get to know people they would be caring for.
- Staff received additional training to meet specific needs, for example, staff are currently undertaking the Gold Standards Framework for end of life care. The organisation also made it possible for staff to attend external training opportunities from National Health Service (NHS), local Clinical Commissioning Group (CCG) and other health sector agencies.
- Staff received regular supervision and guidance to support them in their roles. Staff told us their manager was very supportive. Staff told us they were encouraged by the management team to develop their skills in subjects they were interested in.

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

- People were assessed for their risks of malnutrition and dehydration. Staff referred people to their GP and dietitian where they were identified as at risk. Staff followed health professionals' advice in providing meals to meet people's dietary needs, for example, for all those at risk of malnutrition, staff provide a fortified diet. Snacks and fresh fruit were freely available and offered to people regularly by staff.
- Staff had training in food hygiene and provided balanced meals, which helped maintain people's health and well-being.
- People told us they enjoyed the food at Westlands. One person told us, "There is always a choice and if I want a hot drink anytime of the day or night I can go into the kitchen and make one myself. It is a hot water dispenser, so I don't have to use a kettle." A relative told us, "My [relative] is very fussy with [their] food; [they] love [their] breakfasts but doesn't like much else. The staff keep an eye on [them] and encourage [them] to eat."

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

- Staff were taking part in a local area pilot of tele healthcare at the time of the inspection. Staff were able to access face to face calls for people with a GP via a laptop, without them having to leave the home. The registered manager told us this was about improving the reaction time for information/action regarding health concerns for people in their care home.
- Staff supported people to attend health appointments and referred people promptly to their GP or other medical services when they showed signs of illness. A person told us, "A doctor comes to the home every Wednesday but if we need to see them urgently the staff call them in". A relative told us, "The home will

arrange appointments for my [relative] and take them, they arranged the appointment and took them to a local optician."

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

- People's needs were assessed before they commenced using the service to ensure staff understood people's needs and preferences. A person told us, "When I came here, I had an information pack and discussed a care plan." One relative told us, "When my [relative] came in here, we filled out a form of [their] likes and dislikes."
- Assessment documentation showed all aspects of a person's needs were considered including the characteristics identified under the Equality Act and other equality needs such as peoples religious and cultural needs.
- Staff used evidence-based tools to assess people's risks and needs, for example falls risk tool.

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).

- Staff demonstrated they understood the principles of MCA, supporting people to makes choices. People confirmed the staff always asked their consent before providing their care.
- Staff carried out regular mental capacity assessments to establish people's insight and understanding of their care needs. This enabled people to make informed decisions about their care, or health and social care professionals to make best interest decisions about people's future care.
- The registered manager confirmed a number of people were currently subject to a number of restrictions to their liberty under DoLS. At the time of the inspection the registered manager was in contact with the local authority to ensure the current restrictions were still appropriate.

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

- The registered manager told us, digital tablets and wireless headphones were provided so people could listen to music, watch movies or play games. However, people currently living in the home did not wish to use this technology. The provider had upgraded the broadband capability to enable people to use their own devices within the home if they wished.
- The staff supported people in several lounge and dining areas on the ground floor, which allowed people choice and freedom.
- The registered manager told us how they had made improvements to the period building but acknowledged, work was still needed to continue its sustainability.

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 staff were kind and friendly. One person told us, "Staff are marvellous, exceptionally good; I've never seen any staff get aggravated with people. If I want something done for me [staff] will do it as soon as possible." A relative told us, "The staff treat them like human beings and don't differentiate between who has dementia and who doesn't."
- People received care from staff who knew them well. They had formed good relationships which people told us were invaluable. One person said, "The staff are lovely, they don't mind my toys."
- The management team have created an inclusive workplace by ensuring their recruitment practices do not discriminate. The registered manager values the individual differences within the home's staff team, where people are treated as equal and rewarded equally.
- Staff understood the importance of promoting equality and diversity. Care plans contained information about people's religious beliefs and their personal relationships. The registered manager said the staff had respected and embraced people, as they were very open and had been trained to respect equality and diversity.

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

- People were involved in the planning of their care; their care plans clearly showed how people preferred to receive their care.
- The provider had information to refer people to an advocacy service where people needed additional support to make decisions. Advocates are independent of the service and support people to decide what they want and communicate their wishes.
- We observed care staff, offering choices throughout the day and people were encouraged to voice their preferences and likes/dislikes.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to maintain their dignity. One person told us the staff always knocked on their door before entering their room and, "Staff are aware of the vulnerability of people here, they are very good."
- People's independence was promoted. Staff ensured people were encouraged to do as much as they could for themselves. One person told us, "I can go to bed when I want and [staff] encourage me to be independent. I go to a hairdressers next door, I go to the supermarket. I have to tell staff when I go and [staff] are always pleased to see me back."
- People's information was stored securely within the office, and all staff were aware of keeping people's personal information secure.

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 remained the same. This meant people's needs were met through good organisation and delivery.

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 provider complied with the Accessible Information Standard, they ensured people with a disability or sensory loss had access and understood information they were given. Staff had tailored some of the home's documents to be pictorial and large print, in order to support people's understanding.
- The registered manager told us, staff used a 'hospital communication booklet' to aid clear communication for people, should they be struggling. All of the people at the home, had a Hospital Passport, which was easy to read and used pictures, to help health professionals have quick access to information.
- Staff had created notice boards, which were primarily in large print and pictorial for people to read in the home.

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

- People's care was planned and delivered in a person-centred way. Staff treated each person as an individual and considered people's personalities and previous lives. A relative told us, "I feel that they know [relatives] needs and preferences quite well. [They] can get agitated but [staff] can calm [them] down."
- People's care plans reflected their preferences and cultural needs. Staff used this information to ensure people received their care in the way they preferred. For example, where people liked to spend their time in the home during the day and who they preferred to be seated with at mealtimes.
- People and where appropriate, their relatives had been involved in creating and updating their care plans. One relative said, "I have to sign something every year to do with my [relative], a review of [their] finances and health."

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 helped to pursue their hobbies and pastimes, a relative told us, "The activities co-ordinator knows my [relative] likes singing so has taken [them] to the local dementia choir, [they] love it so much that I go along as well and volunteer so two people can go from the home."
- People were included in all activities available if they wanted too, this enabled people to take part in hobbies, pastimes and new experiences which enhanced their lives and their well-being. The deputy manager showed us photographs of social gatherings. A staff member told us, "In the Summer we take them

for walks and out in the garden we hold parties. We take them out shopping when they want to go and have taken them to the Zoo." All the relatives spoken to, told us their loved ones enjoyed it when a singer came to the home.

- The registered manager showed us the home's wishing tree, which staff were filling with wishes of people at the home. Evidence was seen of when wishes had been carried out with staff.

End of life care and support

- People were given the opportunity to record what was important to them at end of life. Staff followed people's wishes. Compliments received by staff primarily came from family members thanking them for the care their loved one received in their last few days at the home.
- Staff worked closely with people's GP and district nurses to ensure people were assessed for their symptoms and kept comfortable.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place whereby complaints would be addressed in accordance with the provider's policy. A relative told us, "I've never complained as I haven't needed to, I get calls if [they] are unwell and even if [they] needs some new clothes, staff are very approachable and I could talk to any of them."
- We saw complaint/concern forms, which had been completed fully, with detailed actions, with outcomes written up.

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.

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

- The registered manager promoted person centred care in all aspects of the service. Relatives told us the positive can-do attitude of the manager had helped people to receive prompt and professional care. One relative said, "The manager is very good here, very approachable." Another told us, "There is really good communication with this home, I can phone up anytime."
- The whole staff team was supported by the registered manager. Staff told us, "My manager is so caring". Another said, "We are like a family, the staff team."
- Staff told us they were happy working at the service and felt supported by the management team.

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

- The registered manager understood their regulatory requirements to report incidents and events to CQC, our records showed these had been submitted as required. Senior staff took charge of the shift each day at the home and delegated the tasks for the day, so all staff were clear of their responsibilities.
- The management team carried out regular audits and checks to ensure people continued to receive high quality care. Where issues were identified, the managers acted to improve practice.
- Policies and procedures were up to date and supported best practice. Staff attended regular meetings to discuss updates in policies and refresh knowledge.

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

- People's equality characteristics were considered when sharing information, accessing care and activities. Staff undertook equality and diversity training to improve their knowledge and expand their practice, offering new ideas of working for new and long-standing staff.
- People had been asked for their feedback through formal surveys and at group meetings and issues and suggestions were acted upon. The registered manager told us, the people who lived at the home, had chosen the home's two cats, budgie and chickens, which they loved to spend time with.
- Staff told us they were listened to by the management team and had good working relationships as the registered manager was open minded and understanding. Staff described morale within the team as good.

Working in partnership with others

- There was a close working relationship with the local Doctors Surgery and district nurse team. Staff had

received training from the District Nurse team on wound care, to enable care staff to deal with wounds immediately.

- The registered manager had actively sought to engage with the local community. Following concerns from relatives, who were struggling to come to terms with their loved one's dementia, the registered manager organised for a carers organisation to hold a dementia workshop at the home, which relatives could attend, to support them with their understanding of dementia.
- Staff had built good local community links and told us they would continue to invite the local community into the home to maintain relationships. Especially the local schools as this had proven to have great benefit to the people living at Westlands.

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 responsibility to keep people informed of actions taken following incidents in line with duty of candour. A relative told us, "I'm kept fully informed by the home."
- The management team supported staff to learn from incidents and actions taken.