

# Meridian Healthcare Limited

# Westwood Lodge

## Inspection report

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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

Westwood Lodge is a purpose-built home with three units, which provides nursing and personal care for up to 76 people; two units are part of the main building, with one adjacent unit. All rooms are for single use. The home is situated in its own grounds and has gardens with car parking spaces at the front of the home. At the time of the inspection, 56 people were using the service.

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

Medicines were managed safely, however there were some discrepancies in the recording documentation for some people. We have made a recommendation in relation to the management of people's medicines.

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.

There were sufficient numbers of trained staff to support people safely. Recruitment processes were robust and helped to ensure staff were appropriate to work with vulnerable people.

People's needs were assessed before starting with the service. People and their relatives, where appropriate, had been involved in the care planning process. Staff had awareness of safeguarding and knew how to raise concerns. Steps were taken to minimise risk where possible.

Staff were competent and had the skills and knowledge to enable them to support people safely and effectively. Staff received the training and support they needed to carry out their roles effectively. Staff received regular supervisions.

Staff worked with other agencies to provide consistent, effective and timely care.

We observed many caring and positive interactions between staff and people throughout the inspection. Staff had formed genuine relationships with people and knew them well and were seen to be consistently caring and respectful towards people and their wishes.

The premises were homely and well maintained. We observed a relaxed atmosphere throughout the home.

The service had an open and supportive culture. There was evidence of improvement and learning from any actions identified. Staff spoke positively about the management team.

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 (and update)

The last rating for this service was requires improvement (published 24 December 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had been made and the provider was no longer in breach of regulations.

#### Why we inspected

We carried out an unannounced comprehensive inspection of this service on 22 October 2019. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings 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.

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

# Westwood 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

The inspection was carried out by two inspectors 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.

#### Service and service type

Westwood 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

We gave a short period notice of the inspection to discuss the safety of people, staff and inspectors with reference to COVID-19.

#### What we did before the 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 our judgements in this report.

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about. We sought feedback from the local authority commissioning team and health care professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and four relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, nurses, activity co-ordinator and care workers. 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 four people's care records and six people's 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, care plan information and quality assurance records.

# 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 improved to good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

At our last inspection in October 2019 we found the provider was not managing medicines safely. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The home had implemented a robust system to guide staff on where topical medicines should be applied. We found the systems in place to record where a medicine patch was applied were very clear.
- Thickeners were prescribed for some people who were at risk of choking with drinks. There were some recording discrepancies between the electronic and paper fluid charts. Following the inspection, the provider contacted the community pharmacy to improve the record keeping.
- There was a system in place to record blood sugar levels for people with diabetes. When blood sugars were high, it was not always clear that staff had taken any further action; staff failed to follow the care plan about the frequency of testing blood sugar levels.

We recommend the provider reviews the processes for recording people's blood sugar levels to ensure a consistent approach.

- We found the majority of time specific-medicines including medicines for Parkinson's Disease were given at the times they should have been given.
- We found the temperature of some of the medicine fridges had been recorded outside the recommended safe temperature range, which may have affected the safety of the medicine. Following the inspection the provider informed us that a replacement fridge had been ordered, but there had been a delay in delivery.

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

- Systems and processes were in place to protect people from the risk of harm. Staff received training in safeguarding and understood their responsibilities if they were concerned about the safety of people using the service.
- A safeguarding policy which was available to staff and covered key areas for example how to identify and report abuse or neglect.
- People who used the service and their relatives told us they felt the service was safe to use. One person told us, "I'm much safer here than when I was on my own, there's always lots of staff about. They [staff] are

always in and out of my room checking on me, they're very kind, you can talk to them." A second person said, "Staff are very kind and they look after me; I like it here."

#### Assessing risk, safety monitoring and management

- During the inspection we observed staff responding quickly to any calls for assistance, and no-one had to wait for any significant length of time before staff assisted them. The people who told us they had used their nurse call buttons all said they did not have to wait long for a member of staff to come to their rooms. During the inspection we saw staff responded quickly when people requested assistance.
- The registered manager kept a record of accidents and incidents and took appropriate actions to ensure they were minimised; these corresponded with notifications received by CQC.
- People had pre-admission assessments as part of the referral process before they moved into the service. This meant the service knew if they could cater for the person's care needs and the environment was suitable.
- Care plans included risk assessments in relation to people's specific care needs. People's ongoing risk assessments were reviewed regularly or when needs changed.
- A fire risk assessment was in place. Premises risk assessments and health and safety assessments were completed and reviewed on a regular basis. Premises certificates were in place. There was a contingency plan in place in case of an unexpected event such as fire or flood and a COVID-19 management policy had been written.

#### Staffing and recruitment

- Staff were recruited safely. The provider had robust recruitment checks in place to ensure staff were suitable to work in the care industry.
- There were enough staff on duty to safely meet people's needs and these corresponded with the planned staffing rota. We saw staff worked well together and provided care to people in an unhurried and gently way, communicating well with the person they were supporting.
- The provider assessed people's dependencies to help calculate what staffing hours were necessary.

#### Preventing and controlling infection

- We looked at infection control processes and procedures and observed staff practice. We were assured the service were following safe infection prevention and control procedures to keep people safe. People and their relatives had been fully informed about COVID-19 and the home was following safe visiting practices in line with the latest government guidance. A relative told us, "The home has got good security, you can't just walk in, the staff have to let you in."
- The home was clean and free from malodour throughout all areas of the home including bedrooms. Infection control audits were undertaken to ensure compliance and we saw additional deep cleaning taking place during the inspection. Staff received training in the management of infection and food hygiene in addition to observations of practice to ensure compliance.
- We saw personal protective equipment (PPE) was readily available and accessible, such as disposable gloves, masks, visors, hand gel and aprons, and staff used these during the inspection. Staff told us they had plenty of PPE available and the cleaning of high touch point areas was done throughout the day and night. Staff told us they had enough cleaning hours available, one said, "Other staff also do cleaning not just the domestic staff." There was a daily log of cleaning done of all areas of the building.
- The service had achieved a rating of 'four' from the Food Standard's Agency in relation to food hygiene levels.

#### Learning lessons when things go wrong

- The service had a policy to facilitate the analysis of incidents and accidents. Accidents and incidents were



recorded and monitored by the registered manager for patterns and trends.

- Evidence was available to show that when something had gone wrong the registered manager responded appropriately and learning was shared at team meetings.
- Risk assessments were reviewed following incidents to ensure the service was meeting the needs of people appropriately.

# 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 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.

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

- Governance systems were in place which enabled the registered manager and provider to have oversight of the service.
- Additional governance systems were also carried out and included spot checks/observations of staff carrying out their work and competency assessments of areas such as medication and moving and handling.
- Staff told us they found the registered manager and provider very approachable. One staff member said, "We've tried very hard since the last inspection to get things right." A second staff member told us, "The management listen and if I have any problems I go to the registered manager; she's encouraged me to do more training." Staff also told us they had plenty of supervision.
- Staff at all levels understood their roles and responsibilities. Managers were accountable for their staff and understood the importance of their roles.
- The registered manager was aware of their regulatory requirements and knew their responsibility to notify CQC and other agencies when incidents occurred which affected the welfare of people who used the service.

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

- Person centred care was evident; we determined this through a review of care records, observations of care and discussions with staff and the registered manager. A relative told us, "It's like a family here and staff do their best for [my relative]." A second relative said, "[My relative] never complains so they [staff] must be doing something right. I ask [my relative] if he's happy and he always says yes, the staff are lovely."
- Pre-admission assessments included people's preferences, likes and dislikes, communication needs.
- The registered manager was proactive throughout the inspection in demonstrating how the service operated and how they worked to drive improvements.
- Professionals reported the home worked closely with them to provide a multi-disciplinary approach in meeting people's needs and responding when things went wrong. Records reflected the provider working with, and reporting concerns to external professionals.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Relatives we spoke with told us staff were approachable. One relative told us, "The nurses always explain

everything to you, they're all very approachable."

- We saw staff had responded to feedback obtained from people's relatives via surveys, for example, some relatives had felt communications could be improved and the registered manager had ensured this was discussed in the heads of department daily meeting. A weekly relative's surgery every was held each week, where relatives had the opportunity to speak with the registered manager about any issues they wished to raise.
- Staff spoke positively about the management team. One staff member said, "In my opinion the home is well managed, the staff pride themselves with the care they give to the residents."
- Staff referred to a commitment to understand each of the people who used the service. One staff member told us, "We try to cater for everybody; we listen to the residents, for instance not everyone wants to come into the lounge so we make a point of visiting them in their rooms for a chat and to see what we can do for them "
- The service worked in partnership with other organisations well. Records showed a multi-disciplinary approach in meeting people's needs and responding when things went wrong.
- Health and social care professionals who supported the service told us the home had made significant improvements in the quality of care provision since the last inspection and the manager was open and engaging.