

Sunquest Homes Limited

# Westerley Care Home

## Inspection report

Westerley Care  
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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service caring?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

About the service: Westerley Care Home is a service where people can receive accommodation and personal care. The service accommodates up to 30 people who are living with dementia, elderly and frail or who have other health conditions. At the time of our inspection, 25 people were living at the service.

People's experience of using this service:

People told us they felt safe living at Westerley Care Home. However, we identified some shortfalls in relation to infection control practices by staff and a lack of action taken in response to risks for people. The environment in which people lived required some improvement, however the registered manager was able to evidence they were working hard to address this. More work was needed to ensure the surroundings were suitable for people living with dementia.

Although we received good feedback from people about the food, the way in which people were expected to choose the foods they ate, did not always give people full autonomy and choice.

People were cared for by staff who had gone through a robust recruitment process and staff who followed good medicine management practices.

People gave us positive feedback about staff and told us they were kind and caring. Although we observed this with staff when they spoke with people, we found that the registered manager had not always ensured staff were following best practice. We found that people were not always receiving the social stimulation that they wished and there was a lack of social interaction by staff. However, activities did take place.

People's care plans contained good information and guidance for staff and staff demonstrated they knew people well. People could feedback their views through meetings and surveys.

People's consent was sought in line with the Mental Capacity Act 2005 and where people required the input of health professionals staff enabled this.

Although management of the service was such that it was open and transparent and it was evident they were keen to improve the service, we identified shortfalls which had not been picked up through the audits process.

During our inspection we identified four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also made four recommendations to the registered provider.

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: We last inspected Westerley Care Home on 13 & 14 July 2016 where we rated the

service as Good. We published the report on 13 August 2016.

Why we inspected: This was a scheduled fully comprehensive inspection carried out in line with our inspection methodology which is based on last inspection rating.

Follow up: We found at this inspecting that the service had not continued to meet the rating of Good. We have asked the registered provider to send us an action plan to tell us how they planned to address the concerns we identified. We will carry out a further inspection in line with our inspection methodology to check that the registered provider has taken actions to address the shortfalls found.

## 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 consistently safe.

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not consistently effective.

Details are in our Effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring

Details are in our Caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not consistently well-led.

Details are in our Well-Led findings below.

**Requires Improvement** ●

# Westerley 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is someone who has experience of someone living or caring for a person living in this type of setting.

#### Service and service type:

Westerley Care 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. Westerley Care Home accommodates up to 30 people in one adapted building.

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 carried out this unannounced inspection on 26 March 2019.

#### What we did:

Before this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. This enabled us to ensure we were addressing potential areas of concern at our inspection.

As part of our inspection we spoke with 11 people, two relatives and four staff. We also spoke with the registered manager (who is also the registered provider) and the provider's business manager.

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 to us.

We reviewed a range of documents about people's care and how the service was managed. We looked at five care plans, medicine administration records, risk assessments, complaints records, policies and procedures and internal audits that had been completed. We asked the registered manager to send us some further information following our inspection for analysis.

# Is the service safe?

## Our findings

At our last inspection in July 2016 we rated the service as Good in Safe. We found at this inspection the registered provider had not sustained this rating.

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

Staff could not be sure that people were safe and were kept free from risk of avoidable harm. Some regulations were not met.

Preventing and controlling infection:

- People lived in an environment that may not always be safe as staff were not always adhering to good infection control. This was despite one staff member telling us, "We use gloves and aprons and disinfect people's commodes."
- The service infection control policy stated, 'Equipment must be cleaned or decontaminated after each use and between use by different people who use the service'.
- However, despite this we found in two of the sluice rooms the sinks were dry all day and we noted there were no hand towels or liquid soap in one of them. The clinical bins had soiled items in it which indicated to us that staff had been using the room, but even though they may have washed their hands, they would not have been able to do so using proper infection control procedures. For example, by using hand soap.
- In one person's room we found incontinence pads out of their packets. Pads should not be removed from their packaging until ready to use, otherwise the pads could become damaged. There is also a risk of contamination from dust particles and bacteria in the air. This could pose a risk to people's skin in intimate areas of their body if incontinence pads are left out in the open.
- In one sluice room there were two spray bottles. One was labelled 'disinfectant', however the other was missing a label meaning it was unclear what it contained. We noted in an audit plan dated 2019, 'spray bottle labels faded – require new ones' but this had not been actioned.
- One person's light pull cord in their en-suite did not have an end to it, meaning the cord was dirty and could harbour infections.
- Processes in relation to the laundry were such that they were not following good infection control practices. The sink in there was not used and the bin used to store soiled items was dirty and had no lid.
- Risks associated with people's care was not always being managed in a safe way. For example, one person was using oxygen, however there was no sign on their door to indicate an oxygen cylinder was in their room. This was important in the event of a fire. One person smoked however a smoking risk assessment was not in place. The registered manager undertook a smoking risk assessment before we left the inspection.

As people were not always protected from the risk of infections and risks associated with people's care was not always considered this is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong:

- The premises and equipment at the service was not always suitable or fit for purpose. There was damaged

and broken furniture in people's rooms including missing drawers inside people's wardrobes, a missing headboard on a person's bed and rails in people's wardrobes dipping from the weight of people's clothes which put them at risk.

- Four people had either lukewarm or semi-cold water in their room. One person told us they had raised this with staff several times but nothing had been done. They said it had been like it for over a month, telling us, "Sometimes it's lukewarm but mostly it's cold. I have to wash with cold water." A second person told us, "I don't always have hot water, but they (staff) don't really act on it. The water is cold when I wash my face in the morning."
- One person had a broken recliner seat in their room, with the bottom of it hanging off and another person's commode seat had a large piece of plastic hanging from it.
- An audit carried out in May 2018 stated, 'windows in good condition? – partial – second floor requires changes' and yet we noted that glass in many windows had blown meaning they had condensation between the panes.
- Following our inspection, the registered provider sent us evidence to demonstrate they had already purchased a quantity of new equipment and furnishings for people's rooms. They were also able to demonstrate to us they had resolved the issue with the water temperature in some people's rooms.

We recommend the registered provider uses best practice guidance to help to inform them of how to ensure that people live in an environment that is fit for purpose and suitable for their needs.

- We found that there were risk assessments in place in relation to other aspects of care. For example, where people were at risk of falling out of bed or falling whilst walking. We noted that one person required a staff member to walk with them at all times and we saw this happen. One person told us, "I feel absolutely safe here. They (staff) look after our needs." Another said, "I feel perfectly safe. The staff are friendly."
- A staff member told us, "If I saw someone was having difficulty mobilising, I would raise it with my manager to review the care plan." A relative told us, "Every time you come up here you feel it's safe."
- The registered manager kept information about all accidents and incidents which occurred in the home. They told us they reviewed each one to check staff had taken appropriate action to help prevent further occurrence. We noted one person had been provided with an alternative bed which could be lowered to reduce their risk of harm if they fell out of bed.
- We identified that there was not always sufficient information on the accident forms to show what measures were taken to prevent reoccurrence of the incident. The registered manager told us they would commence this practice. The registered provider sent us evidence following our inspection to demonstrate they reviewed all accidents and incidents for trends or themes.

#### Staffing and recruitment:

- We received mixed feedback in relation to staffing levels. One person said (when they pressed their bell), "Staff come running." A second person said, "For me personally (there are enough staff)." A relative told us, "There are plenty of staff and they are always willing to help." However, one person commented, "They could always do with more. They are very busy making sure people aren't slipping down in their chairs." A second person added, "They are very busy so they could with more help." And a third told us, "They're always busy and I'm sure they could with more."
- Despite the staffing levels being in line with what we had been told they would be by the registered manager during the day, we found deployment of staff was not always well organised.
- During the morning, we saw only three staff attending to people in the main communal areas. Staff were supporting people to use the toilet consistently which meant there was little time for them to sit and interact with people. One person told us, "They don't really have the time to talk."
- Later in the day, two staff were present in the lounge and there were regularly having to attend to one



person who was attempting to stand up unsupported. This meant that any conversation they were having with another person was interrupted.

- Staff told us that they felt there were enough of them. Comments included, "I can see that we are meeting their [people's] needs" and "You are not rushed at all."

We recommend the registered provider ensures that staff deployment is organised in a way that meets people's support and social needs.

- Staff underwent a robust recruitment process prior to starting work at Westerley Care Home. This included providing employment history, references from previous employment, evidence of their right to work in the UK and proof of identification.
- Staff also underwent a Disclosure and Barring check to help ensure they were suitable to work in this type of setting.

Systems and processes to safeguard people from the risk of abuse

- Staff were able to explain how they would report incidents of alleged abuse and the registered manager reviewed any potential safeguarding concerns to determine whether or not they should be reported to the local authority safeguarding team.
- Two people told us they would know who to talk to if they did not feel safe. One person said, "I suppose it would be the nurses."

Using medicines safely:

- There were appropriate systems in place to ensure the safe storage and administration of medicines. One person told us, "They (staff) come round and give me some tablets every morning." Another person said, "They come at the same time with the trolley every day. They make sure I take what I need to."
- People's medicines were recorded in all the MARs and were easy to read. The MAR chart had a dated picture of the person and details of allergies, and other appropriate information for example if the person had swallowing difficulties. There were medicines prescribed on 'as required' (PRN) basis and these had protocols for their use.
- The medicine audit was undertaken by the senior staff. Staff had been competency assessed to ensure that they had the skills required to administer medicines.

# Is the service effective?

## Our findings

At our last inspection in July 2016 we rated the service as Good in Effective. We found at this inspection the registered provider had not sustained this rating.

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may not have been met.

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

- People appeared happy with the food that was provided to them. One person said, "The food is pretty good." Another told us there was plenty to eat. A third commented, "It's nice. I like what they've got." However, staff did not support people in an appropriate way to be involved fully in choosing what they ate.
- A staff member told us, "We usually ask people at breakfast what they would like to eat the following day. There are usually pictures that we can show them and we tell them." However most people were living with dementia which meant they may forget what they had chosen for their meal.
- At lunchtime, staff did not show people plated up or visual choices of food to check they were happy with what they were being given. One person told us, "I'm being made to eat something I don't want." Another person said to us, "I've always forgotten what I've said I'll have." A third person told us, "They come round the day before to say what you would like tomorrow. I find that difficult to do. I forget what I've ordered and I don't always fancy it the next day. I do think we should be to choose on the day." Another person told us, "(If you don't like the main choice) you go without or they offer soup and I don't want that." This was echoed by another two people.
- At lunchtime we saw staff give people their meal. We heard staff say, "Here is your lunch." There was no description of what was on the person's plate to help them to understand what they were eating.
- There was evidence of people's weights being monitored regularly and where people were on specialist diets, for example, pureed the appropriate health care professionals had been involved.

We recommend the registered provider uses best practice guidance and staff training to help to inform them of how to ensure people have access to sufficient nutrition of their choice.

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

- There was a lack of signposting and sensory items for people living with dementia around the service. The doors of people's rooms were bland and not individualised to help people recognise it as theirs.
- We observed Christmas decorations still up around the service. This included a large wreath on the wall of the dining room. This may confuse people living with dementia who may not be able to differentiate between the seasons.
- The chairs in one of the lounges were flush against each other which meant that people did not have their own personal space.
- We did however, find people had access to mobility aids, wheelchairs and moving equipment to assist

them to move. There were also displays of pictures of the Royal family and dignitaries which assisted as discussion points for staff and people.

We recommend the registered provider uses best practice guidance and staff training to help to inform them of how to ensure the environment is such that it meets the needs of the people living at the service.

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 with appropriate legal authority. 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 found it was not.

- Staff were working within the legal guidance that related to the MCA as decision-specific mental capacity assessments and evidence of best interests discussions and decisions were in place for people.
- Two people were on covert medicines (medicines without their knowledge) and there were individual decision-specific assessments in relation to this to help ensure that this practice was in the person's best interests.
- People required walking frames to assist them to walk, however these were taken away from them during the day. The registered manager told us that they removed people's frames when they were sitting in the lounge. They told us that they asked people's consent before they did this and they provided us with evidence the decision-specific capacity assessments had been carried out. Following our inspection, the registered manager told us they no longer took people's frames away from them.

Staff support: induction, training, skills and experience

- Staff received training in areas such as moving and handling, safeguarding, infection control and food hygiene. People told us they felt staff knew what they were doing. One person said, "They are good at meeting people's needs." Another person said, "They are busy all the time, they lift people and are very efficient."
- Staff felt supported and had access to supervision. This meant they had the opportunity to meet their line manager to discuss their work, concerns or any training requirements. However, we found that they were not always being appropriately supervised to ensure they put their training into practice. We have referred to this in the Caring domain.
- A staff member told us, "I feel supported and I have supervision every six weeks." They added, "I've had training in moving and handling, safeguarding, the mental capacity add and dementia." A second staff member told us, "The induction and training was excellent."

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

- People's needs were assessed before they moved into the service to help ensure they could be provided with suitable care.
- People's assessed needs were reviewed regularly to help ensure information was up to date in their care plans. The registered manager told us one staff member, over and above the allocated care staff numbers, was employed supernumerary each day. Their role was to keep care plans up to date.

- We saw, where people were able to they had signed their involvement in their care assessment.

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

- People had access to healthcare input when required. The local GP visited the service when required and we saw them at the service on the day of our inspection. A person told us, "We have a very good GP." A second person told us they had regular dental check-ups. A third person commented, "You just have to tell them that you'd like to see the doctor. They're pretty good at making sure you do."
- We saw that staff shared detailed information about people's needs at handovers. Where a person was unwell, we saw that the appropriate health care professionals were consulted. This was then recorded and information passed to staff coming on duty.
- One person told us they had been unwell recently and staff were, "Very kind about it." They said they brought them what they needed to their room, such as meals and drinks.

# Is the service caring?

## Our findings

At our last inspection in July 2016 we rated the service as Good in Caring. We found at this inspection the registered provider had not sustained this rating.

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

People did not receive the dignity and respect they should expect, however we heard from people that staff were kind and caring towards them. Regulations have not been met.

Respecting and promoting people's privacy, dignity and independence; Ensuring people are well treated and supported; respecting equality and diversity

- Although staff were kindly when they spoke with people, staff were not being appropriately supervised to check they were consistently following best practice.
- We observed a staff member take one person's blood pressure whilst they were asleep. They did this twice and used the person's lap to rest the equipment, their pad and pen on.
- At lunch time, one staff member sat between two people. We saw the staff member assist both people to eat one after the other. Later, the same member of staff went between two tables, helping four different people to eat. They stood over people to put the next mouthful into people's mouths. On one occasion, we observed them try to put food into a person's mouth whilst they were still chewing. We also observed another staff member feeding two people at the same time. This practice took place when the registered manager was around and as such demonstrated to us that they felt this was acceptable practice.
- We noted during the morning two people were asleep in their chairs. We used SOFI to observe how staff interacted with these people over a period of one hour. We observed one of those people was not engaged with at all during this time. The other person remained asleep the whole period and it was only at the end of the hour that a staff member approached them. However, this was only to take their blood pressure which they proceeded to do whilst the person was asleep.
- On another occasion, a member of staff tried to rouse a person to give them a drink. They were having difficulty waking the person entirely, however despite this they continued to put a clothes protector on the person whilst they were asleep.
- Throughout the day, we observed staff prompting people with drinks. Their care was very functional and task driven and we saw little time taken by staff to sit with people and chat with them. This was not helped by the layout of the chairs in the communal areas. We found they were arranged around the outside of the room flush against each other. This left no space for someone to pull up a chair beside a person to chat to them. Instead, when staff did speak with people they had to crouch down in front of them.
- One person had a toilet in their room, however instead of a door to separate the toilet from the main room there was just a curtain. The registered manager told us that the curtain was placed there at the choice of the previous occupant however they had not considered whether the person now living in the room was happy with this.
- We saw that people were using branded toddler cups which was undignified. The registered manager told us that this was just a temporary measure as they had ordered more age appropriate two-handed cups.

After the inspection the registered manager told us that these had been removed.

- One person had some concerns. They spoke to three different staff members about this during the day. The first staff member interrupted their conversation telling the person they needed to assist someone to the toilet but they would return. They never did return to the person. The second staff member assured the person that they had been mistaken but that they would check their concerns later in the day. The third staff member appeared to listen to the person. We asked the registered manager at the end of the inspection if the person's concerns had been reported to them, the registered manager told us that staff had reported, "[Name] is hallucinating again." This demonstrated staff had not taken their concerns seriously. Following our inspection, the registered manager told us they had investigated the person's concerns fully.
- Throughout the inspection the registered manager referring to people's allowances as 'pocket money' which was an undignified term for adults. Even when we pointed this out to the registered manager they continued to use this term.

The lack of appropriate supervision to ensure staff were following best practice was a breach of Regulation 12(2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- We did however observe some nice, caring interactions between staff and people and we received positive feedback about staff. One person told us, "I get on well with staff. We have a good rapport." Another person said, "They are very kind. Whenever they're passing they call me by my name – names are so important." Other comments included, "They're very friendly," "Most of them are kind" and, "They're good natured."
- A relative told us, "Very nice (home). My husband always looks clean. They (staff) look after him very well. They are always so kind." They added, "He always looks lovely."
- Another relative said, "It's incredible. It's just like a family. They (staff) care for him."
- A staff member told, "We must preserve people's dignity. For example, we would put a shawl over a lady's knees if she needed it." A person told us, "They make sure I've got everything I need when I shower, they don't forget anything. They bring my soap and towel."
- We observed the business manager assisting one person to resolve a virus that they had on their laptop.
- We also heard from people that staff knocked on their door before entering and we observed this in practice. One person told us, "They always knock on the door before they come in." Another said, "They don't barge in."

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

- Some people were very independent and they made decisions on how they spent their day.
- When people chose to spend time in their room, staff respected this. People told us they liked their rooms. One person told us, "If I want to stay in my room I do. Sometimes I prefer it in here." Another person said, "Yes, it's nice" another told us, "I like living here (in my room)." A third commented, "It's comfortable, it's clean. No one interferes."
- People told us they could choose when to get up and go to bed, with some people saying, "I wake and I like to stay in bed till later" "I usually get myself up" and, "I get up when I'm ready."
- A relative told us, "Staff used to put my husband to bed at 9pm. However, he likes to watch (a particular television programme) and they've reorganised the bed routine so he can watch it before he goes to bed."

## Is the service responsive?

### Our findings

At our last inspection in July 2016 we rated the service as Good in Responsive. We found at this inspection the registered provider had not sustained this rating.

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

People's needs were not always met. We have made a recommendation to the registered provider in relation to activities.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control;  
End of life care and support

- We received mixed responses in relation to activities. A relative told us, "There is enough activities." However, one person said, "I have no one to talk to. Staff don't come in for a chat." Another said, "I get bored, there is nothing to do. I stay in my room as there aren't really many activities." A further person told us, "We sit here like this most of the day. They (staff) try hard, there is someone who organises bingo and quizzes, most people fall asleep though. It's not the best." A member of staff said, "We could do with more meaningful activities. Some people say they are the same all the time."
- We observed a lack of activities for people, particularly those living with dementia. At times, we observed good interactions between staff and people and for a period of time in the morning two staff handed out picture cards to people and asked questions and chatted to them about their individual experiences in relation to the pictures. However, we noted that discussions only took place with people who had capacity to speak with staff. We observed staff bypassing those who may have found it harder to have a conversation. As a result, despite 14 people being in the lounge area at the time, only six were engaged with. One person told us, "Everyone is treated as if we have the same needs."
- There were some activities that took part in the service on a regular basis, such as visit from local schools and colleges where the student took on a caring role. In turn, over the Christmas period trips were organised out to schools for Christmas festivities and trips out had taken place last year. A relative had written, 'Westerley gave mum and dad such a wonderful Christmas'. One person told us, "There is a religious lady who takes a few hymns. I make sure I get down to see her. It's about twice a year. I like playing numbers games, we all like to challenge our brains."
- One person told us they had local students come and play Scrabble with them every weekend. They told us how much they enjoyed this. Another person said, "I think they've got to know me. It's been some time since I arrived, so they should do by now."

We recommend the registered provider uses best practice guidance and staff training to help to inform them of how to develop individualised, meaningful activities. Particularly for those people who are living with dementia.

- There was information in some people's care plans which we found supported what we saw on the day. For example, one person was recorded as liking to wear jewellery and have their nails painted and we observed both at our inspection. One person told us, "They (staff) ask me if there is anything I need. They

make sure I've got everything."

- This same person was diabetic and there was a care plan in place which gave guidance to staff around the signs of hyperglycaemic attack (caused by high blood sugar levels) and hypoglycaemic attack (caused by low blood sugar levels). We found staff were knowledgeable in both.
- People's care plans contained information relating to any risks, their nutrition, medicines, continence, communication and mobility. On the whole, care plans were easy to navigate.
- A staff member told us, "I get to know people by reading their care plans." The staff member was able to tell us about people, why they lived at Westerley Care Home and their preferences.
- The service was not currently providing any end of life support to people. We read in people's care plans, they had the opportunity to record their wishes for their end of life care if they wanted to.
- One person had noted if they had a serious illness they would like to receive treatment but remain living at Westerley Care home. Two families had left a compliment in relation to the care their loved one had received from staff when they were on end of life. They said, "Mum was very well cared for, loved and looked after by the fabulous owner and staff." Another had written, "Looking back over the years, we felt wholehearted that mum had received an excellent level of care throughout her stay."
- We also read that staff were undertaking end of life care planning with a local hospice.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place which was made available to people. One relative told us, "I would not necessarily know how to complain, but I know I could speak with staff and it would be sorted."
- People told us they did not have any issues raising concerns. One person told us, "I would speak to [registered manager]. If I have a problem, we solve it." Another told us, "I would tell them if something was wrong." A relative said, "I could not complain one little bit."
- The registered manager told us they had not received any complaints since our last inspection.
- We read several compliments which had been received by the service. These included, 'I cannot praise this care home enough. The carers, owners and everyone connected to it are absolutely first class'.



# Is the service well-led?

## Our findings

At our last inspection in July 2016 we rated the service as Good in Well-Led. We found at this inspection the registered provider had not sustained this rating.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations have not been met.

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

- Although internal and external audits were carried out, these had not identified the shortfalls we picked up. For example, a maintenance audit carried out in May 2018, had 'yes' filled in against, 'temperatures of baths and sinks satisfactory' and yet we had found four rooms that this was not the case. The same audit also stated that furniture and fixings were in good condition.
- Infection control audits completed in July 2018 and March 2019 had not identified any concerns despite us identifying shortfalls in cleanliness and infection control.
- We read an external inspection visit had been carried out in July 2018. One of the recommendations was, 'fully wake people before offering fluid'. However, we had observed during the afternoon a staff member attempting to get a person to drink before they had woken them entirely.
- The providers websites states, '(People will live in) secure living area with pleasantly furnished single and double rooms...a wide range of activities, e.g., walks, excursions, handicrafts and singing.' During the inspection we found that this was not happening. People's rooms were dated and external activities were not always taking place. One member of staff said, "We haven't tried trips."
- During our inspection the registered manager and business manager were open with us and they displayed a general willingness to make any improvements they could for the good of the people living at Westerley Care Home.
- During our feedback the registered manager took full responsibility for any shortfalls within the service and they were keen to accept information and signposting to guidance in order to progress the service further. Partially in relation to people living with dementia.
- They told us, "We have a brilliant staff team here."
- We had fed back to the registered manager during our inspection on some areas and by the end of the day they had already acted on some of the areas we had highlighted to them. For example, drawing up a smoking risk assessment for one person.
- However, although there was a willingness to learn and improve, there was a lack of evidence that the registered manager had been taking a proactive approach to seek out or take a lead in linking to best practice or guidance, especially for those living with dementia. We also found that they had not always led by example, or supervised staff to ensure that the training they received was reflected in how they cared for people.
- In line with our new methodology as we identified breaches of Regulation during our inspection, we are

unable to award the service a Good rating in Well-Led.

The lack of robust management oversight at the service and failure to provide an appropriate level of service to people was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Other audits were completed and we read that no actions had been identified. For example, an external medicines audit.
- One infection control audit had identified new pillows and duvets were needed and the registered manager confirmed these had been ordered.
- We read that the service had received a five-star rating from the Food and Hygiene authority in March 2018.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Relatives told us they felt there was an open-door policy within the service and that management were approachable. One person told us, "I see her come round. It's usually about once a day. She's pretty approachable."
- This was reiterated by staff who all, without fail, told us they felt supported. One staff member said, "Management are very nice – we work as a team."
- A relative was particularly complimentary about the registered manager and team. They told us, "They look after me too and check I am okay. [Registered manager] will come and give me a hug and ask me if I am alright." They added, "I've recommended this place to four people since (my husband) has been in here."
- We read other online compliments about management which included, the management team at Westerley is impressive and highly experienced. One can see that staff are very well trained'. A social care professional had fed back to us that they felt the management of the service was good.

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

- People were given the opportunity to give their feedback through resident's meetings, an independent survey and an in-house survey. We noted there was a standing agenda which covered new staff, confidentiality in relation to records, the menu, any up and coming events and care plans.
- The results of the independent survey dated October 2018 showed that people either 'strongly agree' or 'agree' that they felt safe, there was sufficient staff, staff were kind and caring and they were treated with dignity.
- Westerley Care Homes in-house 2017-18 survey had been received 30 responses. This included feedback from people, their families and professionals and we read that feedback was general positive. Comments included, 'great care, very caring staff', 'manager always on hand', 'best home' and, 'manager trains staff well'.
- Staff had the opportunity to meet through staff meetings and topics covered included training and general aspects of the day to day running of the service. They told us that they felt valued and supported by the registered manager. Comments included, "If I have any concerns I just go to [the registered manager]. She respects my thoughts" and, "She is brilliant, always very good with everyone and I always feel supported."

Working in partnership with others

- The service had good links with the local community and key organisations. Visits to local schools took place, another school had come to plant bulbs and children played board games with people. There was a

volunteer from school talking to people during the inspection.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	<p>The registered provider had not ensured people were receiving safe care and treatment.</p> <p>The registered provider had not appropriately supervised staff to ensure they were competent.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The registered provider had not ensured there was good governance within the service.