

HC-One Limited

Westleigh Lodge

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

Westleigh 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 home is situated in Leigh, Greater Manchester and provides nursing care for up to 48 people living with dementia. The home is made up of two units spread over two floors, one named Brookdale, the other Parkview. At the time of our inspection 45 people were living at Westleigh Lodge.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

During the last inspection, although the home was rated as good overall, it was rated as requires improvement in the KLOE safe, as we identified some minor concerns with medication management, recruitment procedures and odours within the home. During this inspection we found the provider had made improvements within each of these areas.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe living at Westleigh Lodge. Relatives also spoke positively about the standard of care provided to their loved ones, telling us their relatives were well looked after and they would recommend the home to others. We saw staff had all received training in safeguarding, which was regularly refreshed and when asked, all knew how to report any concerns.

The home was clean and free from odours, with robust cleaning and infection control processes in place. Staff wore personal protective equipment (PPE) to prevent the spread of infection and toilets and bathrooms contained hand hygiene equipment and guidance. The home had recently undergone a period of refurbishment, with further works planned in the future, to ensure the environment remained suitable.

Staffing levels were allocated based on people's dependency levels, which were regularly reviewed, to ensure information was accurate and reflected people's current needs. People, their relatives and staff all told us enough staff were employed to meet people's needs.

Care files contained both standardised and personalised detailed risk assessments, which were reviewed monthly to reflect people's changing needs. This ensured staff had the necessary information to help minimise risks to people living at the home.

We saw medicines were stored, handled and administered safely and effectively. All required documentation was in place and had been completed consistently. Staff responsible for administering medicines had been trained and had their competency assessed.

Staff told us they received sufficient training and support to carry out their roles. We saw staff completed an induction programme upon commencing employment and on-going training was provided, both e-learning and practical, to ensure skills and knowledge remained up to date. Staff also confirmed they received regular supervision and annual appraisals, along with the completion of monthly team meetings.

Where possible, people were encouraged to make decisions and choices about their care and had their choices respected. Relatives and/or legal representatives, were actively involved in the care planning and review process, and had access to care documentation upon request. We saw people's consent to care and treatment was also sought prior to care being delivered. We saw the service was working within the principles of the MCA and had followed the correct procedures when making DoLS applications.

People's nutrition and hydration needs were being met. Meal times were observed to be a positive experience, with people having a choice into both what and where they ate. Food and fluid charts had been used where people had specific nutritional or hydration needs, with clear guidance in place for staff to follow.

Throughout the inspection we observed positive and appropriate interactions between the staff and people who used the service. Staff were seen to be patient, caring and treated people with kindness, dignity and respect. It was clear from observations, staff knew the people they supported very well and people felt comfortable in staff's presence.

Each care file we viewed contained detailed, personalised information about the person and how they wished to be cared for. Each file contained detailed care plans and risk assessments, which helped ensure their needs were being met and their safety maintained. These had been reviewed regularly, with the involvement of people and their relatives, to ensure they remained suitable for their needs.

The home had a complaints procedure in place, with any received recorded in detail along with actions taken. People and relatives we spoke with knew how to complain, but said they had not needed to.

An activity coordinator had recently been recruited, who had introduced a varied activity programme. Folders had been set up to record and document activity completion, which people could refer to for remembrance. The home also linked in with other homes in the local area, to enable people to engage in each other's activities and events.

The home had a range of systems and procedures in place to monitor the quality and effectiveness of the service. Action plans were drawn up, to ensure any issues had been addressed. Feedback of the home was sought from people, relatives and staff and used to drive continued improvement.

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 has improved to safe.

Medicines were stored, handled and administered safely by trained staff that had their competency assessed regularly.

Recruitment procedures were robust, which ensured all staff employed were of suitable character to work with vulnerable people.

Staffing levels were appropriate to meet people's needs, with dependency levels regularly reviewed.

Is the service effective?

Good ●

The service remains effective.

Is the service caring?

Good ●

The service remains caring.

Is the service responsive?

Good ●

The service remains responsive.

Is the service well-led?

Good ●

The service remains good.

Westleigh Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 25 and 26 July 2018. The first day of the inspection was unannounced.

The inspection team consisted of one adult social care inspector from the Care Quality Commission (CQC) and an Expert by Experience (ExE). An Expert by Experience is a person who has experience of using or caring for someone who uses health and/or social care services.

Before commencing the inspection, we looked at any information we held about the service. This included any notifications that had been received, any complaints, whistleblowing or safeguarding information sent to CQC and the local authority. We also spoke to the quality assurance team at Wigan Council.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the course of the inspection we spoke to the registered manager and six care staff. Due to the home supporting people living with a diagnosis of dementia, we were only able to speak at length with three people who lived at the home, however we also spoke with seven visiting relatives, to establish their views.

We looked around the home and viewed a variety of documentation and records. This included; six staff files, six care files, ten Medication Administration Record (MAR) charts, policies and procedures and audit documentation.

Is the service safe?

Our findings

We checked the progress the provider had made following our inspection in December 2015 when we identified minor concerns with medication management, recruitment procedures and odours within the home.

As part of this inspection we reviewed medicine related documentation, checked stock levels and ensured staff had received the necessary training and supervision to administer people's medicines safely and as prescribed. We found the provider had made improvements and medicines were now being managed safely and effectively. The recording of topical medicines, such as creams and lotions had been completed consistently, using the correct administration records. Body maps were in place which showed where the cream or lotion needed to be applied, which acted as a visual aid for staff.

We found medicine administration records (MARs) had been completed accurately and consistently, with times for administration clearly recorded. Guidance for staff on the correct completion of MARs had been drawn up and displayed in the two clinic rooms where medicines were stored. Written prompts had been recorded on whiteboards in the clinic rooms, which reminded staff of the administration times for certain medicines, which need to be given early in the morning or prior to eating. This ensured people received their medicines at the correct time.

Each person's MAR was accompanied by an information sheet, which contained their name, date of birth, photograph, allergy information, any issues with the administering medicines along with how they liked to take them. We saw 'as required' (PRN) protocols in place for people who took this type of medicine, for example paracetamol. These provided staff with information about whether the person could request the medicine and if not how to identify it was needed, how much to give and how frequently. This ensured staff administered medicines to the correct people, when necessary and in the way each person wanted.

Where people required their medicines covertly, which means without their knowledge or consent, we found best practice had been followed. Both GP and pharmacist guidance had been sought and best interest meetings and decisions made, to ensure administering medicines in this way was the most appropriate method for each person.

We looked at six staff files to ensure safe recruitment procedures had been followed. We saw evidence references, Disclosure and Baring Service (DBS) checks and full employment histories had been sought for all staff. These checks ensured staff were suitable to work with vulnerable people.

The home had recently undergone a period of refurbishment, which had included replacing carpets and other furnishings, upgrading bathrooms and decorating communal areas. Further work was planned in line with the homes improvement plan. One of the relatives we spoke with told us, "The environment is fine and they have just had new carpets and furniture".

Each of the three people we spoke with told us they felt safe living at Westleigh Lodge. Relatives also spoke

positively about the safe care provided, with one telling us, "Yes, she's safe here, we have no concerns at all." Another said, "I have no reason to doubt [relative] is safe. The staff are very nice."

We looked at the home's safeguarding systems and procedures. We noted all staff had received training in safeguarding, which was regularly refreshed. Each staff member we spoke with was able to clearly explain their responsibilities and how to report any concerns. We saw up to date safeguarding policies and guidance in place, along with copies of the local authorities reporting procedure, which ensured concerns were reported correctly and timely. We saw referrals had been made to the local authority as required.

People and relatives we spoke with, said enough staff were on shift to safely meet their needs. One person said, "There's enough staff and I like them all." A relative stated, "Definitely enough staff on shift. They also don't have a big turnover here, which is good as it ensures care is consistent."

The home used a system for working out the number of staff needed per shift to meet people's needs; these are sometimes called a 'dependency tool'. We saw people's dependency levels had been reassessed monthly, to ensure they remained accurate. Rotas viewed during inspection, confirmed enough staff had been deployed to meet people's assessed needs.

We looked at accident and incident information and found these had been documented as necessary using the providers electronic system, alongside paper copies. For each incident we noted root cause analysis had been carried out which reviewed what had occurred, the factors involved, actions taken and any strategies which could be used to prevent a reoccurrence.

We found care files also contained a range of personalised risk assessments, covering areas such as diet, weight, falls, continence, moving and handling and personal emergency evacuation plans (PEEPS). A PEEP is a document designed to ensure the safety of a person in the event of an emergency evacuation. It details the escape route and identifies the people who will assist in carrying out the evacuation. Each risk assessment included how any assessed risks would be minimised. We saw evidence of proactive actions being taken to minimise risks, for example one person had been purchased a new chair, to reduce the likelihood of them falling when moving around in the chair.

During the inspection, we found the home to be clean and free from offensive odours. Cleaning rotas were in place and used daily, to ensure all areas and equipment had been maintained. Bathrooms and toilets contained hand washing guidance, along with liquid soap and paper towels. Staff had access to and used personal protective equipment (PPE) such as gloves and aprons, to minimise the spread of infection.

We found the home had effective systems in place to ensure both premises and equipment were fit for purpose. Gas and electricity safety certificates were in place and up to date. Call points, emergency lighting, fire doors and fire extinguishers were all checked to ensure they were in working order. Hoists, slings and the lift had been serviced within required timeframes, with records in place evidencing this. This ensured equipment was safe to use and protected people from harm. Health and safety meetings and audits had been completed quarterly, which included a review of risk assessments, accident and incidents and the environment.

Is the service effective?

Our findings

At the last comprehensive inspection, we found the service was effective and awarded a rating of Good. At this inspection we found the service continued to be effective.

People continued to receive effective care and support from staff who had received regular training and supervision to ensure their knowledge and skills remained up to date. The home had a good staff retention rate. The six staff we spoke with had over 50 years of experience at the home between them and as a result knew the people they supported very well. Relatives we spoke with confirmed this was the case. One told us, "They all know what mum likes and how she wants to be treated."

Upon commencing employment, staff continued to receive a comprehensive induction, which for those without a background in care, also involved completion of the care certificate. The Care Certificate was officially launched in March 2015 and employers are expected to implement this for all applicable new starters from April 2015. Staff spoke positively about the on-going training provided, which they said was done via e-learning and practical sessions. Training was monitored by the provider and reminders provided to ensure staff remained up to date.

We found staff had received supervision and appraisals in line with the provider's policy and procedures. Staff supervision and appraisals had also been monitored via the provider's online system, to ensure completion. We saw each staff member had been allocated a mentor, with whom they met regularly to seek support and discuss areas of their choice.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA. We found DoLS applications had been submitted as necessary for people deemed to lack capacity to consent to their care and treatment. A log had been used to track applications with evidence noted of the home pursuing outstanding assessments. We saw best interest meetings had been held, to ensure decisions made on behalf of people who lacked capacity were in their best interest. Staff told us they had received training in MCA and DoLS and during conversation, demonstrated a good working knowledge of the main principles and the impact to people living at the home.

People and their relatives were complimentary about the food provided. Comments included, "The food's alright" and "No concerns, my wife eats well and has put weight on." We found people's dietary requirements continued to be assessed and their needs met, such as the provision of 'soft' or 'pureed' meals. Clear guidance was in place within care files and the kitchen, to ensure people received the correct diet. Where necessary we saw food and fluid charts had been used, to monitor people's intake in order to prevent dehydration and/or unplanned weight loss.

We saw people's weights had been monitored in line with their needs, and people at risk of developing pressure sores, had care plans and risk assessments in place along with pressure relieving equipment, such as mattresses and cushions, which were checked twice daily, to ensure settings remained correct. People continued to be supported to access medical and healthcare professionals as required, which included GP's, district nurses, speech and language therapy (SaLT) and podiatry. Involvement had been clearly documented within each person's care file.

Is the service caring?

Our findings

At the last comprehensive inspection, we found the service was caring and awarded a rating of Good. At this inspection we found the service continued to be caring.

People and the relatives we conversed with spoke positively about the care provided at the home. Comments included, "Staff are caring", "Couldn't ask for anymore, very happy with how mum is treated" and "Mum is cared for in a way she would expect."

We saw examples of written feedback provided to the home, either via thank you cards, emails or surveys, which also commented positively on the care provided. Examples included, 'We are pleased with the kindness and care my mother receives here' and 'Totally overwhelmed with the care and standards of this lovely welcoming home.'

The home ran a 'kindness in care' awards scheme, to recognise, promote and acknowledge the positive care provided by staff. Each month colleagues nominated someone they felt was deserving of the award and why, with the overall winner being presented with a voucher.

Staff were aware of the importance of ensuring people's privacy and dignity was respected and maintained. Staff we spoke with told us this was achieved by, "Making sure we are discreet, covering people up, closing curtains and doors and talking through what we are going to do." People and their relatives confirmed this occurred and that dignity was maintained. One told us, "They give mum as much dignity as they can. We have seen them change her top after eating, as she had spilt some food on it. They know how she looks is important to her, so made sure she was well presented."

Staff were also mindful of the importance of promoting people's independence and encouraged people to do as much for themselves as possible. One told us, "It's important we encourage them to keep their skills. We encourage people to eat by themselves, brush their own hair, apply make-up, whatever they can manage to do."

Throughout the inspection we observed positive interactions between staff and people living at the home. Staff were patient, taking time to explain any aspects of care before undertaking them, as well as encouraging people during the completion of tasks or activities. On one occasion we saw a person was refusing to eat. The staff member initially provided encouragement, before suggesting a number of alternatives the person could have instead, none of which were on the menu, until the person agreed. The staff then went to sort out the chosen option. It was clear from observations and listening to conversations, staff knew each person well, and people felt comfortable in staff's presence.

People's spiritual needs were supported with a local church visiting the home to carry out a communion on a monthly basis. Another person's family supported their relatives' continuance of their faith by reading religious text to them during visits. There was a positive culture at the service and people were provided with care that was sensitive to their needs and non-discriminatory. Staff were mindful of the importance of

catering for people's diverse needs, whether these be personal, spiritual or cultural. Care files contained sections which captured people's needs, wishes, religious and cultural beliefs or requests.

We saw people's views, along with those of their relatives, had been captured via annual satisfaction surveys, distributed by the provider. Feedback and action points had been generated, so people could see their views had been acted upon. The home also held monthly resident and relative meetings, however attendance had been poor. In response the registered manager had written to people, to ask for their views on meetings and their frequency.

The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. We found the service had met this standard. People's care files contained detailed information which explained the most effective ways to support the person to communicate.

Is the service responsive?

Our findings

At the last comprehensive inspection, we found the service was responsive and awarded a rating of Good. At this inspection we found the service continued to be responsive.

People and the relatives we spoke with confirmed the care provided was responsive to their needs. During the inspection a relative had raised concern about his wife's health, two carers and a nurse responded and after checking the person, contacted the GP who visited straight away. The relative told, us, "They were very quick to respond, can't fault them."

We saw prior to admission to the home, a pre-admission assessment continued to be completed, to ensure they could meet the person's needs and gather personalised information to assist in the care planning process. Upon admission a checklist had been used to ensure all required documentation was in place and person's needs met.

We found the home continued to provide personalised care, designed around each person's needs and wishes. Each care file we viewed contained a 'resident profile' which provided key personalised information, including how they wished to be addressed, things they must have including items such as glasses, hearing and mobility aids, important things about their life and what they enjoyed doing. This information was supplemented by a 'getting to know you' document, which detailed amongst other things, the person's life history, likes and dislikes.

We found care plans provided detailed guidance to staff on how the person wanted to be supported and what their needs and wishes were. Where possible, care plans had been written with the involvement of people or their relatives. Monthly care plan reviews had been completed, with people and/or their relatives encouraged to participate in this process. Formal reviews with relatives were completed every three to six months, depending on their preference. One relative told us, "We are fully involved and can access records anytime we want to. They discuss any changes with us, communication is excellent."

We saw people's social needs were encouraged and promoted, although the registered manager agreed this was a developing area, which had improved with the support of the new activities coordinator. A weekly activity schedule was displayed on the noticeboard and advertised a range of activities including spa and music, sing along, virtual headsets and cinema. During the inspection we sat in on the virtual headset session, which was run by an external provider. We observed one person chuckling to themselves, as they viewed a 'virtual beach scene' also saying hello to the virtual people who walked by. The home also had their own minibuss, which they used to facilitate outings.

The home continued to have appropriate complaints policies and procedures in place, which were clearly displayed within the home. We saw any complaints received had been logged and recorded on the providers electronic system, along with action taken and outcomes. People living at the home and their relatives told us they had not had cause to complaint, though would happily speak to staff if they did. Comments included, "Never had cause to complain" and "Never had to make a complaint, but if I did, I

would speak to one of the nurses or go to the office."

At the time of inspection, no-one living at the home was receiving end of life care. However, the home had been a member of the 'Hospice in your care home' programme for the last nine months, working closely with Wigan and Leigh Hospice to help improve practices and knowledge in relation to end of life and palliative care. Within the care files we viewed, we saw people's wishes for this stage of their life had been captured.

Is the service well-led?

Our findings

At the last comprehensive inspection, we found the service was well-led and awarded a rating of Good. At this inspection we found the service continued to be well-led.

At the time of our inspection there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Since the last inspection a new registered manager had been appointed. People and their relatives spoke positively about the manager, comments included, "Best manager we have had in eight years" and "She's very approachable, you see her walking round the home checking on things."

We saw the home continued to have a clear management structure in place, with the registered manager being supported by a deputy manager. Each unit also had its own unit manager, who was responsible for the day to day running of their unit and completion of staff rotas.

Staff we spoke with all said they enjoyed working at the home and felt both valued and supported. Comments included, "I feel supported here...they recognise your hard work and you are rewarded for this" and "Yes, I love working here. One of the best homes I have worked in, everyone is passionate, feels like were looking after family members." We saw the home presented a 'carer of the month' award, which staff said was motivational and encouraged good practice.

We noted staff meetings had been held monthly, with meeting times alternating between 2pm and 6pm to accommodate night staff. Meetings provided the opportunity for staff to discuss any issues of concern and be updated on information about the home. Staff were also involved in how the home was run via annual staff surveys, which sought their opinions and experiences of working there. We saw any suggestions made during this process had been implemented.

We saw a number of examples of positive partnership working during the course of the inspection. The home was a member of the 'community circles' project, which linked together local care homes, who met monthly to share ideas and encourage involvement. People had taken part in a number of activities and events at different care homes as a result. The home also had links with a local school and nursery, with children visiting the home to spend time engaging in activities and events with people living there. The homes involvement had enabled the nursery to gain recognition as the first dementia friendly nursery in the area.

We saw there were a range of audits and monitoring systems in place to assess the quality and effectiveness of the service. These were completed internally via the management and senior staff, as well as at provider level, and followed a set schedule to ensure all areas had been assessed and continuous improvement promoted. Audits and processes in place covered a number of areas including accidents, incidents, falls,

medication, and care documentation. For any issues identified, action plans had been completed, which explained how these would be addressed.

Additional quality monitoring processes included, 'resident of day', which was an audit of a person's whole programme, including care plans and risk assessments and included input from housekeeping, the chef and maintenance team. We also noted daily and clinical 'walk rounds', night visits and daily flash meetings, with the heads of department had also been completed consistently, to ensure care had been provided to required expectations.

We saw provider level audits of service provision as a whole continued to be completed, with actions plans generated along with details or areas of strength and areas for development.

Policies and procedures to guide staff were in place and had been updated at provider level to recognise any changes in legislation. Staff were able to demonstrate a good understanding of the policies which underpinned their job role, such as safeguarding people, health and safety and infection control.