

Mr & Mrs M S Sadek

Westwood Care Home

Inspection report

9 Knoyle Road
Brighton
East Sussex
BN1 6RB

Tel: 01273553077

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Inspected but not rated

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Westwood Care Home is a residential care home registered to provide care for up to 29 people. The service comprises of two converted houses, with a lounge/dining area and a garden to the rear of the property. At the time of inspection there were 19 people living at the service, some of whom were living with dementia.

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

The service was well led, relatives spoke highly of the management and staff at Westwood Care Home. They particularly appreciated the provider's person-centred values which were shared by management and staff. Relatives were confident in the management of the service. Staff understood the importance of being person-centred and felt this was embedded in how the home was run.

The homely atmosphere was particularly good and had helped people to settle in, to feel comfortable and happy. People were encouraged and supported to personalise their rooms and to feel 'at home'. People's individuality was respected and supported by managers and staff. Relatives appreciated the homely environment.

Staff moral was good and teamwork was strong. There were regular handover meetings between shifts to ensure continuity of care and sharing of information and ideas. Staff told us they felt valued in their roles and enjoyed their work, they had access to training and development opportunities.

Audits and reviews of quality were leading to improvements. The provider and management team were keen to learn and were open to feedback.

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

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 20 December 2017).

Why we inspected

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 coronavirus and other infection outbreaks effectively.

The inspection was prompted in part due to concerns received about how the provider was ensuring that records were being kept up to date and how they were working in partnership with other agencies. A

decision was made for us to inspect and examine those risks.

We received concerns in relation to management oversight of the service, infection prevention and control (IPC) following a recent COVID-19 outbreak and how improvements were managed. As a result, we undertook a focused inspection to review IPC management and the key question of well-led only. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the well led section of this full report.

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?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Details are in our safe findings below.

Inspected but not rated

Is the service well-led?

The service was well led.

Details are in our well-led findings below.

Good ●

Westwood Care Home

Detailed findings

Background to this inspection

The inspection

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

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 an inspector and an assistant inspector.

Service and service type

Westwood 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.

The service had a manager registered with the Care Quality Commission. The registered manager was also the provider. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used information received from the local authority about the recent COVID-19 outbreak, safeguarding enquiries and quality monitoring audits.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with three members of staff including the provider, who is also the registered manager, and the assistant manager. We reviewed a range of records relating to the management of the service, including policies and procedures, audits and IPC records. Due to the current COVID-19 outbreak we wanted to minimise our time spent within the home and ensure social distancing was maintained. We did not engage people in conversations about their care but observed interactions between people, staff and managers throughout our visit.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We sought contact with six care staff who work at the home and spoke with two. We spoke with two professionals who have regular contact with the service. We spoke with five relatives of people who live at the home.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using Personal Protective Equipment (PPE) effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

The purpose of this inspection was to check if the provider had appropriate practices in place following a COVID-19 outbreak. We will assess all of the key question at the next comprehensive inspection of the service.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

Prior to this inspection the provider had sent a delayed statutory notification to us. This was a breach of regulation 18 (Notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009. The provider had promptly responded by reviewing their notification process, they ensured that subsequent notifications were managed without delay. We were satisfied that the provider had taken appropriate action. We did not take enforcement action and continue to monitor statutory notifications from the provider. At this inspection we found no further concerns with statutory notifications.

- The provider had improved processes for managing IPC and was reviewing the content of the training programme for staff and managers. This was in response to a recent quality assurance audit carried out by the local authority. A manager told us they welcomed opportunities to review and improve processes and policies and were positive about the support they had received.
- The provider and manager told us they were proud of their staff and regularly gave them feedback. Managers regularly observed staff and understood their strengths and skills. A member of staff told us, 'I was interested in [an additional role] so they gave me training and this is one of my roles now.' Management were actively considering a new appraisal process for staff.
- Staff felt valued in their role. They told us, 'I don't have concerns but managers listen when you have ideas or concerns.' and 'I can easily raise concerns or questions with managers, I feel supported and the response is quick.', 'Everyone is very open with each other, all managers and staff can talk together.'

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

- The home had strong person-centred values which promoted people's choices. We observed that people were offered options for meals and drinks at lunch time and a range of meal choices were provided accordingly. We saw that people's rooms were decorated individually with personal effects and items.
- Staff and relatives all spoke highly of the value the provider placed on people's individuality and happiness while living at the home. A relative told us, 'Staff spend time with [my relative] and know her, everything she wants is provided as much as possible.' A member of staff told us, 'The provider wants care to be person centred, I think all of the staff work in this way.' We observed people to be happily engaged with staff and each other.
- Relatives spoke positively of the homely approach and friendly, caring staff. They told us, 'It's really

homely, that was really suitable for mum.' 'Mum loves the food, she's really happy and the carers are always happy and laughing with her.' 'It's homely, congenial, they have emotional intelligence, they care.' One relative told us, 'When I walked in and met the managers and staff I knew [my relative] would be cared for, and they have been.' We observed that some people had familiar items such as gifts and toys available in the lounge as well as in their rooms.

- The provider ensured people received individual care and attention. A relative told us, 'I can't speak too highly of the service and management. They accepted [relative's] choices, he had his room how he wanted it'. Another relative told us, 'I had a long conversation with the assistant manager, she understood and asked for things like the music mum loves and would sing along to – positive things.' We observed staff to spend one to one time in conversation with people, talking about family, interests and activity options.
- Relatives and staff told us they felt listened to. Staff told us the provider and management were approachable and open to comments, suggestions and questions. Relatives told us that during the COVID-19 pandemic they felt assured by good communication from the service about their loved ones, wellbeing and changing needs.

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

- The provider had added a separate telephone line during the pandemic for people to maintain contact with their families. Relatives felt encouraged to maintain regular contact and had confidence that the provider was responding to government guidance for visits to care homes.
- Care and support was tailored to individuals. Staff got to know people and valued the contributions of relatives. Relatives gave us examples of the provider ensuring that people's specific religious, dietary and psychological needs were understood and met as far as possible.
- People were encouraged to meet together and discuss their wishes. For example, a local school had sent Christmas cards to them, a manager supported them to decide how to collectively thank them.
- Staff met together through the day for shift handovers. They told us these meetings were valuable for sharing information about changes, raising questions and making suggestions for improvements to care provision. Notes were kept of handover meetings for staff to refer to.
- Managers had explored ways to improve contact for people with sensory impairment with their relatives. Video calls had been trialled to support communication. Staff told us that people's communication needs were an essential part of their participation in conversations and decisions.

Continuous learning and improving care

- Improvements were needed to the way some PPE was stored, to signage at PPE change points and access for cleaning communal areas. The manager made changes immediately.
- There were a range of audits in place to check the quality of services in the home such as cleaning, medicines management and IPC. The assistant manager told us they had improved their overall knowledge of infection control and effective cleaning processes through the pandemic. Staff had received a range of training and felt confident in their roles.
- Management and staff accessed online training and information refresher sessions. Most training was previously attended in person, due to the pandemic restrictions the provider found it challenging to source appropriate training. The provider has acted on advice from the local authority and public health teams in order to access suitable training.
- The provider and management team were part of the local provider network. As a single care home provider, they told us they valued the support, advice and information this had provided. The local authority confirmed their participation in local forums had improved over the past few years.

Working in partnership with others

- The provider welcomed external quality assurance support from the local authority. We saw evidence they had acted on suggested improvements from safeguarding enquiries and the recent COVID-19 outbreak. The local authority told us the provider has always been open and participated in quality improvement processes.
- The provider worked well in partnership with the local GP surgery. A GP told us, 'I do feel the care home achieves good outcomes' [for people]. They told us managers were well informed about people's health conditions and needs and communicated effectively in a timely way.
- The assistant manager had built a good working relationship with the specialist dementia team and valued their expertise and advice. Staff actively looked for ways to enhance the environment and experience of people living with dementia. For example, people were supported to reminisce with stories, music, familiar items and photographs.