

Westview Lodge Limited

Westview Lodge Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Westview Lodge is a care home which provides residential care for up to 74 people. The service operates a intermediary service for people who need rehabilitation following an illness in hospital or crisis in their own home. It also provides care for older people and people living with a dementia. At the time of our inspection there were 73 people using the service.

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

Since the last inspection the regional manager and registered manager had made significant improvements to the operation of the service. Action had been taken to ensure staffing levels had been increased. The care records had been improved and a range of new care record templates had been created for people who used the intermediate service. Hazardous substances were stored and infection control issues had been resolved. They had looked at opportunities to improve every aspect of the service and were committed to improving the service further.

The registered manager and staff demonstrably showed people were valued and respected. Staff had time to place people at the heart of the service. The registered manager had used a local authority grant to improve the environment on the unit for people living with dementia. They had commissioned an external company to make large wall art depicting different parts of Hartlepool. They had purchased old local newspapers and scented flowers to go outside the murals of the local shops. They had also purchased specialist light fittings that looked like windows looking out on the sky. The environment had a calming effect on people and they appeared very relaxed and content.

The registered manager had also created dynamic communal areas such as a bar in one lounge that had a hydration station. People independently and frequently used this to get drinks. Staff had been actively engaged in the projects and supported the registered manager to make positive changes. Staff routinely made 'mocktails' and this added to people's ability to remain appropriately hydrated.

The activities coordinators had developed a wide range of events. They made sure people had a life with meaning and clearly valued each person. Staff actively engaged in enabling people to enjoy a wide range of in-door activities as well as encouraging people to access community resources. The activity coordinators had also forged links in Hartlepool with different groups and business. The local school for people living with disabilities regularly visited. A local printer had enlarged a wide range of old photos of Hartlepool. These were on display throughout the home and were a talking point for people.

Staff were committed to delivering person-centred care. They actively promoted equality and diversity within the home. 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. We highlighted that staff had not always completed capacity assessments and 'best interests' decisions for restrictive practices such as people needing staff to go with them when they went out. The registered manager ensured this matter was

addressed immediately.

Staff took steps to safeguard people and promoted their human rights. Incidents were dealt with appropriately and lessons were learnt, which helped to keep people safe. People's health and social care needs were thoroughly assessed. External professionals were involved in individual's care when necessary.

Appropriate recruitment processes were in place. Staff had received a wide range of training and checks were made on the ongoing competency of staff. Appropriate checks were completed prior to people being employed to work at the service.

The cook had received training around meeting people's nutritional needs. Staff effectively supported people to eat a nutritious diet and drink ample fluids. A range of menu choices were available.

The registered manager took appropriate action to deal with any concerns and complaints. The service was well run. The regional manager and registered manager carried out lots of checks to make sure the service was effective. The registered manager constantly looked for ways to improve the service.

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

Rating at last inspection

The last rating for this service was requires improvement (report published 31 October 2018) and there were two breaches of regulation.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the service had made sustained improvements and addressed the issues identified at the last inspection.

Why we inspected

This was a planned inspection based on the rating at the last inspection.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Westview Lodge Care Home

Detailed findings

Background to this inspection

The inspection

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

Inspection team

One inspector completed this inspection.

Service and service type

Westview Lodge is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection

This was an unannounced inspection.

What we did

We reviewed information we had received about the service, which included details about incidents the provider must notified us about, feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all the information to plan our inspection.

During the inspection

We spoke with 11 people who used the service and four relatives to ask about their experience of the care

provided. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with the regional manager, the registered manager, the deputy manager, four senior carers, five care staff, an assistant cook, the administrator and visiting healthcare professionals.

We reviewed a range of records. This included seven people's care records, medication records and various records related to recruitment, staff training and supervision, and the management of the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection we found these issues were resolved. The key question has improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; learning lessons when things go wrong; preventing and controlling infection

At the September 2018 inspection we found the provider was in breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2018 (regulated activities) regulations 2014. Risk assessments and PEEPS were not always accurate. Remedial work from Health and Safety checks had not completed. Hazardous products had not always been stored safely. Staffing levels did not consider the level of support people may need in the event of an emergency evacuation. At this inspection, action had been taken to improve and the provider was no longer in breach of regulation 12.

- The provider and registered manager critically reviewed all aspects of the service and determined if and where improvements could be made. Staff were supported to learn from what worked well and not so well.
- Staff understood where people needed support to reduce the risk of avoidable harm. Care plans contained explanations of the control measures for staff to follow to keep people safe.
- The environment and equipment were safe and well maintained. The home was undergoing a full refurbishment programme and most of work had been completed. The registered manager was in the process of replacing the carpets in the bedrooms. Emergency plans were in place to ensure people were supported in certain events, such as a fire.
- The home was clean, and people were protected from the risk of infection. The visiting Infection Prevention and Control Nurse had "seen a massive change in the care home environment. There is still some extra re-decoration to be completed but a lot has changed since the new manager arrived, the feedback from the staff is that she is very good and has built the moral up with staff and spent money where it needed to be spent."
- The registered manager had systematically replaced all of the damaged commodes and mattresses. This action had been required for some years and the registered manager measured approach had ensured the changes were made in nine months.

Systems and processes to safeguard people from the risk of abuse

- The provider had implemented an effective safeguarding system. Staff understood what to do to make sure people were protected from harm or abuse and received appropriate and effective training in this area.
- People felt staff would make sure they were safe. A person commented, "The staff are really good. They know how to make sure we are safe and cared for properly."

Staffing and recruitment

- There were enough staff on duty to meet people's needs. A unit lead, three seniors and six care staff worked during the day. At least two seniors and five care staff were on duty overnight. The registered manager, deputy manager and ancillary staff worked at the service across the week.
- The provider operated systems that ensured suitable staff were employed. We noted that the interview template did not include questions about gaps in employment. The registered manager immediately ensured this was amended.

Using medicines safely

- People's medicines were appropriately managed. Medicines were safely received, stored, administered and destroyed. Clear protocols were in place for the use of 'as required' medicines.
- Records showed, and staff confirmed they had received training in medicines management and they had been assessed as competent in this area.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection we found these issues were resolved. The key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At the September 2018 inspection we found the provider was in breach of regulation 17 (Good governance) of the Health and Social Care Act 2018 (regulated activities) regulations 2014. The provider's assessment tool led to the care files being enormous and often information did not link up or provide a rounded picture of the person. The care records for the intermediate service were extremely lengthy and did not allow staff to concentrate on presenting needs and risks. The provider had not supplied the appropriate Mental Capacity Act 2005 (MCA) capacity assessment documentation or 'best interests' decision forms. No information was available to show that when people had their relatives act on their behalf this legally supported. At this inspection, action had been taken to improve and the provider was no longer in breach of regulation 17.

The MCA provides a legal framework for making 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 a decision and 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 DoLS. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The registered manager ensured staff followed all the principles and guidance related to MCA and Deprivation of Liberty Safeguards (DoLS) authorisations. Staff ensured people were involved in decisions about their care and knew what they needed to do to make sure decisions were taken in people's best interests. Staff asked people for consent before providing them with assistance and asked them what their choices were for meals and drinks.
- However, at times staff had not recorded capacity assessments or 'best interests' decisions for some restrictive practices such as being accompanied when going out. We brought this to the registered manager's attention and they undertook to ensure this was immediately remedied.
- The assessment tool had been altered to support staff to provide detailed information about people's needs. Additional 'My choices' and 'My journals' had been created. Staff used these effectively to record a wealth of information about people's life histories and current presentation. Staff regularly reviewed and

updated, where needed, the assessment records.

- A new assessment tool had been created for the intermediate service, which was far more useable and allowed staff to concentrate on key information. The Ipad risk assessment and care plans drawn from these were easy to follow.
- The assessment booklet grouped together various competing needs in one box. We discussed this with the unit leader and senior who immediately started to highlight the relevant need people had.
- Staff ensured people's care was delivered in line with evidence-based guidance. The registered manager and staff ensured this best practice guidance informed the care plans so staff could support people to achieve effective outcomes.

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

- The provider had been completing a full refurbishment of the home. We found the environment had been significantly improved. The home had been fully redecorated and was now homely. We found this environment had a calming effect on people and they appeared very relaxed and content
- The registered manager had used a £43 000 grant the local authority to improve the unit for people living with dementia. An external company had been asked to make large wall art depicting different parts of Hartlepool such as a local tea shop and a newspaper shop. They had purchased old local newspapers and scented flowers to go outside the murals of the local shops.
- The registered manager had obtained specialist light fittings that looked like windows looking out on the sky. They had also created a bar in one lounge that had a hydration station. People independently and frequently used this to get drinks.

Staff support: induction, training, skills and experience

- Staff had the skills and experience to support people. They received a comprehensive programme of training. Staff found the training enabled them to work effectively with people.
- New recruits completed a comprehensive induction and initially shadowed experienced staff.
- Staff had regular supervision meetings and appraisals. They told us they felt supported.

Supporting people to live healthier lives, access healthcare services and support; staff working with other agencies to provide consistent, effective, timely care: and supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people to access healthcare services. The registered manager had taken on board recent guidance about the importance of oral healthcare and ensured everyone had a dental check up. Staff completed regular oral healthcare assessments, supported people to clean their teeth and some staff had become oral healthcare champions.
- Care records showed involvement from other healthcare professionals and guidance from these was incorporated into people's care plans.
- Staff told us that they referred people to other professionals, for example the GP, when people needed to be reviewed.
- Staff encouraged people who were under-weight to eat fortified foods. The cooks had completed a wide range of nutritional training, including how to prepare appetising adapted diets.
- People had access to healthy diets and ample portions of food at mealtimes.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Relatives and people commended the staff for their delivery of care to people. A relative commented, "The staff are brilliant, extremely kind and caring. They are always at hand and make us feel at home."
- Staff consistently displayed kindness and a caring attitude when working with people. Throughout every interaction staff chatted to people and let them know what was about to happen. A person commented, "We have a good laugh and carry on each day, which is wonderful and makes me so happy."
- Staff were motivated and committed to respecting people's equality, diversity and human rights. Staff told us they were proud to work at the home. They discussed how the registered manager had promoted people's right to equal treatment and empowered people to choose how they wanted to live.
- Staff spoke passionately about the importance of supporting people to enhance their emotional and physical well-being. The unit leader and senior described how they ensured staff enabled people to regain skills and we observed staff spent time working with people to improve their skills. One staff member told us, "I try to make sure everyone I work with is assisted to do as much as they possibly can for themselves."
- Staff supported people to maintain relationships with their family and friends.

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

- Staff encouraged people to be involved in the design their own care. People told us they were consistently asked about how they wanted their care to be delivered and their preferences.
- Staff showed they cared about people's views. The registered manager held regular resident and relative meetings. Relatives confirmed staff closely listened to people's views and their suggestions were taken on board.
- The registered manager ensured, when needed, people received support from advocacy services. An advocate helps people to access information and to be involved in decisions about their lives.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection we found these issues had been resolved. The key question has improved to good. This meant people's needs were met through good organisation and delivery.

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

At the last inspection we found care records lacked information about people's lives. Some care records did not contain any information and others provided insufficient information to assist staff understand how to deliver the support. At this inspection we found these issues had been resolved.

- 'My choice' assessments were now in place and used in conjunction with the other assessment tools. The tools included a wealth of detail about people's social, emotional and physical needs and assisted staff to write detailed care plans. People had regular reviews of their needs to make sure they received the correct level of support.
- People's needs were identified, including those related to equality, and care plans created were detailed and individualised.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Reasonable adjustments were made where appropriate and the service identified, recorded and shared information about the communication needs of people.
 - Care plans focused around people's communication needs and if people required additional support, for example large font or speaking directly facing the person, these were clearly recorded.
- Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them
- People were encouraged to enjoy meaningful activities and go out in the community. The activity coordinators had organised a wide range of stimulating activities and entertainment. People and relatives told us the activity coordinators were 'fantastic.'
 - The activities coordinators made sure people had a life with meaning and clearly valued each person. One of the people who used the service had nominated one of the activity coordinators for the provider's award scheme because they came in on their day off to do the person's hair.
 - The activity coordinators had also forged links in Hartlepool with different groups and business. The local school for people living with disabilities regularly visited. A local printer had enlarged a wide range of old photos of Hartlepool. These were on display throughout the home and were a talking point for people.
 - Staff had been actively engaged in the projects and supported the registered manager to make positive

changes. Staff now routinely made 'mocktails' and this added to people's ability to remain appropriately hydrated.

Improving care quality in response to complaints or concerns

- People had access to information on how to make a complaint. Complaints were investigated in line with the provider's complaints policy. The registered manager outlined how they would thoroughly investigate any complaints and worked with people to resolve any issues.
- The registered manager used information from the investigation of any concerns to learn lessons and improve practices at the service.

End of life care and support

- Staff implemented good practice and guidance for caring for people at the end of life.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection we found these issues had been resolved. The key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At the September 2018 inspection we found the provider was in breach of regulation 17 (Good governance) of the Health and Social Care Act 2018 (regulated activities) regulations 2014. We found the quality assurance procedures were not effective. At this inspection, action had been taken to improve and the provider was no longer in breach of regulation 17.

- The provider had established processes that would enable them to maintain clear oversight of the service and a regional manager regularly visited. They critically reviewed the service to determine how further improvements could be made.
- The service was well-run. The registered manager provided strong leadership and their constant critical review of the service had led to the significant improvements.
- The registered manager constantly kept abreast of new developments and was committed to creating an innovative service.

Planning and promoting person-centred, high-quality care and support with openness; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: continuous learning and improving care; and working in partnership with others

- The registered manager's vision and values were imaginative and person-centred. They made sure people were at the heart of the service. They had supported staff to consider all the small details of people's daily lives as a means of assisting people to retain a sense of control and be engaged in meaningful occupation.
- Staff were dedicated to ensuring people were assisted to have choice and control over their own lives. People expectations about choice and freedom had risen.
- Staff told us they felt listened to and that the registered manager was approachable.
- The regional manager and registered manager positively encouraged feedback and acted on it to continuously improve the service. For example, they had listened to advice from visiting healthcare professionals and radically improved the environment.
- The service worked in partnership with external agencies to deliver good care for people. One staff member said, "We do work well with other agencies such as the local district nurses."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- All appropriate reporting had been carried out to alert CQC and local authorities when incidents occurred.