

Central Bedfordshire Council

Westlands Residential Home

Inspection report

Duncombe Drive
Leighton Buzzard
Bedfordshire
LU7 1SD

Tel: 03003008596

Date of inspection visit:
14 June 2017

Date of publication:
08 August 2017

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? | Requires Improvement ● |

Summary of findings

Overall summary

Westlands is a service which provides accommodation for up to 30 people who require nursing or personal care. The home supports older people some of who live with dementia and physical disabilities. At the time of the inspection there were 19 people using the service.

Following our previous comprehensive inspection in June 2016, we gave this location an overall rating of 'Requires Improvement'.

At that inspection we found that people's risk assessments were not robust enough and the staffing levels were not sufficient to ensure people's needs were safely met. We also found the service was not always safe because people's medicines were not managed effectively. In addition to this we found some of the areas of the home and furniture were dirty and this exposed people to the risk of acquired infections. People were also exposed to hazards because cupboards with cleaning detergents were not always locked.

The service offered to people who lived at the home was not always effective because the requirements of the Mental Capacity Act 2005 were not met. We also found people were not always involved in decision making around their meals and meal times. From our observations, we found that care plans lacked involvement from the people who received care and did not take into account their wants, needs and were not person centred. People were bored and spent much of the time just sitting throughout the day which was punctuated by mealtimes or tasks delivering their personal care. People also told us they were not able to take part activities and hobbies that were of interest to them because there wasn't enough staff.

We found there was an area of concern whereby the lift had broken down, but this was not reported to the Care Quality Commission (CQC) as an event that stopped the service from operating as normal. You can read the report from this comprehensive inspection by selecting the 'all reports' link for Westlands on our website at www.cqc.org.uk.

The provider submitted an action plan to tell us how they would meet these regulations and the timescale they intended to have them met by. At the last inspection in June 2016 we asked the provider to take action to make improvements to the above issues and during this unannounced comprehensive inspection on 14 June 2017, we found that these actions had been completed

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.

There was not strong leadership in the service and we found that people were unsure who the registered manager was. Quality monitoring systems were however in place. A variety of audits were carried out and used to drive improvement.

People using the service felt safe. Staff had received training to enable them to recognise signs and symptoms of abuse and felt confident in how to report them.

People had risk assessments in place to enable them to be as independent as they could be in a safe manner. Staff knew how to manage risks to promote people's safety, and balanced these against people's rights to take risks and remain independent. There were sufficient staff, with the correct skill mix, on duty to support people with their needs. Effective recruitment processes were in place and followed by the service. Staff were not offered employment until satisfactory checks had been completed. Medicines were managed safely. The processes in place ensured that the administration and handling of medicines was suitable for the people who used the service.

The service was clean and there were no malodours. Cleaning products were locked away.

Staff received an induction process and on-going training. They had attended a variety of training to ensure they were able to provide care based on current practice when supporting people. They were supported with regular supervisions. People were supported to make decisions about all aspects of their life; this was underpinned by the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff were knowledgeable of this guidance and correct processes were in place to protect people. Staff gained consent before supporting people. People were able to make choices about the food and drink they had, and staff gave support when required to enable people to access a balanced diet. There was access to drinks and snacks throughout the day.

People were supported to access a variety of health professional when required, including opticians and doctors, to make sure they received continuing healthcare to meet their needs.

Staff provided care and support in a caring and meaningful way. They knew the people who used the service well. People and relatives, where appropriate, were involved in the planning of their care and support. People's privacy and dignity was maintained at all times.

People were supported to follow their interests and join in activities if they chose to. People knew how to complain. There was a complaints procedure was in place and accessible to all. Complaint had been responded to appropriately.

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.

Staff were knowledgeable about protecting people from harm and abuse.

There were enough trained staff to support people with their needs. Staff had been recruited using a robust recruitment process.

Systems were in place for the safe management of medicines.

Is the service effective?

Good ●

The service was effective.

Staff had attended a variety of training to keep their skills up to date and were supported with regular supervision.

People could make choices about their food and drink and were provided with support when required.

People had access to health care professionals to ensure they received effective care or treatment.

Is the service caring?

Good ●

The service was caring.

People were able to make decisions about their daily activities.

Staff treated people with kindness and compassion.

People were treated with dignity and respect, and had the privacy they required.

Is the service responsive?

Good ●

The service was responsive.

Care and support plans were personalised and reflected people's individual requirements.

People and their relatives were involved in decisions regarding their care and support needs.

There was a complaints system in place and people were aware of this.

Is the service well-led?

The service was not always well led.

There was not strong leadership in the service.

People were unsure who the registered manager was.

People and their relatives were asked for, and gave, feedback which was acted on.

Quality monitoring systems were in place and were effective.

Requires Improvement ●

Westlands Residential Home

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 checked 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.

This inspection took place on 14 June 2017 and was unannounced.

The inspection was carried out by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

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. We checked the information we held about this service and the service provider. We also contacted the Local Authority to determine if they had any concerns about the service delivery.

During our inspection we observed how staff interacted with people who used the service. We observed lunch, medication administration, general observations and activities.

We spoke with seven people who used the service and two relatives of people who used the service. We also spoke with the registered manager, the operations manager, a second registered manager, a senior care assistant, three care assistants and the cook.

We reviewed five people's care records, five medication records, six staff files and records relating to the management of the service, such as quality audits.

Is the service safe?

Our findings

During our June 2016 inspection people's risk assessments were not robust enough to keep them safe and staffing levels were not sufficient to ensure people's needs were safely met. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider had taken action to address both these areas. People had risk assessments in place to enable them to be kept as safe as possible whilst encouraging independence. These included; mobility, falls, skin integrity, nutrition, hydration, use of a wheelchair, and going out in the community. These had been reviewed regularly and had been made more robust to further ensure people's safety. There were also environmental risk assessments in place.

In the light of the hot weather the operations director had developed a heat plan which identified risks related to heat and what steps must be taken to reduce the risk of people becoming overheated or dehydrated. Staff told us this had been discussed with them at handover and we found that it was displayed throughout the home.

People told us there were enough staff on duty. The operations manager told us they used a dependency rating tool to ensure staffing numbers reflected the amount of care and support people required. On the day of our inspection we observed that there was enough staff to ensure people were able to get the support they required. For example, call bells were responded to in a timely manner and people's requests for support or assistance were met appropriately. We saw the rotas for the month and they reflected the number of staff on duty.

During our June 2016 inspection, we found the service was not always safe because people's medicines were not well managed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection one person said, "I get my medication on time they always stand and watch me take it." Within people's care plans was a section related to people's medical needs and another related to pain management. This included a list of all their medicines and clear information about what condition these were prescribed to treat. Medicine records contained information such as any allergies the person had and each record had a photograph of the person on the front to ensure that the staff administering medicines was able to identify them correctly. Medication Administration Records (MAR) we checked had no errors or missed signatures.

There were PRN protocols in place to ensure these were administered as intended by the prescribing physician. Protocols for topical medicines were in place along with body maps to instruct staff on correct application. We checked the stock kept of a random sample of boxed medicines and these were correct and as recorded. Each box of medicine in use had a date of opening recorded. Controlled drugs were appropriately stored and records were checked daily. A list of people prescribed temporary medicines, such as antibiotics, was in place to ensure these were not overlooked on medicine rounds. It also supported the

service to monitor people's health, particularly in relation to any pattern of recurrent infections. This showed that improvements had been made to ensure people's medication was managed in a safe way.

During our June 2016 inspection some of the areas of the home and furniture were dirty and this exposed people to the risk of acquired infections. People were also exposed to hazards because cupboards with cleaning detergents were not always locked. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Since the last inspection there had been a refurbishment programme in place. Main corridors and lounges had been re-carpeted and repainted. Furniture had been replaced. Some bedrooms had also been redecorated. We saw some painting being carried out on the day of the inspection. Hot water pipes in bathrooms were boxed in ensuring people could not be burnt by them. All cleaning products were kept in locked away securely. This showed action had been taken to keep people safe in terms of identifiable environmental risk and potentially hazardous substances.

At this inspection people told us they felt safe. One person said, "I'm safe here, the girls (staff) are very good to me very patient and kind that's what makes me feel safe." Another said, "I feel safe. I am very independent; I can look after myself, there is no rough treatment in here If there was I would speak up." A relative told us, "I know [name] is safe there."

Staff had a good understanding of safeguarding. One member of staff told us, "I would always report my concerns to the manager or higher up if necessary. In fact I have done this in a previous service. I think when it comes to abuse the management would always take action." Staff had received training in safeguarding and those spoken with had good understanding of their responsibilities and of the reporting process. There were notices displayed within the home explaining how to report suspected abuse along with telephone numbers and addresses of the local safeguarding team and the Care Quality Commission (CQC).

Accidents and incidents were recorded and monitored. Accident forms had been completed and reviewed.

The provider had a robust recruitment process in place. This included appropriate checks, for example; two references, proof of identity and Disclosure and Barring Service (DBS) check. Records we saw confirmed these checks had taken place before staff had started to work.

Is the service effective?

Our findings

During our June 2016 inspection we found the service offered to people who lived at the home was not always effective because the requirements of the Mental Capacity Act 2005 were not always met in their best interests. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack 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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

During this inspection we found that action had been taken to make improvements to the systems in place for obtaining consent. One person told us that staff always gained consent from them before providing them with any care and support. They said, "Staff always ask for consent before doing anything I can wash myself to a certain extent and they do the rest, they always wear gloves knock on my door before coming in, they are very respectful when speaking to me."

Staff asked people for their consent before providing care. We saw staff explaining what they were going to do to ensure people understood and were happy about it. Staff had a good understanding of Mental Capacity Act (MCA). One member of staff said, "I always assume the person has capacity and find ways to help them make a decision. Sometimes you just have to try a bit harder. If you then suspect they don't have capacity that is when a best interest decision has to be made."

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Some people had authorisations to deprive them of their liberty. Staff knew who had and why they had been granted. We saw records that staff had training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, and observed that they had a good understanding of people's capacity to consent to care.

During our June 2016 inspection people were not always involved in decision making around their meals and meal times. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection people told us they enjoyed the food provided for them. One person said, "The food is very good and always plenty, if you want more you can have more. They would never refuse you, you can have a cup of tea whenever, there is no restriction here that you have to stick to tea rounds, they sometimes bring

me some grapes and a bit of cheese up to my room in the afternoon instead of tea and biscuits, they know I like that. There is always bowls of fruit around, I chose corned beef salad today and they do me boiled potatoes with butter on them, I always have boiled potatoes with my salad." Another said, "The food has got better, I like to go to the dining room for my meals for the company." A relative told us, "Mum enjoys the food."

It was clear from our observations at lunch time, that the meal was a social event. Tables were set with matching cloths, flowers and the day's menu. There was a choice of main course and pudding. People were chatting and there was pleasant music in the background. Staff assisted people with their meals, if required, in a discreet manner. Some people had their meals taken to them in their rooms. Menus on the wall showed that choices were available at each meal and that night bite snacks were available when the kitchen had closed. We saw snacks and fruit set out in communal areas. People were offered a choice of drinks throughout the day.

The cook told us she visited people to find out their likes and dislikes which helped with menu planning. There were plentiful supplies of food and drink in the kitchen.

People received appropriate care from staff who had knowledge and skills in working with them. We spoke with a person who told us, "I think the staff are trained well in the way they handle me. They always ask for my permission before they do anything; when I am hoisted it is always two people and they do it without any harm to myself." Another said, "I do think the girls are trained they are good at what they do and they know how to look after us."

The provider had their own training staff and staff spoke highly of them. One member of staff said, "[Name] is great. A really good trainer. [They] keep it interesting and you learn more that way."

Staff had recently had training from a dietician. They said, "That training was really good, I learned a lot from that." They went on to explain how they had learned about Body Mass Index (BMI) and how to calculate it and interpret the result. They had also learned about hidden sources of fluid to prevent people from becoming dehydrated. "There's water in Mash! Who knew! It all counts though and it's useful to know these things so you can provide better care to people."

The registered manager kept a training matrix to monitor the staff training and keep it up to date. We saw that all staff had completed both mandatory and optional training, and their expiry dates were monitored so that they could be booked on to refresher courses as needed. Within staff files we saw records that showed staff received regular supervision. These included training, completed and required, any issues and anything the staff member wanted to discuss.

People told us that they regularly saw health professionals as required. One person said, "I have regular visits from the GP and chiropodist." Another said, "A doctor calls here every week should we need to see her and one of the staff took me to the dentist recently." We saw in records that people had access to other health care professionals when needed including doctors, chiropodists, opticians and dentists as well as district nurses, dieticians and the Speech And Language Team (SALT). Staff followed advice given by professionals.

Is the service caring?

Our findings

People told us they were treated with kindness and respect. One person said, "They are very caring always have time for a laugh and a joke." Another person told us, "The staff are lovely, very caring. I can't say a bad word about them." A relative said, "The culture has significantly improved, the staff are more interactive, it's very positive."

We observed positive interactions between people and staff. For example, one staff member was very affectionate with residents calling them by their name and interacting in a genuine caring manner. They knew little traits about people asking, "Shall I go and get your chocolate buttons?" They told us the person loved chocolate buttons. They also knew one gentleman liked a can of beer and asked him if he would like one. At lunch time staff members bent down to give eye contact to residents asking them, "Would you like me to put this over your head (tabard) to keep your nice clothes clean whilst you have your lunch?" They waited for people to respond before doing so. People were involved in making decisions about their care where possible. Staff were observed checking with people before any tasks and that the person wanted it.

Residents and relatives meetings were held regularly. This provided a forum for people who used the service to talk about things they would like done within the house and things that they would like to do. One person said, "They do have regular meetings downstairs I don't go to them I have nothing to complain about."

People felt their privacy and dignity was being respected. One person said, "This room is my privacy and it is respected. If I want company I go downstairs for it otherwise I like to read in my room and watch television they (staff) know that." We saw that people were encouraged to personalise their own rooms and make them a comfortable space.

There were some areas within the service and garden where people could go for some quiet time without having to go to their rooms. This showed that people could be as private as they wanted if they had visitors or wanted to speak in private.

We were told that advocacy services were available should people require them. A notice was displayed with contact details if required. At the time of our inspection, no one was using the services of an advocate.

People told us they could have visitors when they wanted. One person said, "My family come and go as they please, my daughter works so sometimes she comes late at night to see me, there is never a problem with that." The service supported people to maintain important relationships.

Is the service responsive?

Our findings

During our June 2016 inspection we found from our observations and in talking with people, it was evident that the care plans lacked involvement from the people who received care and did not take into account their wants, needs and were not person centred. People were also bored and spent much of the time just sitting throughout the day. People told us they were not able to take part activities and hobbies that were of interest to them because there wasn't enough staff. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found that improvements had been made. Staff told us they knew the people in their care because of the relationships they had built up with them. They told us that they supplemented their knowledge by using the written care plans to confirm there had been no changes in their condition or care needs. They also had a handover between shifts to pass on information to ensure continuity of care and support.

Records confirmed that before admission to the service people had a thorough assessment. This was to ensure that the service was able to meet the person's current needs, expected future needs and that they would fit in to the home with the people already living there. This information would be used to start to write a care plan for when the person moved in. Care plans we looked at showed this had taken place.

Care plans were written in a person centred way and were individualised. A relative we spoke with told us they were involved in any reviews and kept informed of any changes.

Staff provided care and support in a person centred way. During our inspection we observed positive interactions between staff and people, who used the service, and that choices were offered and decisions respected. For example, what people wanted to eat, where they wanted to sit and what they wanted to do. People were able to freely walk around the home and staff stopped and chatted to them.

There were pictures displayed of people enjoying a variety of activities. One person said, "I don't have any hobbies anymore I'm too old (laughs) I'm happy enough sitting here and watching everyone go by." A staff member told us, "I play cards with [name of person] they like that, and we put music on and dance sometimes." People we spoke with told us they were happy with the activities on offer. Within residents surveys there was a specific area regarding activities and most people had ticked they thought what was offered was good.

We saw that the service had a complaints policy and procedure. One person said, "I know how to complain I would tell my family or one of the girls (staff) but I don't have any complaints." A relative said, "I have not had to complain, but I would if I had a need to." There was information on how to make a complaint displayed within the home for people to see.

We saw that complaints had been responded to promptly by the registered manager, who outlined a plan of action to deal with the specific complaint. We saw that each complaint had been resolved to the satisfaction

of the individual making it, and no further action was required.

Is the service well-led?

Our findings

During our June 2016 inspection there was an area of concern whereby the lift had broken down, but this was not reported to the Care Quality Commission (CQC) as an event that stopped the service from operating as normal. It is a legal requirement for providers to notify us of certain events such as this one. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

As part of the planning for this inspection we checked that statutory notifications had been received. Information held by CQC showed that we had received all required notifications. A notification is information about important events which the service is required to send us by law in a timely way. Copies of these records had been kept. This showed that action had been taken to address our previous concerns.

There was a registered manager in post who was being supported by the operations manager and a registered manager from another of the provider's homes. The operations manager was open about the shortfall in strong leadership in the service and demonstrated an awareness of the challenges facing the service and how best to drive future improvement within the service.

People provided mixed feedback about the visibility of leadership at the service. Some told us they were not sure who the registered manager was. However, a relative told us they knew who the manager was and felt they could be approached if required. During our inspection we observed her interacting with people who used the service, and staff; there was a good rapport between them all.

All staff we spoke with were in agreement that there had been a lack of strong leadership in the service. Although some felt this was improving, others were less convinced. One member of staff said, "It is getting better. Now [name] is here I feel more confident. Support was not so good before and some staff just didn't pull their weight. I am more hopeful now." However another member of staff said, "We have some cracking staff, but others are very negative." The operations manager was open about the shortfall in strong leadership in the service and demonstrated an awareness of the challenges facing the service. They had identified a need to review the roles held by individuals within the service and were taking action to manage performance and develop the skills of staff in key roles.

A staff member told us that the provider had a whistleblowing procedure. Staff were aware of this and were able to describe it and the actions they would take. This meant that anyone could raise a concern confidentially at any time.

The service had a variety of quality monitoring processes in place. We saw documentation for some including, daily, weekly, monthly and quarterly checks on a variety of subjects including fire equipment and escape routes, medication and equipment checks. Action plans had been developed where required and had been signed off as complete.

The registered manager told us that every day they had a brief meeting where the head of each department met to give a brief overview of their department for the last 24 hours and plans for the day. This ensured all

teams were aware of any changes and what was happening on that particular day.

Staff told us they had regular team meetings. One staff member said, "We have staff meetings. We discuss a lot of things." We saw records of these meetings and found that suggestions had been put forward and acted on to help progress the service and improve the quality of care.

The registered manager told us surveys had been sent out to people who used the service. We saw a few which had already been returned. A number of positive comments had been written. This meant that the provider enabled people and their relatives to give feedback which was used to develop the delivery of care.