

# Meridian Healthcare Limited

# Westwood Lodge

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

### About the service

Westwood Lodge is a purpose-built home with three units, which provides nursing and personal care for up to 76 people; two units are part of the main building, with one adjacent unit. It is situated in a residential area of Wigan and is about five minutes' drive from Wigan town centre. All rooms are for one person and they all have a toilet and a hand wash basin. The home is situated in its own grounds and has gardens with car parking spaces at the front of the home. At the time of the inspection, 65 people were using the service.

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

Medicines were not always managed safely which placed people at risk of harm.

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.

The service had an open and supportive culture. Systems were in place to monitor the quality and safety of care delivered. There was evidence of improvement and learning from any actions identified.

There were sufficient numbers of trained staff to support people safely. Recruitment processes were robust and helped to ensure staff were appropriate to work with vulnerable people.

People's needs were thoroughly assessed before starting with the service. People and their relatives, where appropriate, had been involved in the care planning process.

Staff were competent and had the skills and knowledge to enable them to support people safely and effectively. Staff received the training and support they needed to carry out their roles effectively. Staff received regular supervisions.

Staff had awareness of safeguarding and knew how to raise concerns. Steps were taken to minimise risk where possible. Staff supported people to access other healthcare professionals when required.

Staff worked with other agencies to provide consistent, effective and timely care. We saw evidence that the staff and management worked with other organisations to meet people's assessed needs.

We observed many caring and positive interactions between staff and people throughout the inspection. Staff had formed genuine relationships with people and knew them well and were seen to be consistently caring and respectful towards people and their wishes.

People were supported to express their views. People we spoke with told us they had choices and were involved in making day to day decisions.

The provider and registered manager followed governance systems which provided effective oversight and monitoring of the service, however at the time of the inspection, these had not rectified the issues we found with the management of people's medicines.

The premises were homely and well maintained. We observed a relaxed atmosphere throughout the home where people could move around freely as they wished.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 18 October 2018) and there were three breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made/sustained, and the provider was still in breach of one regulation. This is the second time the service has been rated requires improvement.

#### Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Westwood Lodge on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

We have identified breaches in relation to safe care and treatment. Please see the action we have told the provider to take at the end of this full report.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Westwood Lodge

## 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

The inspection was carried out by an inspector, an assistant inspector and an expert by experience on day one. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The second day of the inspection was carried by an inspector, a medicines inspector and an assistant inspector. The third day of the inspection was carried out by an inspector and an assistant inspector.

#### Service and service type

Westwood Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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. 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 inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about. We contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

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 of this information to plan our inspection.

#### During the inspection

During the inspection, we spoke with seven people who used the service and five visiting relatives to ask about their experience of the care provided. We spoke with the registered manager, the area director, a staff member administering medicines and six other care staff members. We spoke to a visiting social care professional. We reviewed a range of records, including seven people's care records, risk assessments and 17 people's medication administration records.

We looked at four staff personnel files around staff recruitment, training and supervision. We reviewed records relating to the management of the service, audits, and a variety of policies and procedures developed and implemented by the provider.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, medicines and quality assurance records.

# 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 this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

At our last inspection in September 2018 we found the provider was not managing medicines safely. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had not been made and the provider was still in breach of Regulation 12.

- Medicines were not always ordered in a timely way which meant sometimes people missed doses of their medicines because they were unavailable.
- Thickeners were prescribed for some people who were at risk of choking with normal thickness drinks. The information available to guide staff about how thick to make people's drinks was inconsistent or inaccurate, which put people at risk of harm.
- Dose changes were not always managed safely which resulted in two people being given incorrect doses of their medicines placing their health at risk of harm.
- Medicines were not always given at the correct times. One person was given doses of Paracetamol too close together and another person was given two different medicines at the same time when the directions said one medicine must be taken without any other medicines.
- Written guidance was not always in place for staff to follow when people were prescribed medicines to be given "when required" or with a choice of dose. When guidance was in place it lacked detail. This meant staff did not have the information to tell them when someone may need the medicine or how much to give.
- The records about creams were not up to date and could not show that creams had been applied properly.
- A system was in place to record blood sugar levels for people with diabetes but there was no information as to what their safe blood sugar range should be. Staff failed to follow the care plan about the frequency of testing blood sugar levels.
- The electronic MARS system did not provide evidence that all medicines were given as prescribed and could be accounted for. Stock figures were incorrect but had not been investigated.
- Medicines were not always stored safely. Fridge temperature records showed that medicines had been stored above the maximum temperature for safe storage.

This was a continued breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They confirmed the actions they had taken regarding the issues we identified about the management of people's medicines.

#### Systems and processes to safeguard people from the risk of abuse

- There was a safeguarding and whistleblowing policy in place and people were protected from the risks of abuse and harm.
- Staff understood the principles of safeguarding and how to safeguard people and how to report abuse and how to identify changes in people's behaviour that may indicate abuse. Records we saw confirmed staff had received appropriate safeguarding training and refresher courses.
- People continued to tell us they felt safe living at Westwood Lodge. One person said, "Oh yes I feel safe; there is always someone within shouting distance and they do attend to you they are all lovely." A second person told us, "Yes, I do feel safe with the staff and the place I am in here; the staff are reliable and if I need them they more or less come straight away."
- All relatives we spoke with were satisfied that [people] were safe and well cared for; many relatives praised the service provided. One relative said, "Oh yes, [my relative] is safe and the staff look after him." A second relative told us, "Yes, the staff are very good here and are there when [my relative] needs them. I am here every day and they [staff] turn [my relative] over every few hours and make sure she is comfortable."

#### Assessing risk, safety monitoring and management

- People's care files included risk assessments in relation to their specific care needs. The risk assessments were person centred and covered areas such as physical health, mental health, medicines and mobility.
- Premises fire risk assessments were in place which covered all areas in the home, and people had personal emergency evacuation plans in their care file to ensure staff knew how to safely support them in the event of a fire which reflected each person's needs.
- Premises' risk assessments and health and safety assessments were in place, reviewed regularly and up to date; these included gas, electrical installations and fire equipment.

#### Staffing and recruitment

- Robust staff recruitment procedures were followed, including obtaining at least two references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.
- A dependency tool was used to organise staff rotas; staffing levels were determined by the number of people using the service and their needs and could be adjusted accordingly.
- There were enough staff on duty to meet people's needs. One staff member said, "I think we have enough staff, it only leaves the floor short if staff go with residents to appointments or staff go to attend training."
- The staff appeared to work as a very harmonious team, supporting each other, whilst responding to people and their relatives.

#### Preventing and controlling infection

- The home was clean and free from malodour throughout all areas of the home including bedrooms. Infection control audits were undertaken to ensure compliance; an external audit had been undertaken by the local authority in September 2019 and the service had scored highly with an action plan in place to address any minor issues. Staff received training in the management of infection and food hygiene.
- We saw personal protective equipment was readily available and accessible, such as disposable gloves and aprons, and staff used these during the inspection.
- The service had achieved a rating of 'five' (the highest rating) from the Food Standard's Agency in relation to hygiene levels.

### Learning lessons when things go wrong

- The service had an up to date accidents and incidents policy. Accidents and incidents were recorded and monitored by the registered manager for any patterns or trends.
- Risk assessments were reviewed following incidents; there were no regular themes or trends in the incidents recorded.

# 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 good. At this inspection this key question has remained the same. 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

- People's needs were comprehensively assessed and regularly reviewed.
- Care records identified people and their relatives were involved in care planning.
- People's preferences, likes and dislikes were acknowledged and recorded, and we saw staff respected these choices, for example regarding what to eat or what activities to take part in.
- People's past life histories and background information were also recorded in the care documentation.
- Care plans had a pre-admission assessment which was carried out before a person moved into the service; this enabled the service to determine if they could cater for people's care needs, before taking up residence in the home. We saw other professionals were involved in these assessments, such as social workers.
- People's relatives told us they were also involved in care planning and they had confidence in the staff making the right choices for [their relatives]. A relative told us, "We have reviewed [my relatives] medication with his doctor recently, and he takes much less now." Other comments from relatives included, "Yes, they consult me," and, "Yes, they talk to me about [my relative's] care."
- People had oral health care assessments and care plans in place. Where appropriate people had been referred to speech and language therapists for swallowing assessments.

Staff support: induction, training, skills and experience

- Staff received induction, training, observations and ongoing supervision to support them in their different roles. All staff, regardless of their role, followed the requirements of the Care Certificate, which is an agreed set of minimum standards that define the knowledge, skills and behaviours expected of staff.
- Staff felt supported. One staff member told us, "I get on with [registered manager name] very well; she's supportive, she'll help you if she can and she's always approachable." A second staff member said, "I can talk to [registered manager name]; she helps me if I need her. I'd talk to a nurse first though and talk it through, if I had a problem on the floor. Training is good, there's always a lot of refreshers coming up."
- People and their relatives felt staff were competent. One relative said, "They [staff] do all right here; I have been looked after since I have been here." A second person told us, "I think the staff are well trained. I have the same regular carer and I have got to know her, if I call, she comes straight away."

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

- People's dietary needs and preferences were met, and people were involved in choosing their meals each day.
- There was a calm and unrushed atmosphere during the mid-day meal. People took as much time as they

liked to eat their meal and staff were available to provide any assistance needed.

- We found specialist diet types were provided for people to meet their dietary requirements, such as diets with food fortification for those nutritionally at risk. We saw extra drinks and snacks were served to people during the day.
- There were appropriate risk assessments and care plans in place for nutrition and hydration which were reviewed regularly, and people's daily nutritional intake was recorded. Each person had an allergen information sheet specific to them.
- People commented positively about the food, one person said, "The food is alright; you get a choice if you don't like it they will get me something else. Sometimes I just like a piece of toast and a cup of tea for breakfast, but I could have porridge and a cooked breakfast." A second person told us, "I asked to see the chef to have a chat about the meals, it was the best thing I ever did. It was all about the sort of food which was sometimes nice and sometimes awful and cold. They were getting the plates out and dishing them out all at once, but they don't do that now. If I don't like what's on I can ask for something else; it is fine now."

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

- Staff worked in partnership with other agencies to support people effectively and we saw evidence that staff and management worked with relevant health and social care professionals.
- Where necessary, the service supported people with arranging healthcare appointments.
- Records showed the service worked with other agencies to promote people's health, such as district nurses, dieticians, podiatrists, social workers and doctors.

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

- The premises were homely and well maintained. There was plenty of space for people to get around freely without restriction, and people could move around as they wished.
- People's rooms were personalised and individually decorated to their preferences; we found people's rooms reflected their personal interests and contained personal family objects.
- The home was 'dementia friendly,' and there was signage to identify different areas of the building to help people orientate around it.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff received training in MCA and DoLS. Staff understood consent, the principles of decision making, mental capacity and the deprivation of people's liberty. We observed staff asking for consent before assisting people, for example when mobilising or assisting with personal care.

- Records showed people signed to consent to their care and treatment where they had the mental capacity to do so.
- Capacity assessments were in place where people lacked capacity. Best interest decisions were recorded and included details of the people consulted, and the reasons for the decision. DoLS conditions were being adhered to and a tracker sheet was maintained by the registered manager, so they knew the status of each DoLS application.

# 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

- Staff continued to demonstrate a caring and kind approach towards the people they supported. We saw numerous occasions when staff enquired about people's welfare, for example when people got up in the morning staff asked everyone if they were feeling well and if they wanted a drink before breakfast. It was clear staff had developed good relationships with people and their relatives; we saw people smiling and enjoying the interaction that took place.
- During this inspection we saw staff treated people with kindness, and people and their visiting relatives we spoke with were complimentary about their caring attitude. One person told us, "Yes, staff are kind and they speak to you politely. They make sure things are done in private, but when you get to my age, I always say what's the point in worrying about that." Another person said, "The staff are kind and caring, they fetch you what you want they are proper nice." A visiting relative commented, "Staff are very caring, they always give everyone cuddles, I have never seen them walk past without asking if you need anything." Another relative told us, "Oh yes staff are caring, no matter what it is, if they bring [my relative] lunch and she is in a strange position they will sit her up correctly."
- We came across numerous instances of staff interaction with people and their relatives, and at all times staff acted with courtesy and professionalism.
- Equality and diversity were promoted, and any individual needs were identified in people's care plans. We found no evidence to suggest anyone using the service was discriminated against.
- We looked at recent feedback received by the service and found it was overwhelmingly positive.

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

- Staff were very supportive to the people in their charge and demonstrated a practical and caring attitude; talking to people and hugging them when appropriate, and it was clear staff knew people well as individuals.
- We saw staff respected people's wishes, for example about what activities to take part in or what they wished to eat that day, and it was clear staff had developed good relationships with people, and knew them well, including their likes and dislikes.
- Staff informed people of the reason for our visit, so they would not become alarmed, and that we may be speaking to them during the inspection.
- People we spoke with, and their relatives, told us they had choices and were involved in making day to day decisions and were involved in care plan discussions and that they were kept up to date with any changes in [their relative's] circumstances. One person told us, "Oh yes, they [staff] respect my choices; they are proper nice here." A second person said, "Yes, staff do their best to get what you are asking for." A relative

commented, "Staff definitely listen to me and [my relative]."

- Regular reviews were held with people, or when needs changed, and their relatives had opportunities to attend and be involved in this process; care records recorded when relatives had been involved, or when telephone conversations had been held with them.
- Meetings with people and their relatives took place regularly, which enabled people to be involved in raising any issues and provide their opinions of the service provided.

Respecting and promoting people's privacy, dignity and independence

- Staff were patient and encouraged people to move at their own pace, whilst enabling them to be physically as active as possible. People were asked if they wanted any assistance with their food, for example if they wanted staff to help cutting up food. People's wishes were respected.
- Staff were committed to providing good care for people; we observed they respected people's privacy and dignity and could tell us the ways they did this, such as ensuring doors were closed, or covering up parts of the body when supporting people with personal care.
- Staff valued the importance of maintaining people's independence and promoted this where possible, for example, people were encouraged to carry out tasks they could. People and their relatives told us staff promoted their dignity. One person told us, "Yes staff help me to stay independent, sometimes I start dressing myself, I shave myself and I use my walker to get about as I feel much safer with it." Another person told us, "They [staff] respect your privacy when they shower me." A relative said, "[My relative] can't do things for himself; he loves going to watch the singing and staff help him to take part in activities, he loves singers and he played bingo last week."
- Systems were in place to maintain confidentiality and staff understood the importance of this; people's records were stored securely.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

### End of life care and support

At our last inspection in September 2018 we found people's care plans did not contain adequate information regarding their end of life wishes and plans for end of life care were not consistently recorded. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Person-centred care.

At this inspection we found enough improvements had been made and the provider was no longer in breach of this regulation.

- People were supported to document their wishes for the kind of care and support they wanted to have when they reached the end of their lives, and some people had advanced care plans in place. Information around end of life care was also audited by the registered manager to ensure it was up to date.
- At the time of the inspection, the home was being supported by the Wigan and Leigh Hospice in Your Care Home (HiYCH) team for end of life care. Feedback we received from the HiYCH team indicated staff were welcoming and definite improvements had been made in the standards of end of life care delivered since the last inspection. However, they recommended the home continued to contact the HIYCH team whenever they suspected anyone was approaching the end of life.
- The registered manager now kept more detailed records all people who had been supported with end of life care. We looked at monthly 'resident status' meeting notes for each person being supported at the end stages of life; these had the person's name, date of birth, diagnosis, GP details, any concerns information, if an anticipatory care plan was in place, if a 'do not resuscitate' order was in place and the persons' present status. These meetings were attended by the HiYCH team.
- The provider had an end of life care pathway policy in place; at the time of the inspection no-one was at the end of life.

### Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Holistic assessments and care plans had been completed which reflected each person's needs, wishes and preferences. Any cultural or religious preferences had been recorded which ensured the service was aware of how these needs should be met. Regular reviews ensured people and their relatives had been involved in updating their care plans if they wished to be.
- Care plans were person centred and gave detailed information to staff on how to support each person. Staff could describe how to effectively care for each person and we observed they were able to react

positively to any demands asked of them. Staff were kept busy supporting people during the inspection, but maintained a cheerful supportive attitude to people, their friends and relatives and to each other.

- Care plans were person centred and provided detailed information to staff on how to support each person, dependent on their individually assessed needs.
- The service had a service user's handbook which was given to each person who used the service in addition to the Statement of Purpose, which is a document that includes a standard required set of information about a service. These documents provided a wide range of information such as the philosophy of care, a description of the services and facilities provided and how to make a complaint.

### 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.

- There was signage used around the home to identify rooms and help people orientate around different areas.
- People's communication needs were clearly identified in their care planning information; this helped staff understand how best to communicate with each person. People's communication care plan included information on individual communication abilities and needs, the staff support required and the objectives to be achieved.
- Information could be provided in different formats, such as large print, on request.

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

- Relatives told us they were encouraged by staff to maintain relationships, and it was clear that relatives were welcome to visit the home anytime. Throughout the day family and friends were regularly arriving to meet [their relatives]. The interaction we observed was indicative of the good relationships between people, staff and relatives and friends.
- When speaking to both people and their relatives throughout the inspection, it was clear that everyone valued activities.
- Westwood Lodge provided a monthly newsletter, produced in contrasting colours so people could more easily understand the contents. This included information about the home including monthly sensorial mornings, exercise classes, lots of photos of activities. An 'exciting news' section had information on a dementia café, pamper days every Wednesday, information on religious visits, information on how to access 'carehome.co.uk' leaflets, mobile sweet shops and residents meeting dates.
- People's birthdays were celebrated, and people had attended 'dementia friendly' screenings at the local cinema.
- During the inspection we spoke to a staff member from Community Circles which is part of a wider programme in Wigan looking at how care homes could deepen their connections with their local community, whilst also focussing on the things that are important to the people. Feedback we received was positive and we were told about several people who had benefited from this initiative, for example one person had been assisted to access the local canal and go shopping, another person was helped to attend a local rugby match and another person had been assisted to access a holiday and had been given a copy of the CQC inspection report for the location they were accessing

### Improving care quality in response to complaints or concerns

- There was a complaints policy and procedure in place and a copy was available in the entrance area to the home. People told us they would feel confident in raising any issues.
- People also had access to a 'service user guide' which detailed how they could make a complaint and people told us they knew how to make a complaint. If people needed an advocate to help them make a complaint, this was identified in their care plans.
- We saw evidence within the complaints and concerns log that complaints had been followed up appropriately and in a timely manner.
- We saw complaints and concerns were minimal and the registered manager had acted on any concerns appropriately.
- There was a suggestions box in the entrance hallway for people to post any comments and a 'have your say' device in reception, which was a screen where people could press to continue and input feedback.
- A resident's survey and action plan were in place which identified what people had said and what Westwood Lodge would do in response, for example, rooms were being redecorated and there were now two activities staff in place. Comments previously received included 'Westwood Lodge is a kind place and staff take good care of the residents here; I couldn't ask for a better care home,' and, 'Nice atmosphere, clean and bright environment, positive warm and personable interactions between staff and residents observed,' and, 'The care is outstanding.'

# 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 this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection in September 2018 we found although a system of auditing was in place, audits had not identified the issues we found with the safe management of medicines and gaps in care planning information in relation to end of life care. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvements had been made and the provider was no longer in breach of this regulation.

- Although the provider had undertaken audits of people's medicines and had identified a number of issues regarding the safe management of people's medicines, the timescale for resolving these issues was after the date of this inspection.
- The recently introduced electronic record keeping and administration systems now used at the home had failed to make sure people were given their medicines safely. Prior to the inspection the provider had been receiving guidance and support from a suitable health care professional due to the new electronic system being in its infancy and continued to receive this support after the inspection.
- The registered manager was aware of their regulatory requirements and knew their responsibility to notify the Care Quality Commission and other agencies when incidents occurred which affected the welfare of people who used the service.
- Staff at all levels understood their roles and responsibilities. Managers were accountable for their staff and understood the importance of their roles.
- It was clear from our observations that the registered manager was fully involved and engaged in supporting staff and people throughout the inspection, providing guidance and instruction where appropriate.

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

- The provider had met the regulatory obligations for their registration and in relation to their duty of candour responsibility. The provider had sent us written notifications about any important events when they

happened at the service to help us check the safety of people's care when needed. The provider was open and transparent when dealing with issues and concerns. They understood their responsibility to apologise to people and give feedback if things went wrong.

- The home had an up to date statement of purpose which set out the aims, objectives and ethos of the service; this was also issued to all people using the service with their 'service user guide.'
- A wide range of audits were undertaken by the registered manager and provider; these were used by the service to monitor health, safety, welfare and people's needs. Complaints were responded to well.
- It was clear from our discussions and observations that the registered manager valued people and was committed to providing a person-centred service; they had developed a positive culture within the service which was open and transparent. One person told us, "The registered manager always says hello and if I want a chat with her I can talk to her. A second person said, "I can talk to [registered manager name] no problems; she is nice. "Relatives also told us the manager was friendly and available; one relative commented, "We have meetings here for visitors for discussing any problems, or you can talk to the manager."
- As of April 2015, it is a legal requirement to display performance ratings from the last CQC inspection. We saw the last inspection report was displayed within the home and was available for all to see.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; continuous learning and improving care

- Regular staff meetings were held which discussed people and their needs. Daily handover meetings were undertaken at the start and end of each shift each day to ensure staff had all the latest information about people.
- Meetings with people and their relatives were undertaken to discuss people, their needs and any concerns.
- People and their relatives' views had been sought through regular contact, surveys and quality monitoring. Responses received from the most recent surveys carried out in 2019 were positive.
- Staff told us they found the registered manager and provider very approachable and said they would be encouraged to share ideas and suggestions. One staff member said, "I don't mind going in and chatting to [registered manager name] about anything that's bothering me." A second staff member told us, "I'd like to be a nursing assistant, [registered manager name] has encourage me a lot with this and I'll be starting my training soon which I'm really looking forward to."

Working in partnership with others

- The service worked in partnership with the local community, other services and organisations and attended care home forums to learn and improve practice.
- Records showed multi-disciplinary teams were involved in people's care.
- Health and social care professionals who supported the service told us the home had made significant improvements in the quality of care provision since the last inspection and the manager was open and engaging.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  People were not consistently protected against the risks associated with unsafe or unsuitable management of medicines.  Regulation 12(2)(g)