

West Villa Residential Home Limited

West Villa Residential Home

Inspection report

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Wakefield
West Yorkshire
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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

West Villa is a residential care home providing personal care to 22 people aged 65 and over at the time of the inspection. The service can support up to 32 people.

The home is over three floors, with communal living spaces on the first floor. People's bedrooms are on all three floors.

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

People received safe care. Improvements had been made to ensure risks were identified and mitigated. Assessments of people's needs considered individual risks and included details about what equipment they needed to help them stay safe. Staffing was organised so people received the support they needed. Systems and processes were in place to support people safely with their medicines. Accidents and incidents were more closely monitored and analysed through clearer systems and processes which had been introduced since the last inspection. We made a recommendation for the provider to improve cleaning regimes to ensure the elimination of unpleasant odours.

There were systems in place to support staff to provide effective care. The registered manager ensured staff received appropriate training, supervision and appraisal. Teamwork was effective and a clear management structure supported staff in their work. Roles and responsibilities were understood by staff and communication with one another supported people's needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People gave their consent to care in line with current legislation.

Staff had good relationships with people and were kind, patient and caring in their approach. People were treated respectfully and their independence was encouraged. Activities were planned and visitors welcomed to ensure people were not isolated. Care plans had been rewritten since the last inspection and were clear and concise. The registered manager was continuing to add detail to these in order to ensure they reflected people's individual social needs.

Changes had been made in the way the service was led and managed. A new manager was in post and staff were confident improvements were being made. Systems and processes to monitor the quality of the provision had been revised and were being embedded. There was clearer oversight by the provider to develop an open and transparent culture and to ensure the quality of the care delivery. The service was showing clear and significant signs of improving, although at the time of the inspection the provider was not able to demonstrate how improvements would be sustained.

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

Rating at last inspection (and update)

The last rating for this service was inadequate (published September 2019) and there were multiple breaches of regulation. The service has been in Special Measures since September 2019. 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 improvements had been made and the provider was no longer in breach of the regulations. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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 well led, although improvements needed to be embedded and sustained.

Details are in our well led findings below.

Requires Improvement ●

West Villa Residential Home

Detailed findings

Background to this 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

Two inspectors carried out the inspection.

Service and service type

West Villa is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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, such as injuries or concerns about abuse. We liaised with relevant agencies such as the local authority and safeguarding teams. The provider was not asked to complete a provider information return prior to this inspection. 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. We used all this information to plan our inspection.

During the inspection

We spoke with seven people who used the service about their experience of the care provided. We spoke with four members of staff, the deputy manager, the provider, the registered manager and a visiting

professional. We reviewed three people's care records, six people's medicines records, policies and procedures, records relating to the management of the service, including three staff recruitment records, accident and incident records and training 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 Inadequate. At this inspection this key question has now improved to requires improvement. This meant some aspects of the service needed to be improved to give assurance about people's safety.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Concerns about the safety of premises and equipment meant there was also a breach of Regulation 15 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulations 12 and 15.

- Individual risk assessments had been reviewed and details of how to ensure people's safety was recorded in individual care plans. Where risks were identified, such as choking, referrals had been made to other health professionals. The provider agreed to contact the speech and language therapy team for one person who was awaiting a swallowing assessment.
- Risks within the premises and equipment had been reconsidered. New equipment had been installed, such as the cooker and fridge. All maintenance certificates were in place and up to date for the premises and people's individual lifting equipment. There were PEEPs (Personal Emergency Evacuation Plans) in place and the registered manager told us these had been individually revised and kept under review to make sure they were accurate.
- People were encouraged to be aware of their own safety. For example, staff reminded people to walk at their own pace and use mobility aids where necessary. At mealtime, staff told people they would clean up a spillage on the floor so nobody slipped and this was promptly done.
- Accidents and incidents were reviewed to identify opportunities for learning from these. Information was shared with staff to ensure people's safety was maintained and handover meetings highlighted any key risks.

Staffing and recruitment

At our last inspection the provider had failed to ensure sufficient numbers of suitably, trained and competent staff were deployed. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had also failed to operate robust recruitment procedures and was in breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of

regulations 18 and 19.

- Recruitment procedures were in place and checks were mostly completed before staff worked in the home. One member of ancillary staff's reference checks were not complete before they began work and the provider said this staff member had not worked alone, but was supervised by other staff. The provider said the member of staff would not have been in unsupervised contact with people but may have had reason to be in their room as part of their work. The provider said they would consider the practicalities and potential risks of employing staff without waiting until all checks were returned.
- The provider asked new staff candidates about previous employment history and any convictions. They completed a risk assessment for this where necessary, although not all details of issues discussed were recorded. The provider agreed to ensure all pre-employment recording was more robust.
- Staffing levels were maintained to meet people's needs. The provider told us they had not reduced staff numbers even though there were fewer numbers of people living at West Villa. The provider had recruited a housekeeper to enable care staff to focus on people's direct care needs. The use of agency staff had been reduced which meant people were cared for by consistent familiar staff.

Using medicines safely

At our last inspection systems were not in place or robust to ensure medicines were managed safely. This was a breach of Regulation 12 (Safe care and treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- There were clear systems and processes in place to ensure medicines were managed safely overall and given at the times they were needed. Each person had a separate recording sheet showing an image of their medicines, how often these should be given and at what time of the day.
- There were some minor gaps in recording, such as with topical medicines and with room temperatures where medicine was stored.
- There were no medicines stored in the fridge at the time of the inspection. However, the device used for measuring the fridge temperatures was unreliable and did not give a clear indication about the safe range for storage. The registered manager agreed to address the minor issues raised.
- Medicines audits were completed, stock balances were checked and there were checks in place to ensure staff were competent to support people with their medicines.

Learning lessons when things go wrong

- There had been action taken to address the issues identified at the last inspection and to prevent further breaches in the regulations.
- The registered manager told us they used opportunities from accidents and incidents to develop staff's understanding and took measures to help prevent repeated incidents.

Systems and processes to safeguard people from the risk of abuse

At our last inspection, people were not protected from abuse or harm and safeguarding procedures were not always followed. This was a breach of Regulation 13 (Safeguarding people from abuse and improper treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- Staff understood safeguarding procedures and knew how to identify and report concerns if they thought a person may be at risk of harm.
- The registered manager reviewed all incidents and understood their responsibility to ensure relevant

matters were reported.

- Where people presented with behaviours which challenged the service, this was recorded to ensure the safety of the individual and others living in the home. Some of these incidents had potential to compromise people's rights and safety. The registered manager agreed to keep these under review to ensure people's rights and safety were maintained.

Preventing and controlling infection

- Cleaning regimes were in place, but there were some parts of the home which had unpleasant odours, such as the main corridor and some people's bedrooms. Some soft furnishings had stains on them and debris, such as food. We recommended the provider reviews the cleaning procedures.
- There was a good supply of personal protective equipment available for staff to use to help prevent the spread of infection. The provider had responded to a recent infection outbreak and ensured this was quickly contained. Staff had completed a knowledge check about infection control procedures at a recent supervision.

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 Inadequate. At this inspection this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure suitably trained and competent staff were deployed to meet people's needs. This was a breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- There was adequate induction and training to support staff in their roles. Once the registered manager came into post they had ensured staff were supported through supervision and appraisal. Ancillary staff did not have dementia awareness training, although the provider said this would be considered to enhance their interaction with people living at West Villa.
- Staff felt supported to carry out their work with people and the training matrix showed there was a high level of completion of training. New staff were able to shadow those who had more experience. Staff with additional responsibilities, such as the deputy manager, had opportunities to shadow the registered manager and learn tasks such as completing audits.
- Competency checks were carried out with the staff team to ensure they worked safely and effectively, although there were some gaps in records to show moving and handling competency checks had been completed.

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

At our last inspection the provider had failed to meet the requirements of the Mental Capacity Act (2005) which meant people's rights were not protected. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

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

- People were supported to have choice and control of their lives and staff understood the key principles of the MCA. Where people had a DoLS in place, this was known by staff and monitored by the registered manager.
- Staff were aware of information in people's care plans regarding their mental capacity. People's mental capacity was recorded and appropriately regarded. Staff understood how to support people in making their own choices and there was a formal best interest decision making process.
- There was information to show if Lasting Power of Attorney (LPA) orders were in place. An LPA is a legal document that allows someone to make decisions for you, or act on your behalf, if you are no longer able to or if you no longer want to make your own decisions. LPA's can be put in place for property and finance or health and care. If these are not in place the best interest process needs to be followed to support the decision making process.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's needs and choices were assessed and delivered in line with good practice guidance. Assessments had been individually reviewed and rewritten. Care plans showed how people's choices and preferences were promoted in their care and support. Staff tried to encourage people to make routine choices, such as where to sit or what to eat, although at times this was not consistent.
- Care records showed health and social care professionals were involved in people's care and support and appropriate referrals were made. Where medical attention was needed this was promptly obtained.

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

- Staff understood people's individual dietary needs and these were detailed in their care plans. Where some people were at risk of malnutrition, staff were aware of this and kept records of their food intake, although we saw two people slept through the main meal. The registered manager said they would consider how to maximise opportunities for these people to eat throughout the day.
- There were pictorial menus on the dining tables. The chef understood people's dietary needs and they spent time with people finding out their daily choices. Some people had difficulty remembering the choices available and the provider agreed to consider more visual and sensory ways to help people choose, such as showing sample plated meals.
- One person said, "We get plenty to eat, the staff know what we like." Another person said, "Oh the meals here are very good."
- Drinks were available at all times within people's reach or view, so they could help themselves or indicate if they would like a drink.

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

- There was a refurbishment plan in place and the provider was aware of which areas needed attention, including the general décor.
- There was signage throughout the home and people's own rooms were personalised with their own items, such as photographs and mementos.

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 Inadequate. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Supporting people to express their views and be involved in making decisions about their care
At our last inspection people were not sufficiently involved and included in their care and this was a breach of the Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- There was a happy atmosphere in the home and staff approached their work in a calm manner. Staff spent time involving people in decisions about their care and support and they actively listened to what people were saying. Staff were observant and took account of people's non-verbal cues when supporting their care.
- Where people's mood or behaviour demonstrated they were in need of staff support, staff tried to understand reasons for this. For example, staff considered signs of infection if people's behaviour challenged the service. Staff gave patient reassurance when providing care.
- People were asked their views and invited to attend meetings from time to time. The most recent residents' meeting was in November 2019, although further meetings were scheduled.

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

- Care records had been re-written and made references to each person's particular equality needs and preferences. These were being further developed to ensure staff had a fuller understanding of people's individual social histories, wishes and aspirations.
- People's independence was encouraged, and they had choice in their care and support. Staff spoke respectfully with people and understood their individual preferences. Staff were patient when supporting people with limited mobility or sensory loss.
- Relatives and friends of people in the service were able to visit any time and they said the staff knew their loved ones very well. One person's friend said staff respected their relationship and enabled them to speak privately with their loved one. A relative told us, "I try to visit most days but I know if I can't, the staff will care for my [family member]." Another relative said they were pleased their family member was at West Villa and said, "I can sleep easy at night."

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 Inadequate. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

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

At our last inspection care was not person-centred and this was a breach of the Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- New care plans had been developed for each person since the last inspection and they were clear and person-centred. The registered manager told us they had re-written each person's plans with their input and using information from staff and relatives. Care plans included people's advanced wishes for their end of life stage of care. There were systems in place to ensure regular reviews of people's care, including a newly introduced 'resident of the day' scheme.
- Staff knew who and what was important to each person and they used this information in meaningful conversation with them. One member of staff noticed a person showed interest in a football match and they offered to make sure they could watch the game later that evening.
- Activities were planned and organised. These included trips out as well as visits from local school children. Staff supported people in their choice of what they wanted to do, although some people were supported more than others. For example, one person who could make their needs easily known asked to go for a walk with staff and this was facilitated. In contrast, another person told us they would really like to go out much more, but said they didn't have the chance. The provider had taken steps to ensure this person was appointed a personal assistant and this was in progress. The provider agreed to consider how people's individual recreation needs were met to be sure this was done fairly.
- Staff were responsive to people's needs; they acknowledged people as individuals and engaged with each person in a person-centred way. Staff attitude was more positive than at the last inspection and they were motivated and interested in their work.
- One relative told us staff had arranged for them to eat a meal with their family member and had organised a table for two in a private area so they could enjoy their time together. They said this was made into a special occasion and they felt it was especially responsive to their family member's needs. Another relative said their family member had never looked so well since coming into the home.

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.

- People had a communication care plan in place and staff understood where there was a sensory loss which may impact upon their care.
- The provider was aware of their responsibility to make information accessible to people in ways they could understand. They had introduced some pictorial information such as menus.

Improving care quality in response to complaints or concerns

- People knew how to raise any complaints or concerns and there was a clear procedure. There had been no complaints received since the last inspection.
- One person's relative told us they would be listened to and any concerns addressed at once if they had reason to complain. They said, "I am confident they would act upon anything I raised. They have learned a lot since the last inspection."

End of life care and support

- Care plans included people's advanced wishes for their end of life stage of care.
- The provider had worked with a local hospice to develop staff's understanding of the needs of people where end of life care was required.

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 Inadequate. At this inspection this key question has now improved to requires improvement. This meant although systems and processes were in place these were still being developed further and were not yet fully embedded in practice. The provider was not yet able to demonstrate sustained levels 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 the provider had failed to operate robust quality assurance or meet the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- A clearly defined management structure had been put in place since the last inspection and there had been a clear focus on addressing the regulatory breaches and improving care. Audits were more consistent and robust, although there were minor issues which were identified through the inspection which had not been identified by the provider. The registered manager told us the quality assurance systems were being embedded and knowledge of how to complete thorough audits was being developed within the whole management team for a stronger and more consistent approach.
- Structured handover meetings and team leader meetings made sure staff understood all information and key risks. There was clear and consistent provider oversight; the provider attended the team leader meeting and emphasised the lines of accountability, encouraging staff to approach the management team at any time. The provider praised staff for their hard work and they praised the provider for the support they gave.
- The registered manager worked alongside staff in a supportive way and staff had respect for them. One member of staff said, "[Name of registered manager] gets stuck in; if they see we need help they help straight away, they don't just stay in the office."
- Relatives told us they were seeing improvements in the management of West Villa. One relative said, "Things here are much, much better than before. When you [CQC] were here last time, I was considering helping my [family member] find a new place to live." Another relative said, "It's improving all the time. My [family member] is much happier, the whole place is better."
- One person told us, "I've always been alright here, but things are a lot better since the new manager came."

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 and the registered manager told us they were working hard to improve the culture in the home. They said by being open and honest with staff, this enabled staff to feel confident to approach them with any issues.
- Staff confirmed the management team was approachable and they felt supported and encouraged to be open and honest in the way information was shared.
- Staff told us they felt much more supported and valued in their work and they were confident the management team was making positive changes in the way the service was run. Morale had improved; staff were happy and smiley and heard to be singing as they worked.
- The provider and the registered manager were aware of their responsibilities under the duty of candour.
- Relatives told us the provider had been 'up front' about the concerns identified at the last inspection. They said they had been made fully aware of the inspection findings and what the provider was doing to put things right. Drop-in sessions had been arranged for any visitors to discuss the last CQC report.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager was visible in the service and spent time speaking with people, staff and visitors.
- Staff meetings were held and staff felt able to contribute their views. Staff offered ideas, initiatives and suggestions of their own and these were welcomed.
- There was evidence of partnership working with other professionals, such as social workers and the local authority. The provider welcomed input from others in order to enhance the quality of care. The registered manager worked with the practice manager from local surgeries to sort out any discrepancies as they arose.

Continuous learning and improving care

- The provider and the registered manager told us they had worked hard to address the concerns raised at the last inspection. The provider told us they had considered opportunities to learn from the inspection history of the service and they were committed to ensuring improvements were sustained.
- The registered manager confirmed there had been no satisfaction surveys carried out since the last inspection, although this was something they planned to complete.