

Meridian Healthcare Limited

Westwood Lodge

Inspection report

Brookview
Helmsman Way, off Poolstock Lane
Wigan
Greater Manchester
WN3 5DJ

Tel: 01942829999

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Westwood Lodge is a purpose built home with three units, providing nursing and personal care for up to 76 people. At the previous inspection the home was also contracted to provide 10 beds on the ground floor nursing unit for NHS patients referred for a period of rehabilitation and at this inspection we found the home was no longer providing this service and all beds were for nursing residents.

The home is located in a residential area of Wigan close to the town centre. All rooms are single occupancy and have en suite facilities. 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 our visit, there was no registered manager in place, though the newly appointed manager was in the process of registering with the Care Quality Commission. 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.

At our previous inspection undertaken on 09 May 2016, we identified one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to the safe management of medication. At this inspection we found improvements had been made in the safe handling of medicines throughout the home and the service was now meeting the requirements of this regulation.

People we spoke with at Westwood lodge told us they felt safe. Care and support was provided in a safe manner and considered the individual requirements of each person.

Medicines were managed safely and were secured in appropriate medicines trolleys. MAR sheets were complete and administration records up to date. Controlled drugs were stored in controlled drug cabinets and keys held separately by the nurse in charge. Medicines action plans were in place, creams and fluid thickeners were locked in cupboards in the treatment room and people's rooms and administration records were now all completed. However we noted some gaps in records, for example staff signature sheets (used to recognise a staff member's signature/initials) needed updating and protocols needed to be followed for some 'when required' (PRN) medicines in documenting request prompts for these medicines which would provide assurance of meeting people's needs.

Processes were in place to identify and mitigate individualised risks posed to people such as mobility, including the use of mobility aids such as hoists, wheelchairs and bath aids. Environmental risk assessments and audits were also in place in addition to effective fire procedures and each person had a personal emergency evacuation plan (PEEP).

The provider had a 'Business Continuity' management plan which identified the action to be taken for an unforeseen event such as loss of utilities.

The service had a safeguarding procedure in place which offered guidance to staff on how to effectively raise a concern.

The service had created an easy read incident reporting flow chart for staff to follow should they require to and accidents and incidents were managed effectively.

Staffing levels were adequate to meet the needs of the people using the service. Agency staff were still being utilised however this usage had reduced since the previous inspection. The provider had robust recruitment procedures designed to protect all people who used the service and ensured staff had the necessary skills and experience to meet people's needs. Everyone we spoke with said the permanent staff were professional and they trusted them.

Staff indicated they had received a suitable amount of training and this was valued for their own professional development. Staff training records included details of training previously undertaken and dates for when training was due for renewal. All staff spoken with confirmed that they received supervision from their line manager.

At this inspection we found that the nursing assistant role had commenced but was at an early stage of development. This role was designed to provide support to the nursing staff team and to address the shortage and difficulty in recruiting registered nurses.

The service was working in accordance with the Mental Capacity Act and Deprivation of Liberty Safeguards (MCA/DoLS). Care files contained consent to care and treatment forms which were signed by the person or their relative/representative.

Individual nutritional needs were assessed and planned for by the home and nutritional and hydration risk assessments had been undertaken by the service.

At this inspection we found that further improvements had been made to the environment with changes to colour schemes and different coloured grab rails and toilet seats in bathrooms in addition to a range of 'dementia friendly' signage throughout the home that would help a person living with dementia to better orientate around the building.

We observed the delivery of care was compassionate and caring. People who used the service were complimentary of the staff that cared for them. We saw people were encouraged to take pride in their appearance to help promote independence and boost self-esteem. Every person we spoke with told us they were treated with dignity and respect and addressed by their preferred name. Everyone told us they were encouraged to be as independent as possible.

Everyone we spoke with on all the units of the home told us the staff always knocked before entering bedrooms and that doors were closed when personal care was being carried out, which we observed to happen during the course of the inspection. People looked clean and well groomed. Staff knew people well and there was a friendly atmosphere between staff and people living at the home.

People's care files contained end of life care plans, which documented people's wishes at this stage of life where they had been open to discussing this. At the time of the inspection no-one was on receipt of end of life care.

People's care files identified that individuals and their relatives were involved in the planning of their care

and personal preferences were discussed. The service had a clear process for new admissions and used a range of detailed assessment formats to ensure they could meet the person's needs.

We observed staff were respectful and friendly towards the people who used the service whilst supporting them.

We saw a range of activities were offered to people which included group activities as well as more personalised one-to-one sessions. Activities were displayed on notice boards throughout the home.

The service had effective systems in place for people to use if they had a concern or were not happy with the service provided to them. A complaints file was in place and these were also captured on the provider database and monitored by the complaints team.

People who lived at Westwood lodge and their relatives felt able to express their views about the service on an on-going basis by having conversations with the staff and completing satisfaction questionnaires.

Staff told us they felt the new manager was doing a good job and that the home had made positive changes since the date of the last inspection. Staff told us they felt they were able to put their views across to the management, and felt they were listened to.

The manager was very visible within the home and actively involved in the provision of care and support to people living at Westwood Lodge. We saw an extensive range of audits and checks were now undertaken by the home. 'Flash' meetings were held daily between the manager and general staff group and this provided an opportunity to discuss on-going issues.

We saw evidence of regular staff meetings being undertaken and a list of upcoming staff meetings was displayed in several areas within the home.

Resident and family meetings were also held regularly and we noted previous discussions had included staffing, food, laundry, maintenance, management, funding, sensory garden development, activities.

There was a service user guide and statement of purpose in place. A statement of purpose is a document which includes a required set of information about a service.

We saw the ratings from the previous inspection were displayed in the reception area of the home, which is now a legal requirement.

The service worked alongside other professionals and agencies in order to meet people's care requirements where required.

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.

People we spoke with and their relatives told us they felt safe.

There was evidence of robust recruitment procedures in place.

The home was adequately maintained, including the servicing and maintenance of equipment used within the home.

Is the service effective?

Good ●

The service was effective

People's nutrition and hydration needs were met appropriately and they were given a choice of food at meal times.

Care plans included appropriate personal and health information and were up to date.

The home worked within the legal requirements of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good ●

The service was caring

People who used the service and their relatives told us the staff were caring and kind.

Staff interacted with people in a kind and considerate manner, ensuring people's dignity and privacy was respected.

Is the service responsive?

Good ●

The service was responsive.

Care files were well organised and contained information that covered a range of health and social care support needs.

Each person had a detailed care pathway, an assessment of

possible risks and a description of the person's needs for support and treatment.

The home had procedures in place to receive and respond to complaints.

Is the service well-led?

Good ●

The service was well-led but there was no registered manager in post. The manager was in the process of registering with the Commission at the time of the inspection.

People told us the management were approachable and supportive. Staff supervisions and appraisals were undertaken regularly.

A number of audits were carried out where issues were identified and action was taken.

Westwood Lodge

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 11 and 14 July 2017 and was unannounced. The inspection was carried out by two adult social care inspectors, a specialist advisor in medicines 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 care service. The expert was experienced in dementia care, residential and acute care.

In advance of our inspection, we reviewed information we held about the home. We looked at statutory notifications and safeguarding referrals. We also liaised with external professionals including the local authority and local commissioning teams. We reviewed previous inspection reports and other information we held about the service.

Prior to the inspection we requested a Provider Information Return (PIR) and this was returned appropriately. A PIR is a form that asks a registered manager to give some key information about the service, what the service does well and improvements they plan to make.

At the time of our inspection there were 64 people living at the home, divided across three units. There were 15 people living on the ground floor of the nursing unit and 25 people living on the nursing unit located on the first floor of the main building, 24 people were staying in the nursing unit known as Westwood House, adjacent to the main building.

We spoke with seven people who lived at the home and eight visiting relatives. We also spoke with three nurses, six members of care staff, the home manager and the area manager who was present throughout the inspection visit.

Throughout the day, we observed care and treatment being delivered in communal areas that included lounges and dining areas. We also looked at the kitchen, bathrooms and external grounds.

We looked at 12 care files/records, staff supervision and training records, medication records and the quality assurance audits that were undertaken by the service. We reviewed medication administration records (MAR's) for 43 people across the three units of the home.

Is the service safe?

Our findings

People we spoke with at Westwood lodge told us they felt safe. One person said, "Yes I feel safe, it's the girls, they're all good company." A second person told us, "I feel safe but I can't say why, it's just a general thing." Similarly comments from relatives supported people's views. One relative told us, "Through the experiences we've had with the service, I feel [my relative] is safe." Another relative stated, "I come every day to assist [my relative] with eating and if I'm late there's always somebody assisting [my relative]." A third relative "[My relative] is always happy."

Over the two days of inspection we observed care and support was provided in a safe manner and considered the individual requirements of each person. People appeared happy and comfortable in the company of staff; staff we spoke with gave suitable examples of how to safely support people with their day to day living requirements.

At the last inspection, we found that although improvements had been made in the safe handling of medicines throughout the home, further improvements were still needed and we found the service to be in breach of Regulation 12 Health and Social Care Act (Regulated Activities) Regulations 2014, safe care and treatment. This was because the service had failed to ensure the safe management of medicines.

During this inspection we found that significant improvement has been made in the safe handling and management of medicines in the home and the service was now meeting the requirements of this regulation.

Medicines were secured in appropriate medicines trolleys in each unit of the home and were locked when unattended. Medicines were available for people who used the service and people received their medicines as prescribed.

We reviewed medication administration records (MAR's) for 43 people across the three units of the home. MAR sheets were complete and administration records up to date. Two instances of medicines not available were noted (one because of a supply issue and another where the medicine had run out). These instances had been managed satisfactorily.

Controlled drugs were stored in controlled drug cabinets and keys held separately by the nurse in charge. We looked at controlled drug records and found they were being managed correctly. Treatment rooms used to store medicines were secured by key lock and medicines for disposal secured in locked cupboards.

Medicines action plans were in place, however we noted some gaps in records, for example staff signature sheets (used to recognise a staff member's signature/initials) needed updating and protocols needed to be followed for some 'when required' (PRN) medicines in documenting request prompts for these medicines which would provide assurance of meeting people's needs..

At the last inspection we found creams were kept in bedrooms and not safely locked away and records

about creams were poor and sporadic and could not show that they were applied as prescribed. At this inspection we found creams and fluid thickeners were locked in cupboards in the treatment room and people's rooms and administration records were now all completed.

The treatment rooms were temperature controlled and medicines for refrigeration stored in locked pharmaceutical refrigerators. The first floor treatment room did not have air conditioning, and this could result in some medicines being ineffective. People told us all staff wore protective clothing and explained what they were doing before administering medicines.

We observed medicines being administered for six people. People were treated with dignity and patience and there was good rapport between people and staff which enabled people to receive medicines as per their personal preference and requirements.

We found processes were in place to identify and mitigate individualised risks posed to people. We looked at six people's risk assessments in their individual care files. We noted risks to people's individual safety and well-being were assessed and managed by means of individual risk assessments and risk management strategies. Risk assessments covered areas such as mobility, including the use of mobility aids such as hoists, wheelchairs and bath aids. Risks to people's skin integrity, nutritional requirements and health were also further areas of consideration. We noted that any identified risk cross referenced to other areas of the person's care documentation for easy reference. This helped ensure guidance was in place for staff on minimising risks to people's wellbeing and safety. Each risk assessment offered an overview of the person's risk, triggers and the assistance required.

Environmental risk assessments and audits were also in place to ensure a safe environment and ensure the protection of people using the service, their visitors and staff from any injury caused by faulty or poorly maintained areas. Risk assessments gave consideration to areas such as the internal and external environment, storage of controlled substances (COSHH), stairs and lift, electrical safety and smoking. Equipment such as kitchen and bathroom aids was also examined by an external agency. We looked at the audit trail for external checks and noted they were all in date and reviewed on an annual basis.

Additional audits and testing was carried out by the service maintenance team this covered areas such as, water temperatures and flushes, legionella, routine room checks which looked at areas such as radiator valves, window restrictors, ventilation and lighting.

Fire procedures were in place and each person had a personal emergency evacuation plan (PEEP) which considered areas such as level of mobility, responsiveness to an alarm and prescribed medication, none critical and time critical evacuation situations. Risk assessments were evident along with a record of fire systems, emergency lighting and fire alarm checks. Contingency plans were in place detailing steps to follow in the event of emergencies and failures of utility services and equipment. A fire safety audit was completed in August 2016 by the local fire service and the service was found to be broadly compliant.

The provider had a 'Business Continuity' management plan. This plan identified a process to be employed by the service as a response to any major emergency affecting the infrastructure as a result of any unforeseen events such as fire, severe weather conditions, bomb threats and contamination. The plan details a response for such incidents detailing aims, objectives and responses for all staff to follow.

The service had a safeguarding procedure in place which offered guidance to staff on how to effectively raise a concern. Staff were aware of the policy and were clear about what action they would take if they witnessed or suspected any abusive practice. One staff member told us, "Safeguarding is about protecting people who

may be in a vulnerable position and there is a procedure to follow if you have any concerns. If I was concerned I would tell my manager." A second staff member said, "Safeguarding is about protecting everyone using the service and the staff as well. Any concerns would be reported to the manager and we would follow the Wigan safeguarding process." Staff also expressed confidence that any issues of concern at the service would be appropriately dealt with and they had attended safeguarding training.

We looked at the services records in relation to accidents and incidents. The service had created an easy read incident reporting flow chart for staff to follow should they require to. Once an accident form was completed it was given to the manager who inputted the data onto the service database. Once on the database the provider's standards and compliance team monitored and reviewed this information to ensure accidents and incidents were being properly managed.

We looked at how the provider managed staffing levels and the deployment of its staff. We requested a month's staffing rotas including the week of inspection. We noted agency staff were still being utilised however this usage had reduced since the previous inspection. We saw from the documentation provided at the inspection that staffing levels were adequate to meet the needs of the people using the service. The area manager told us, "We use a dependency assessment tool to calculate how many staff are required. We carry out a dependency assessment on each person who lives at Westwood lodge. The information is collated and inputted onto the care home dependency tool. This then works out the level of staff required. We are still carrying staff vacancies which we are currently recruiting too. Until we successfully recruit we require the use of agency workers."

We asked people if there were always enough staff available to meet their needs. One person said, "Yes, periodically they go off, but I hardly ever have to wait." A second person said "Yes, I don't have to wait." A third person said, "Yes I think there are enough staff." However the relative of one person told us, "Sometimes I don't think there's enough staff; the girls are running round all day. [My relative] needs attention every two hours and if there's only two staff on that's not enough." Other relatives spoken with also felt there were not enough staff on duty on some occasions.

The provider had robust recruitment procedures designed to protect all people who used the service and ensured staff had the necessary skills and experience to meet people's needs. The recruitment process included candidates completing a written application and attending a face to face interview. We looked at the recruitment records of six staff members two of whom had been recently employed at the service. We found references were obtained along with a check from the disclosure and barring service (DBS). A DBS check helps a service to ensure the applicant's suitability to work with vulnerable people. There was also evidence that identity and address checks had been undertaken. This meant the manager only employed staff after all the required and essential recruitment checks had been completed. We noted the provider had a recruitment and selection policy and procedure which reflected the current regulations.

There was a 'Recruitment (to and including interview) Procedure' in place dated January 2017 which included information on: notification of a vacancy; role profiles; advertising; other recruitment initiatives; equal opportunities; genuine occupation requirements; receipt of enquiries; shortlisting; selection process and interviews.

We noted contractual arrangements were in place for staff, which included disciplinary procedures to support the organisation in taking immediate action against staff in the event of any misconduct or failure to follow company policies and procedures. This meant staff performance was being monitored effectively.

Is the service effective?

Our findings

Everyone we spoke with said the permanent staff were professional and they trusted them. We asked people and their relatives if they felt staff were competent. One person told us, "Yes, most of them, they've had the training." Another person said, "Yes, they've had a lot of training."

A relative we spoke with told us they thought all the staff knew how to care for the people living at the home and all relatives told us the home contacted them promptly if there was a change in [their relative's] condition. We asked people and their relatives if they felt staff knew what they were doing. One person said, "Yes, most of them, they've had the training. A second person said, "Yes, they've had a lot of training." However one relative told us, "The permanent staff have training days but I don't think the agency staff are as competent."

We saw that new care staff were enrolled on an induction programme, which involved completion of training and a period of shadowing with more experienced staff. Staff were required to complete the 'care certificate' as part of their probationary period, which was followed by an observed practical assessment before confirmation in their role. Staff were also required to familiarise themselves with the people using the service by reading care plans and spending time in their company.

One staff member told us, "I had an induction at the beginning and this included a lot of training and shadowing other staff on their shifts until I was competent. I felt okay with this process as I'd become familiar with everything." A second staff member commented, "The induction included looking around the home, understanding how to use equipment, training and policies and procedures. I worked alongside other staff members until I was deemed competent and I'm happy with that."

Staff indicated they had received a suitable amount of training and this was valued for their own professional development. One staff member told us, "The company is very good at providing training and I'm happy with what I have done so far. They're also very good at helping you to get to training courses if you have a transport problem." A second staff member said, "We cover everything and can identify any training we are interested in doing to the manager. The manager encourages staff to progress and I've already done training in moving and handling, safeguarding, whistleblowing, falls, nutrition/hydration, MCA/DoLS, medicines and fire. Extra training is provided for staff doing the nursing assistant role but I'm not quite sure how this will work out as its early days." A third staff member commented, "We've all had safeguarding training which is refreshed every year and whistleblowing is something we all do as well."

We looked at staff training records which included details of training previously undertaken and dates for when training was due for renewal. Training completed included: emergency procedures; fire drills; food safety; health and safety; infection control; moving and handling; safeguarding; equality and diversity; dignity; basic life support; medicines management; person-centred care; care planning; nutrition and hydration; person-centred approaches to dementia care; understanding and resolving behaviours that challenge; promoting healthy skin; falls awareness and MCA/DoLS.

At the last inspection, in order to address the shortage and difficulty in recruiting registered nurses, we were told that the provider was developing a care assistant development programme which would enable care staff to receive training and development to become a nurse assistant to support qualified nursing staff and reduce reliance on agency staff. At this inspection we found that the nursing assistant role had commenced but was at an early stage of development and staff identified for this role were undertaking a series of additional training relative to the role. One staff member told us, "We're starting to do the nursing assistant role now and we get extra training for this. I think this role is definitely needed and it's also good for career progression."

We asked staff to confirm whether they received regular supervision and appraisals. Supervisions and appraisals enable managers to assess the development needs of their staff and to address training and personal needs in a timely manner. All staff spoken with confirmed that they received supervision from their line manager. Comments from staff included, "I get supervision and I find it useful as it's a way of getting your concerns over to the manager and there's lots of discussion," and "I have my supervision knowing that it will be held in confidence and I have hope for the future," and "The manager has listened to me about personal issues during supervision and has helped to me resolve them confidentially." There was a supervision planner in place and we saw staff received supervision in line with the schedule identified in the supervision policy.

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.

We saw Deprivation Of Liberty Safeguard (DoLS) referrals had been made where necessary, with records held on file stating if the applications had been authorised. We saw that mental capacity assessments had been completed and best interest meetings held with the involvement of the relevant people including family members and where necessary an independent mental capacity advisor (IMCA). An IMCA is an advocate who has been specially trained to support people who are not able to make certain decisions for themselves and do not have family or friends who are able to speak for them. There were also records of any restrictive practices in place. The majority of relatives we spoke with on all the units of the home told us they had been involved in best interest decisions.

Staff we spoke with had an understanding of DoLS, were able to explain when people may be deprived of their liberty and told us they had received training in this area. One member of staff said, "It's about ensuring people are properly represented by someone who is acting in their best interests." A second staff member said, "This is a process that is followed when a person may lack the ability to make informed decisions for themselves and this would involve a best interest meeting."

There was a specific file in place for DoLS for each unit of the home, including a tracker sheet which identified the initials of the person concerned, the date the application had been made, the date the authorisation had been granted, the date when the relevant statutory notification had been sent to the Commission, the date of expiry and any conditions associated with the authorisation.

As part of the inspection we looked at how the service sought consent from people. Care files contained consent to care and treatment forms which were signed by the person or their relative/representative, and consent forms were also in place for the use of bedrails, photographs and the sharing of information with relevant people.

During the inspection we observed staff seeking consent from people before they provided care or support, for example at mealtimes or when providing personal care assistance. One staff member told us, "I always ask people first before I do anything such as what clothes to wear each day. If a person didn't want to do what you were suggesting like taking part in an activity then the decision is theirs; sometimes you might return to the person and ask them again just to make sure." A second staff member said, "You must always know that a person agrees with what you are doing so we ask them first before we do anything and things like if they prefer a male or female member of staff to assist them."

During our inspection we checked to see how people's nutritional needs were met. We found that individual nutritional needs were assessed and planned for by the home. We saw evidence that nutritional and hydration risk assessments had been undertaken by the service, which detailed any risks such as the possibility of choking and the level of support required. Diet notification records were sent to the main kitchen and to the kitchenettes that were situated in each unit of the home. The notification included the diet type and texture, if adapted cutlery was required, if staff assistance was required, dietary preferences and dislikes including fluids and any allergies.

Snacks and drinks or additional supplements taken in between main meals were also provided. We saw that people had been referred to nutrition and dietetic services. Special diets were catered for and people had nutrition and hydration care plans in place. Information on different diet types, such as a soft diet, had been sought from the speech and language therapy team (SALT) and this informed the kitchen staff how to prepare and serve these types of foods. People's weights were also monitored by the service both weekly and monthly as required.

We asked people what they thought of the food provided. Comments included, "It's different from home, but it's edible and we get a choice;" "It's very nice, there's a choice;" "The food's lovely." There was one person who required a diabetic diet and they told us they received this diet type, which we verified by looking at records.

At the last inspection although we saw improvements had been made to the physical environment since the date of previous inspection we made a further recommendation that the service explores the relevant guidance on how to make environments used by people living with dementia more 'dementia friendly.' At this inspection we found that further improvements had been made to the environment with changes to colour schemes and different coloured grab rails and toilet seats in bathrooms in addition to a range of 'dementia friendly' signage throughout the home that would help a person living with dementia to better orientate around the building. The area manager told us that an investment of £100,000 had been secured for the further upgrading of the environment including redecoration, new carpets and flooring, new furniture and doors and that people who used the service would be involved in this initiative. We saw that this process had already started and items of furniture were already being disposed of in readiness for the replacement items.

Is the service caring?

Our findings

We observed the delivery of care was compassionate and caring. People who used the service were complimentary of the staff that cared for them. One person said, "They're very kind, they tell you what they think but they will listen to you. I find them very good." A second person told us, "They're good, they all smile, they're very kind and they'll do anything you ask them." A third person said, "Staff are professional and kind."

We asked people's relatives what staff were like. One relative told us, "They're brilliant, kind and very caring; they're very helpful and considerate." A second relative commented, "They're very good. I don't think they realise how good they are. If they're understaffed they just get on with it. They're caring and smashing." A third relative said, "The staff are friends, they all work well together, they're very kind," and a fourth relative said, "They're very nice, friendly and kind."

We saw people were encouraged to take pride in their appearance to help promote independence and boost self-esteem. Relatives we spoke with confirmed that people always appeared well groomed and we observed a staff member assisting one person to brush their hair in a gentle and unrushed manner, whilst engaging in general conversation with the person.

Every person we spoke with told us they were treated with dignity and respect and addressed by their preferred name. We asked people and their relatives if staff listened to them and acted on what they said. Everyone we spoke with on all the units of the home said they did and that staff did their best. Comments included, "I think they've been really kind with [my relative];" "I've no complaints, they're all very good;" "They're great."

Everyone told us they were encouraged to be as independent as possible. We asked people if their dignity and privacy were maintained and everyone we spoke with on all the units of the home told us the staff always knocked before entering bedrooms and that doors were closed when personal care was being carried out, which we observed to happen during the course of the inspection.

Confidentiality was a key feature in staff contractual arrangements. Staff induction covered the principles of care such as independence, privacy and dignity, choice and rights. This ensured information shared about people was on a need to know basis and people's right to privacy was safeguarded. The service also had policies and procedures to support the delivery of care around these key aspects.

We saw the service had a policy around advocacy. Advocacy information was also included in the homes welcome pack which was given to people on admission and we saw for looking at records that advocates had been involved in discussions about care and treatment where necessary.

During our inspection, we observed interaction between staff and people who used the service and saw that it was kind and caring. People looked clean and well groomed. Staff knew people well and there was a friendly atmosphere between staff and people living at the home.

During our inspection we looked to see how the service promoted equality, recognised diversity, and protected people's human rights. We found the service aimed to embed equality and human rights through good person-centred care planning. Support planning documentation used by the service enabled staff to capture information to ensure people from different groups received the help and support they needed to lead fulfilling lives, which met their individual needs.

People's care files contained end of life care plans, which documented people's wishes at this stage of life where they had been open to discussing this. Staff told us they involved families when developing care plans or carrying out assessments, which we verified by looking at records. The people we spoke with living at the home and visitors to the service also confirmed this was the case. Where people had made an advanced decision regarding end of life care this was recorded correctly, dated and signed appropriately. The service had previously received accreditation under the Gold Standards Framework (GSF) for end of life care. At the time of the inspection no-one was on receipt of end of life care.

Is the service responsive?

Our findings

We asked visitors if they were involved in care planning for [their relative]. Comments received included: "Yes two weeks ago;" "I've been given the opportunity to see it;" "I know what's going on;" "Yes, it was last reviewed a few weeks ago." Everyone we spoke with told us visitors were welcome at any time.

People's care files identified that individuals and their relatives were involved in the planning of their care and personal preferences were discussed. The care records showed regular visits from relevant other professionals such as a GP, an optician or chiropodist. This meant appropriate healthcare professionals were accessed when people required them.

We noted the service had a clear process for new admissions and used a range of detailed assessment formats to ensure they could meet the person's needs, identifying choices and abilities prior to admission. This included consultation with the person, their family and health and social care professionals where relevant. We looked at six people's care files and noted each contained a completed pre-admission assessment. Information in these assessments had been used to create people's individual support plans and risk assessments.

Each care file we viewed contained documents such as an introductory page which included basic information about the person and a dependency assessment was also present which referenced the information provided on the initial assessments and subsequent re-assessments to ensure all information about the person was still correct. People had a range of care and support plans in place, the amount being related to their individual needs and level of assessed risk.

Care plans covered areas such as eating and drinking, maintaining a safe environment, mobility, personal hygiene and communication. They were written sensitively and contained relevant information staff required to support the person effectively and safely with their daily requirements. Care plans we saw had been reviewed on a monthly basis or more often as required.

We observed staff were respectful and friendly towards the people who used the service whilst supporting them, for example one staff member said to a person, "Good morning [person's name] how are you this morning, would you like to have a drink now or later." The staff member then assisted the person to a chair of their own choice. Another example was when another person was seen with a small amount of food on their chin; the staff member who saw this said, "Okay [person's name] don't worry I'll go and get you a tissue, would you like an apron." The staff member then ensured that this person was settled before moving away.

We asked staff how they ensured care provided was person centred. One staff member told us, "Person-centred care is about delivering individualised care and remembering that everyone is different." A second staff member commented, "This is about seeing what people's preferences are and following them and treating everyone as a unique individual."

Daily reports were completed by staff and contained written evidence to show people had received care and

support in accordance with their assessed daily living needs.

During our inspection, we checked to see how people were supported with interests and social activities. At the previous inspection we recommended the service sought appropriate advice and guidance to ensure people had opportunities to take part in activities they enjoyed and to meet their personal preferences.

We looked at the activity programme provided by the home and asked people for their views on what was available. At this inspection we saw a range of activities were offered to people which included group activities as well as more personalised one-to-one sessions. Activities were displayed on notice boards throughout the home. Photographs of previous activities and outings were also displayed around the building and there was an activities coordinator in post. There was an activities folder in place and this recorded any activities that each person had taken part in.

People we spoke with told us staff respected the choices they made throughout the day. One person told us, "I read and watch telly. There was something on today, but I couldn't go." A second person said, "We play bingo and the other day we had two singers." A third person commented, "I like reading and they [the service] try to get something going each week like a singer." A fourth person told us, "I watch the TV and I enjoyed the band last week." Each person had an 'activity and social care support plan' in their files and this recorded previous hobbies and interests and individual preferences in relation to activities. Daily records were kept for activities undertaken and these included one-to-one sessions, bingo, pet safari, Easter bonnet making, communal party, concert/singer, nail painting, coffee afternoon, church visit, special day celebrations. Activity records were reviewed on a monthly basis.

We looked at how complaints were handled. The service had effective systems in place for people to use if they had a concern or were not happy with the service provided to them. A complaints file was in place and these were also captured on the provider database and monitored by the complaints team. Each complaint received was documented on a concerns and complaints log which included date received, who raised the complaint details of the complaint or concern, action taken and whether the matter was closed or had been escalated, for example to the local authority.

We asked people and their relatives if they knew how to make a complaint. The majority of people we spoke with told us they knew how to make a complaint and there had never been an occasion when had felt a need to complain. One person told us, "I'd go straight to the sister [nurse]." A second person said, "I think so, I'd go to the manager." A third person said, "I mentioned something and it's being looked at the moment." Relatives also commented that they felt able to approach the manager with any concerns. One relative said, "Yes I mentioned something and it was sorted out within less than three days."

People who lived at Westwood lodge and their relatives told us they felt able to express their views about the service on an on-going basis by having conversations with the staff and completing satisfaction questionnaires. The area director told us, "All feedback is collated and responses go to head office and a document is then produced and displayed on each of the units within the home. In addition to this the results are also discussed at the resident and relative meetings." The area director also added, "The 2017 surveys are still out at the moment but are due back any time." We looked at the results from 2016 resident questionnaire and noted that 86% scored good for the overall impression of Westwood Lodge and 14% scored excellent. 100% scored good for feeling views and opinions were respected and upheld and 100% felt the quality of staff training was good.

Is the service well-led?

Our findings

There was a manager in post who was in the process of registering with the Commission. 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.

We asked people and their relatives if they knew the registered manager and if they felt they could talk to them. One relative said, "I have seen her and I can talk to her." A second relative told us, "I've seen her and she's approachable." A third relative commented, "I know who she is, but if I have any issues I go to one of the care staff." A person told us, "She comes to see me every day." A second person said, "Yes I can talk to her, she seems quite friendly and bubbly."

Staff told us they felt the new manager was doing a good job and that the home had made positive changes since the date of the last inspection. One staff member said, "I feel things are getting better though it can vary day to day depending on people's changing needs and if staff are off sick; the manager is aware of this and has recently taken on new staff." A second staff member told us, "I know I can go to the manager for anything and she will sort it out, including any personal issues you might have." A third staff member commented, "I feel [manager name] will listen to you and tries her very best to see you straight away if you have an issue to raise. I now feel very supported and this is better than it was before." A fourth staff member told us, "The manager wants things done properly so that we get it right every time."

Staff told us they felt they were able to put their views across to the management, and felt they were listened to. The staff we spoke with told us they enjoyed working at the service and said they felt valued. They said they thought the management were fair and approachable, and also told us the staff team worked well together. It was clear from our observations that the management team worked well together in a mutually supportive way.

Staff had access to a wide range of policies and procedures. These included medication, nutrition, moving and handling, safeguarding, health and safety and infection control. These could be viewed by staff if they ever needed to seek advice or guidance in a particular area.

The manager understood their role in sending notifications to CQC and had sent us notifications as required by the regulations. People's care records were kept securely and confidentially, and in accordance with legislative requirements.

We saw that the manager was very visible within the home and actively involved in the provision of care and support to people living at Westwood Lodge. Throughout the course of the inspection we saw the manager walking around and observing and supporting staff.

We saw an extensive range of audits and checks were now undertaken by the home, which included

infection control, health and safety, incident and accident reporting, weight monitoring, (the service both monitored and analysed people's weights), equipment checks, fire inspection checks and fire alarm testing, falls, DoLS applications, call bell and trained nurses professional registration.

We saw evidence that the home manager undertook a twice daily 'walk around' to monitor standards including resident's care, infection control, communal areas, the dining experience, mattresses and nutrition. We reviewed medicines management audit records and found stock discrepancy audits were supplemented by monthly audits. Action plans were in place which followed-up actions already identified.

An internal inspection report and action plan was also produced bi-monthly and shared with the 'senior service quality inspector.'

'Flash' meetings were held daily between the manager and general staff group and this provided an opportunity to discuss on-going issues such as 'resident of the day, 'housekeeping, maintenance, records administration, colleague issues, care/nursing and clinical nursing issue, PEEPS.

We saw evidence of regular staff meetings being undertaken and a list of upcoming staff meetings was displayed in several areas within the home. Minutes from previous meetings were stored in a team meetings file that was accessible by all staff members. Staff confirmed these meetings took place and that they found them to be useful. Previous discussions had included CQC inspections, maintenance, the Innovation Fund (which is improvement grant money made available through Wigan local authority), staff sickness, documentation charts, nursing assistants, accidents/incidents, provider visits.

Resident and family meetings were also held regularly and we noted previous discussions had included staffing, food, laundry, maintenance, management, funding, sensory garden development, activities. Some relatives had completed questionnaires and told us they were probably twice a year. Additionally there was an electronic 'have your say' device situated at the entrance to all units which enabled real-time live feedback to be supplied to the service and this information was immediately available to the manager so that they were aware of any concerns.

Prior to the inspection we requested a Provider Information Return (PIR) and this was returned appropriately. A PIR is a form that asks a registered manager to give some key information about the service, what the service does well and improvements they plan to make.

There was a service user guide and statement of purpose in place. A statement of purpose is a document which includes a required set of information about a service. An up to date provider registration certificate was on display in the office premises in addition to an appropriate certificate of employers' liability insurance.

The service worked alongside other professionals and agencies in order to meet people's care requirements where required. Involvement with these services was recorded in care plans and included opticians, chiropodists, dieticians, speech and language therapists, district nurses, social workers, NHS health workers and doctors.

We saw the ratings from the previous inspection were displayed in the reception area of the home, which is now a legal requirement.