

Westwood (Derby) Ltd

Westwood

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service: Westwood is a residential care home that provides personal and nursing care for up to 24 people. At the time of our inspection 22 people lived in the service. Two people were in hospital but were expected to return to the service.

People's experience of using this service:

People that we spoke to said that Westwood was a good place to live and that staff treated them with respect and kindness.

People's health and social care needs were managed well by management and the staff team. There were positive relationships with professionals which supported people's overall wellbeing. Medicine was administered safely and there were clear protocols in place for medicine which was taken when required. Records were kept up to date and medication administration records (MAR) were all correct and checked by staff and the registered manager.

The registered manager showed evidence of ongoing quality monitoring across all aspects of the service. Any concerns raised by residents' relatives or staff were investigated and addressed. This was also used to inform improved practices throughout the home.

People had enough to eat and drink. People were offered choices and had an input into the menu planning. The lunchtime experience was relaxed, and staff helped with serving meals and assisting people where necessary.

There were a variety of activities, both to keep people occupied and to entertain them. There were also physical activities to assist with people's mobility. People were consulted on what they wanted to do, giving people choice and control.

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

Rating at last inspection: The last inspection rating was good (published 24 November 2016)

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor information we receive about the service until we 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?

Good ●

The service was Safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was Effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was Caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was Responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was Well-Led.

Details are in our Well Led findings below.

Westwood

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector.

Service and service type: Westwood is a residential care home that provides personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection:

The inspection was unannounced.

The inspection took place on 23 August 2019.

What we did before the inspection:

We reviewed the information we received about the service since the last inspection. This included checking incidents the provider notified us about such as serious injuries and abuse. We sought feedback from the local authority, we also spoke with other professionals who work with the service. We requested information from , Healthwatch this is an independent consumer champion that gathers and represents the views of the public about health and social care services in England We assessed information we require providers to send us at least once annually to give some key information about the service, what the service does well and any improvements they plan to make. We used all of this information to plan our inspection.

During the inspection we spoke with four people who used the service. We spoke with six members of staff

including a domestic assistant, two care assistants, three assistant managers and the registered manager.

We reviewed a range of records. This included four people's care plans and medication records. We also looked at four staff files in relation to recruitment, training and supervision records. We reviewed records relating to the management of the home and a broad range of policies and procedures.

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 improved. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Staff were aware of their responsibilities to keep people safe from abuse and avoidable harm. Staff were confident about going to the registered manager or a senior and reporting anything that they felt was abuse.
- The provider had a safeguarding procedure to follow and staff were trained to understand the signs of abuse and how to report incidents.
- Risk assessments had been completed to assess people's needs, and staff had the guidance and support needed to mitigate associated risks. For example, one person had a comprehensive mobility plan which identified the activities and expected outcomes. The assessment identified the risks and how they could be reduced.
- All staff spoken with had a good knowledge of people's needs and risks. Staff were competent and knowledgeable and showed that they supported people to keep them safe.
- One person was using paraffin-based cream, and this had not been risk assessed about it being flammable. We raised this with the registered manager who said that this would be put in place.
- The service had people with a range of needs not usually found in one service. This included younger people with mental health needs and older people with dementia. A range of professionals were involved in the service and advice was sought to ensure risk planning was relevant and current.

Staffing levels

- Staffing levels were calculated according to people's needs. There were enough staff to support people safely and to ensure that people's needs could be met. This included staff support to participate in activities and outings. The registered manager told us they calculated the staffing levels based on the needs of people living at the service.
- Staff were recruited safely and all the appropriate pre-employment checks were carried out. This helped to ensure that suitable staff were employed to support vulnerable people.
- Staff we spoke to told us that there were enough staff employed at the home for them to be able to meet people's needs effectively. They also felt that they were well trained to do their jobs.

Using medicines safely

- Medicines were stored, administered and disposed of safely. People's medication records confirmed that they received their medicines as required.
- Where people were prescribed medicines 'as and when required' there were protocols in place to explain when and how the medicine should be taken.
- Topical creams were stored safely. Body maps were used, to show the site of application, along with daily monitoring forms.

Preventing and controlling infection

- Staff responsible for cleaning the home could tell us which colour bags were used depending on the type of waste. This prevented cross contamination and controlled the spread of infection.
- All staff received training in infection prevention and control. There was information, available to staff, on how to prevent the spread of infection; for example, by handwashing. The home was clean and free from unpleasant smells.
- The staff followed good infection control practices and used personal protective equipment such as disposable gloves and aprons to help prevent the spread of infections.
- At the time of our inspection the carpets were being cleaned by a professional company and the domestic assistant told us that rooms were deep cleaned every month.

Learning lessons when things go wrong

- The registered manager asked for feedback from people using the service, their relatives and the staff. The information was then collated, and any improvements made in collaboration with those giving feedback.
- The registered manager dealt with all complaints. Action was taken and documented, and any lessons learned were also recorded.
- Incidents and accidents were reviewed to identify any learning which may help to prevent reoccurrence.
- Care plans and risk assessments were frequently reviewed, especially in respect of changes in people's health or decreases in their mobility.

Is the service effective?

Our findings

Effective – this means 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

- Assessment of people's needs was comprehensive and expected outcomes identified. Care and support was regularly reviewed.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people, and supported a good quality of life.

Staff skills, knowledge and experience

- Staff were competent, knowledgeable and skilled, and carried out their roles effectively. One staff member told us, "We work well as a team and we know people who live here really well, it's a really nice environment."
- Staff had completed a comprehensive induction and training programme. Staff told us that they felt supported, but staff supervisions were not carried out frequently. The registered manager had a good system to identify when training was needed, or refresher training required, to ensure that staff were up to date with best practice.

Supporting people to eat and drink enough with choice in a balanced diet

- People had choice and access to sufficient food and drink throughout the day; food was well presented and people told us that they enjoyed it.
- The cook told us they consulted people when menu planning. Allergies and intolerances were clearly identified in care plans and displayed on the kitchen wall. We observed people being asked what they would like as an alternative when they didn't like the meals on the menu.
- People had very complex needs with eating and drinking and this was appropriately monitored by the staff and management.

Staff providing consistent, effective, timely care within and across organisations

- People were supported to see healthcare professionals including the GP, district nurses, psychiatrists, speech and language specialist nurses. The service had engaged and developed good relationships with visiting professionals.
- Should people have the need to move between services, we saw there was a "grab sheet" that could be printed off, so people had the most up to date information on their health care needs. Care planning was electronic which meant that information could easily be updated.

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

- People's rooms were personalised, and they were encouraged to bring some of their own small items of

furniture and other possessions to make them feel more at home. One person told us, "I like my room and I have my own things, the only problem is the lift has been broken for ages." We spoke with the registered manager who confirmed that a new lift had been ordered as the existing lift had been broken for several weeks. They had been informed that the lift was beyond repair. The registered manager told us that the lift being broken had encouraged people to be more mobile and those living upstairs were capable of using the stairs. We observed people going up and down stairs without difficulty.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of those who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interest 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 interest and legally authorised under the MCA. The application procedure for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLs). We checked whether the service was working with the principals of the MCA and whether any conditions on authorisation to deprive the person of their liberty was being met.

- Staff ensured that people were involved in decisions about their care and knew what they needed to do to make sure that decisions were taken in people's best interest.
- Where people did not have the capacity to make decisions, they were supported to have maximum choice and control of their lives.

Is the service caring?

Our findings

Caring – this means 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

- People commented positively about staff and said that they were kind, caring and helpful. They also said that they respected their dignity and privacy. One person told us, "Staff are nice and friendly and look after you, if you don't like the food you can have something different."
- We heard staff talking people through tasks and were very reassuring and patient. Staff showed good knowledge of individual needs and preferences. One person told us, "We can do what we want, and staff support us." This included, shopping and going to football matches. One person made their own way to the peak district to attend a walking groups which they enjoyed doing.
- We saw staff being very patient and kind with people who were quite demanding due to their health needs. They didn't become impatient and their tone remained the same, kind and supportive, explaining what was going to happen and when it was going to be.
- Staff handovers were comprehensive and covered all aspects of care and support. Staff went through each person's day, and a full update was given on care needs, activities, health and any significant events and how they had been supported.

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

- People told us that they were involved in decisions about their care planning and how they liked things to be done.
- People's needs were recorded in detail and staff we spoke with demonstrated a good knowledge of people's personalities, individual needs and what was important to them.
- People had access to advocates who represented the interests of people who may find it difficult to be heard or express their views or opinions.

Respecting and promoting people's privacy, dignity and independence

- Staff showed genuine concern about people and were keen to ensure people's rights were upheld and they were not discriminated against in any way.
- People's right to privacy and confidentiality was respected.
- People had choice and control in their day to day lives. Staff were keen to offer opportunities for people to spend time as they chose and where they wanted. We observed staff patiently encouraging people when it came to mobilise so that they could continue to walk independently.
- Peoples personal data and information was stored and managed securely, which protected their confidentiality.
- All staff working at the home were dignity champions and they were all dementia friends. They all had a

good understanding of these areas which was key to offering tailored support to the diverse needs of people using the service.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery

Improving care quality in response to complaints or concerns

- The registered manager was pro-active regarding acting on any complaints or concerns. We looked at the complaints file and saw that a previous complaint had been acknowledged, investigated and responded to.
- The registered manager was keen to listen to any concerns or feedback and acted as soon as possible to rectify matters. We observed that the registered manager had an excellent chart showing feedback from people and their relatives which they had used to make improvements.

Personalised care

- Staff knew people's dislikes and preferences. They used information that they had by talking to people and then using the information to plan care. For example, details of how people liked to receive personal care, what they liked to do themselves and what they would like support with.
- The provider had employed an activity co-ordinator, but the registered manager had not felt that this was working as people had such diverse needs and interests. The management wanted everyone to be involved in activities and so the staff were engaging with the community and taking people to different places. This offered people the opportunity of having different experiences which they enjoyed.
- The registered manager was working to meet the accessible information standard. This standard expects providers to have assessed and met people's communication needs, relating to a person's disability, impairment or sensory loss.
- People were supported to live meaningful and active lives with staff emphasising what people could do and not what they could not do. Staff were passionate about the people living at the service and cared about their health and wellbeing.

End of life care and support

- Preparation was made for end of life care sympathetically, and with the aim of people being supported to have a pain free and dignified death.
- At the time of our visit there were no people who were approaching end of life care, but the registered manager explained that planning would be carried out in more detail if, and when, that stage came.

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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The management showed clear evidence of a robust quality monitoring process for the home which was recorded. This included all aspects of the environment, staff supervision and appraisals and health and safety.
- Notifications were made in an accurate and timely manner and evidence was shown of learning from errors. The service had an open and transparent culture. People were supported by staff who were committed to providing good quality care to people.
- The staff we spoke to were enthusiastic about their work and felt that they were supported well by the manager.

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

- The service was well managed. People at all levels were clear about their roles and responsibilities and managers were accountable for staff and further understood the importance of their roles.
- There was a system in place to monitor all incidents. This highlighted if appropriate action had been taken including sending notifications to external parties such as the local authority and statutory notifications to CQC.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The manager was aware of the importance of understanding equality and diversity and protected characteristics. They had a same sex relationship develop in the service which they handled sensitively and respectfully, ensuring in conjunction with safeguarding professionals that the relationship was with mutual consent.
- Care planning regarding sexuality was sensitively written to ensure that staff understood how to best support the person's needs.
- People's views on how the service was run were gathered by having regular meetings to discuss various aspects of the service.

Continuous learning and improving care

- The registered manager had learned from mistakes and keep staff informed of any changes that could affect people's care. Regular meetings were held with staff to discuss issues and to allow staff to have their

say.

- The staff we spoke with said that they felt confident to raise any issues with the registered manager. They also said the staff in the home worked as a team and they all wanted what was best for the people using the service.

Working in partnership with others

- We saw evidence that people were supported to access health and social care services required. People had regular visits from healthcare professionals who people told us had a good relationship with the home.
- The registered manager explained that people using the service had engaged with the local community including churches, local football team and community groups. One person goes to a local gym and people are regularly taken into the city centre to look around or do some shopping.