

M & M Care Homes Limited

# Westdene Residential Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Westdene Residential Home is a residential care home that was providing personal care to 39 people aged 65 and over at the time of the inspection, some of whom were living with dementia. The service can support up to 40 people.

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

People at Westdene Residential Home did not always receive a safe, effective and well led service. We identified concerns relating to people's safety. This included poor oversight of fire safety issues and the lack of guidance for staff on how to support people in the event of a fire emergency situation. This put people at risk.

The environment, which accommodated people who were living with Dementia, was not designed and decorated in line with best practice guidance. We made a recommendation about this.

Staffing levels at night did not meet the individual needs of people using the service in the event of an emergency situation. We have made a recommendation about this.

Staff training was out of date which meant staff may not have the appropriate skills and knowledge to support people's individual care needs.

People did not always receive person-centred care and care records did not fully reflect their needs. Staff lacked guidance in relation to people's individual fluid intake and records completed were inaccurate.

The provider had not effectively operated their quality assurance systems to oversee the safety and quality of the service.

Medicines were not always managed safely. The provider's policies and protocols were not being followed by staff and management.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; policies and systems in the service did not support this practice.

People and their relatives told us they were happy with the care and support they received.

Systems were in place to recruit staff safely.

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

## Rating at last inspection

The last rating for this service was good (published 26 July 2019) at this inspection the service is rated requires improvement.

## Why we inspected

The inspection was prompted in part due to previous concerns received about risk assessments within the service in relation to wheelchairs and the use of lap belts. Concerns were also raised in relation to safe recruitment and leadership of the service. A decision was made for us to inspect and examine those risks.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection. We have found evidence that the provider needs to make improvements. You can see what action we have asked the provider to take at the end of this full report.

## Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safety of the service, need for consent, staff training and the provider's oversight and governance arrangements. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

## Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service effective?**

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Westdene Residential Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by two inspectors.

#### Service and service type

Westdene Residential Home 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. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection-

We spoke with four people who used the service and four relatives about their experience of the care provided. We spoke with eight members of staff including the provider, registered manager, deputy manager, senior care workers and care workers.

We reviewed a range of records. This included six people's care records and multiple medication and food and fluid records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

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

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely; Learning lessons when things go wrong

- Medicines were not always managed safely.
- The providers medication policy was not always followed by staff.
- Records did not always provide a clear and complete account of the support staff provided with people's medicines. This meant we could not be certain people's medicines had been administered as prescribed.
- Audits had not been carried out to help monitor and make sure medicines were managed safely. This meant opportunities to learn lessons when things go wrong had been missed and not acted upon to improve the service.

The failure to adequately manage robust medicine systems and practice was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014

Assessing risk, safety monitoring and management

- People were placed at risk of harm because the provider had failed to ensure that fire safety systems were effectively managed. Records such as weekly fire checks and fire assessments, were not up to date.
- Staff had not received full fire safety training as per fire policy. Staff had not completed regular fire drills and had not been trained in the use of fire evacuation equipment.
- Personal emergency evacuation plans (PEEPS) were in place. However, they did not contain clear guidance for staff on how to support people in the event of an emergency. For example, how to support people who experienced mobility issues.
- During our first day of inspection, we reported our concerns about fire safety to Humberside Fire and Rescue Service.

The failure to adequately assess, monitor and reduce risks to people's health and safety is a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

- Risk assessments were completed to identify risks to people's health and safety such as their risk of falls.
- Staff were knowledgeable about risks associated with people's care.

Staffing and recruitment

- The provider had not arranged staffing levels at night in line with people's support needs.
- Staff told us staffing levels at night were not always sufficient and they were worried about people's safety

in the event of an emergency.

We recommend the provider reviews how staffing the service at night is planned and organised in order to support people's safety needs.

- Staff rotas showed planned staffing levels were achieved and staff told us there were enough staff to meet people's needs during the day.
- Safe recruitment practises were in place to ensure staff were suitable to work with vulnerable people.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. People told us they felt safe. One person told us, "I like living here, the staff are lovely and friendly and I feel safe living here."
- Relatives told us that they were satisfied that their relatives were safe and well cared for.
- Staff were aware of the signs of abuse and how to report safeguarding concerns. They were confident any concerns would be referred to the local authority.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Principles of the MCA were not followed by the provider.
- Assessments of people's mental capacity were of poor quality and records lacked clear information as to how decisions had been made and by whom.
- Best interest decision making principles were not followed.
- Decisions had been made without the consideration of whether it was in the person's best interests or the least restrictive option. For example, capacity assessments and best interests' decisions had not been made for people requiring a lap belt when mobilising in a wheelchair.
- Staff training was not up to date. This meant staff may not have the knowledge and skills to support people to make decisions in their best interests.

Failure to ensure consent to care in line with the law was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Appropriate applications had been made to the local authority to deprive people of their liberty.

Staff support: induction, training, skills and experience

- The provider had not ensured all staff were suitably trained or supported to perform their roles.
- Staff training was out of date and did not ensure that staff had the correct skills and knowledge to provide

safe care.

- Staff had not received supervision in line with the providers policy., Records relating to staff supervision lacked detail and were poor quality.

A failure to ensure the service had sufficient numbers of suitably qualified, competent, skilled and experienced staff is a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 assessments required further detail to ensure they reflected their individual needs and choices.
- People were supported to access healthcare such as GP's and dentists.
- Staff made appropriate referrals to other agencies when required such as the falls team.

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

- Peoples nutrition and hydration needs were not always effectively met.
- Food and fluid charts were not completed correctly and were not monitored by senior staff to make sure people were having enough to eat and drink. We observed two people who did not eat their lunch however, records stated they had done so.
- People told us, "The food is nice, and they always ask me what I would like to eat, if I don't like what they are having that day they will ask what I would like instead."
- People were offered choice of meals and snacks during the day.

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

- The design and decoration of the service did not meet people's needs living with dementia. The walls in bedrooms and corridors were the same colour and doors were not personalised to support people living with dementia to identify their own room.

We recommend the provider considers best practice and national guidance to ensure the service is suitably adapted to meet people's needs and provide a dementia friendly environment.

- Bedrooms were personalised with people's own ornaments, furniture and pictures. A relative told us, "I have painted my own relative's room as the room was a bit plain, the manager was happy for me to do this."

# 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 now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider had failed to complete effective monitoring of the quality and safety of the service. The issues we found during the inspection had not been identified by the provider prior to our inspection. These issues related to fire safety, medicines, poor standards of record keeping, lack of staff training and poor MCA practice.
- There were shortfalls in the quality of staff's recording of information about people's care. For example, daily notes were not always detailed, and food and fluid charts did not reflect accurately what people's intake was.
- Investigations and analysis of accidents and incidents were not always robust, fully completed or managed appropriately to mitigate future risks to people.

The failure to operate robust quality assurance and safety monitoring systems was a breach of Regulation 17 (Good Governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- A culture of high quality, person centred care which valued and respected people's rights was not embedded within the service. This was evident by the breaches of regulation identified during this inspection.
- Record keeping had not been adequately monitored at the service and this impacted on staff's ability to provide person centred care to people.
- We observed missed opportunities by staff to communicate with people during our inspection. We observed people sitting in the dining room not eating their food. Staff did not engage effectively in order to encourage people to eat their food, to ensure peoples care needs were met.

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; Working in partnership with others

- The provider had appropriately notified agencies of all incidents.
- The provider dealt with complaints appropriately and in a timely manner, ensuring people were kept up to date with any findings.
- Further development of working in partnership with key organisations including the local authority

safeguarding team and social services was required to ensure transparency and good outcomes for people.

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

- There was limited evidence to show that people and their relatives were involved in the running of the service. However, relatives told us they were in regular communication with the service and would make complaints and suggestions about the service as and when they needed to. One relative said, "The manager and staff are approachable, I always go to them if I have any concerns and they will sort them out immediately."
- Regular staff meetings had not been held to allow staff to voice their concerns or views within the service. However, staff told us they felt supported by the manager and felt able to voice any concerns they had about the service if needed.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent  The provider failed to ensure consent to care was gained in line with the law.  Regulation 11 (1) (3)
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider had failed to adequately assess, monitor and reduce risks to peoples health and safety. The provider had failed to ensure that systems for the management of medicines were safe.  Regulation 12 (1) (2) (a) (b) (f) (g)
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider failed to operate effective governance systems to ensure the safety and quality of the service.  The provider had failed to ensure good standards of record keeping.  Regulation 17 (1) (2) (a) (b) (c) (d) (e)
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 18 HSCA RA Regulations 2014 Staffing

The provider had failed to ensure that staff were skilled, trained and competent to perform their roles.

The provider had failed to ensure that staff received supervision and training to support them within their roles.

Regulation 18 (1) (2) (a)