

HC-One Limited

Westwood Lodge

Inspection report

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Ratings

Overall rating for this service

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 which provides nursing and personal care for up to 76 people; all rooms are for single use, with shared lounges and dining areas. The home is situated in its own grounds and has gardens with car parking spaces at the front of the home. There is a main building which accommodates people on two floors, and an adjacent single story building called Westwood House. At the time of the inspection, 75 people were using the service; 50 in the main building and 25 in Westwood House.

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

Systems in place helped safeguard people from the risk of abuse. Assessments of risk and safety and supporting measures in place minimised risks. Staff managed people's medicines safely. We saw staff followed infection prevention and control guidance to minimise risks related to the spread of infection. Staffing levels were sufficient to meet people's needs and managers recruited staff safely. Staff followed an induction programme, and training was on-going throughout employment.

Staff thoroughly assessed people's needs prior to a service starting. Care plans included information about support required in areas such as nutrition, mobility and personal care to help inform care provision. Staff made appropriate referrals to other agencies and professionals when required.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us they were well treated, and their equality and diversity were respected. People felt staff respected their privacy and dignity and took into account their views when agreeing on the support required. Staff identified people's communication needs and addressed these with appropriate actions.

Managers responded to complaints appropriately and used these to inform improvement to care provision. The provider was open and honest, in dealing with concerns raised. The management team were available for people to contact and undertook regular quality checks, to help ensure continued good standards of care.

The provider and registered manager followed governance systems which provided effective oversight and monitoring of the service. These governance systems and processes ensured the service provided to people was safe.

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 rating for this service was good (published 19 October 2022).

Why we inspected

This inspection was prompted by a review of the information we held about this service. At our last inspection, for those key questions not inspected, we used inherited ratings from the previous provider to calculate the overall rating. This inspection was undertaken to review the domain areas of Effective, Caring and Responsive not inspected at the last inspection. We always look at the Well-led key question at each inspection.

We looked at infection prevention and control measures under the Safe key question at our last inspection in October 2022. 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.

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Westwood Lodge

Detailed findings

Background to this inspection

The inspection

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

Inspection team

One inspector and an Expert by Experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Westwood Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Westwood Lodge is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

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. The provider was not asked to

complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 7 people who used the service and 8 relatives. We spoke with 7 staff members including the area director, the registered manager, a nurse, the activity coordinator, and 3 care staff. We reviewed a range of records including 5 people's care records and associated documents. We looked at multiple medication records. A variety of records relating to the management of the service, including policies and procedures, audits and governance were reviewed.

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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were comprehensively assessed. Care plans had a pre-admission assessment which was carried out before a person moved into the service; this enabled the service to determine if they could cater for people's care needs, before taking up residence in the home. We saw other professionals were involved in these assessments, such as social workers.
- The registered manager maintained an overview of people's changing needs to make sure assessments and support plans were up to date.
- People's relatives told us they had been involved in discussions about [person's] needs and in developing their support plan. A relative said, "I feel the home is run well and [registered manager name] is approachable and you can speak to her if you have any issues, but I don't have any. I speak to carers and the nurse if need be and they are responsive and attentive, and all are approachable." A second relative told us, "I know everything that is going on and have been told to ask for anything at any time; staff keep me informed of everything and we are on first names terms and the staff can tell me all about [person] and they know everything."

Staff support: induction, training, skills and experience

- Staff received induction, training, observations and ongoing supervision to support them in their different roles. All staff followed the requirements of the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. A staff training matrix was in place and the registered manager kept an oversight of this.
- A staff supervision log was in place and included supervision dates, clinical supervisions dates and annual appraisal dates. Staff felt supported. One staff member told us, "I feel very supported here and get all the training I need."
- People and their relatives felt staff were competent. A relative said, "There is good continuity in staff, but agency staff are used at times. The agency staff appear to be well trained like the permanent staff. I asked a male carer yesterday to check [person's] personal needs, which he did straight away." A person told us, "The carers are very well trained; they know what to do every day to look after me. My needs are seen to all the time. The carers talk to me all the time and explain things to me, so when they help me stand up, they tell me where to put my feet and where to hold on to things."

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

- People's dietary needs and preferences were met, and people were involved in choosing their meals each day.

- Staff had been trained in catering safety, minimising choking risks and nutrition and hydration. A relative said, "The food they provide looks good, but [person] is a very fussy eater so she doesn't eat well. She always has a drink next to her; it has to be thickened to help her swallow it."
- There were appropriate risk assessments and care plans in place for nutrition and hydration which were reviewed regularly, and any allergen information was recorded.
- People and relatives commented positively about the food, one person said, "There is a choice of food each day and there are alternative meals to choose from. I get plenty to eat the food is very good. I can eat in my bedroom or in the lounge, it's up to me." A relative told us, "The food here is wonderful. There is a good choice and [person] can eat as much as he wants. He is asked what he would like for each meal. Staff do provide drinks for him, but I bring drinks in for him too. When he asks, staff will fill up his bottles for him."

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

- Staff worked in partnership with other agencies to support people effectively and we saw evidence that staff and management worked with relevant health and social care professionals.
- Where necessary, the service supported people with arranging healthcare appointments.
- Records showed the service worked with other agencies to promote people's health, such as district nurses, dieticians, podiatrists, social workers and doctors. A relative said, "The home has made sure that the doctor has seen [person] when she has been unwell."

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

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

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was working within the principles of the MCA and any DoLS conditions were being adhered to. Staff received training in MCA and DoLS. Staff understood consent, the principles of decision making, mental capacity and the deprivation of people's liberty. We observed staff asking for consent before assisting people, for example when mobilising or assisting with personal care. A person told us, "Staff ask for my consent before they do anything. I can make choices, such as if I want to sit in my chair and what to eat."

- Records showed people signed to consent to their care and treatment where they had the mental capacity to do so. A relative told us, "Staff ask [person] what she would like to choose for meals, and she can choose when to get up in the morning."
- Capacity assessments were in place where people lacked capacity. Best interest decisions were recorded and included details of the people consulted, and the reasons for the decision. A DoLS log for each floor and Westwood House was in place, including the date applied for and reason, the date granted, any conditions relating to the authorisations, the date care plans were updated to reflect the position and the review date.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff demonstrated a caring and kind approach towards the people they supported. We saw staff enquired about people's welfare on many occasions. It was clear staff had developed good relationships with people and their relatives; we saw people smiling and enjoying the interaction that took place. A person told us, "The staff are very kind; I can't fault them and that is why I like living here. They know my likes and dislikes; they know my favourite foods. Some staff I have a good chat and laugh with." A second person said, "The staff are great; I can't fault them. They are kind and hard working. The staff know me well, they know I like to sit in the lounge. We all call each other by first names."
- Staff treated people with kindness, and people and relatives were complimentary about their caring attitude. One relative said, "The staff are kind. One member of staff is very good, she has a bit of fun with my [person] and staff respect [person] at all times." A second relative told us, "The staff are brilliant, they care and are kind; they can't do enough. [Person] has got to know some of them very well; they respect his privacy and dignity as they will shut his door and curtains when they are attending to his needs."
- We saw numerous instances of staff interacting with people and their relatives, and at all times staff acted with courtesy and professionalism.
- Equality and diversity were promoted, and any individual needs were identified in people's care plans. We found no evidence to suggest anyone using the service was discriminated against.

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

Respecting and promoting people's privacy, dignity and independence

- Staff were supportive to the people and showed a practical and caring attitude. A person told us, "I feel the staff can't do enough for me. I can make my own choices and the staff are aware of my needs. The staff that work in the home chat with me all the time, but some of the agency staff find it hard to communicate. They do explain what they are doing when they are with me, I never feel rushed." A relative said, "I have seen feedback forms on care, and I can fill them in if I needed to; I am included in reviews of [person's] care and these are regular."
- The provider ensured people and their relatives were involved in decisions about their support. A relative told us, "I have witnessed the staff being very kind to [person]. They look after her well and engage with her when they are supporting her. I have no complaints or concerns about the quality of the staff here. I am not sure about activities, but I do know the hairdresser visits each week to do her hair." A person told us, "The staff look after me; if I ask for anything, they get it as quick as they can. I never feel rushed by the carers, they do everything at my pace. The staff tell me what they are doing, they are pleasant with me and some of them have a good laugh too."

- Where appropriate the service supported people to access advocacy services. Advocates provide independent support to people who, for whatever reason, may find it difficult to express their views.
- Staff were patient and encouraged people to move at their own pace, whilst enabling them to be physically as active as possible. A person said, "Staff do respect me; they close curtains if they are helping me. If I need help, I can use my buzzer or call out if one of the carers is passing the door." A second person told us, "Staff respect my privacy and dignity, as they will close curtains and my door if they are with me."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

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

- The provider had processes in place to enable staff to focus on people's quality of life. People's assessed needs and desired outcomes were regularly monitored and adapted. A clinical risk register was used to identify the health and wellbeing needs of each person.
- The registered manager ensured people's support plans described their health and social care needs. Support plans provided staff with clear guidance and were person-centred, containing people's likes, dislikes and preferences.
- Staff had a good understanding of people's needs; daily 'huddle' meetings and shift handover meetings ensured staff were kept informed of any changes to people's support.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

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

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Relatives told us they were encouraged by staff to maintain relationships; relatives were welcome to visit the home anytime. Several relatives visited people during the inspection. A relative told us, "I can take [person] out whenever I want; at times I have taken him to the cinema." A second relative said, "I can take [person] out every day if I wish, so I often push him out in the wheelchair. [Person] has a mobile phone so he can contact me, and the staff help him out at times with the phone."
- A resident and relatives meeting planner was available for all to see; this provided an opportunity for everyone to express their views and make comments on activities and interests. A relative told us, "I have

never seen [person] so happy for a long time; he is really happy here, staff come quickly if he presses the buzzer, and staff now all my sisters and family. [Person] has help in his room and he goes out each day for a smoke; staff are lovely with me at all times and always include me."

Improving care quality in response to complaints or concerns

- The provider had processes in place to allow people to raise concerns and complaints easily.
- The registered manager dealt with concerns promptly and shared lessons learned with staff to improve the quality of support. A complaint and concerns log tracked progress against each area of concern raised.
- Relatives told us managers were responsive to changes and concerns. One relative said, "[Registered manager name] is wonderful and she informs me of everything that happens, and I can pop in to the office when I want to do. Staff tell me if I have anything today, just come to any of us, and you can fill in a feedback form if you want to." A person told us, "I have not had any complaints, but if I had a worry, I would talk to the staff here."

End of life care and support

- People were supported to document their wishes for the kind of care and support they wanted to have when they reached this stage of life; some people had advanced care plans in place. Information around end of life care was also audited by the registered manager to ensure it was up to date.
- Staff worked in partnership with Wigan and Leigh Hospice in Your Care Home (HiYCH) team for end of life care. We saw correspondence from this team commenting positively on the staff approach, noting a lot of progress was being made. Where people had a lasting power of attorney for health and welfare, they had been included in discussions about people's end of life wishes.
- Staff had completed end of life training and were signed up to the Wigan and Leigh HiYCH training programme.

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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's care plans were comprehensive, which helped ensure people, with support, could reach their identified goals, achieve a better quality of life, and maintain their independence.
- Robust governance arrangement supported good service delivery and showed the management team were able to question and act on issues raised.
- The registered manager led by example and demonstrated an open and transparent approach; managers were passionate about promoting a person centred, inclusive and empowering staff culture.
- The provider worked closely with people to ensure staff understood their support needs and could deliver quality outcomes.
- The provider had robust processes in place for receiving feedback and suggestions on how to improve the quality of support.

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

- Records showed the registered manager was aware of their regulatory requirements and knew their responsibility to notify CQC and other agencies when incidents occurred which affected the welfare of people who used the service. Notifications about significant events were completed and sent to CQC as required.
- People's relatives told us they were kept informed about their family members. A relative told us, "I visit here every day and so I know what goes on and I have no concerns here at all. A second relative said, "I wouldn't want [person] to be in any other home. The atmosphere here is relaxed and calm. I would definitely recommend the home to other people."

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

- The registered manager was clear about their role and responsibilities and were supported by unit managers, area managers and the provider. Staff we spoke with were clear about their roles.
- The registered manager was aware of their regulatory requirements and knew their responsibility to notify CQC and other agencies when incidents occurred which affected the welfare of people who used the service; our records confirmed this. Notifications about significant events were completed and sent to CQC as required,

- The registered manager and staff were very open during the inspection. One staff member said, "The registered manager is superb and really supportive of me and all the staff. It's been much better since she has been in post, much more organised." A relative said, "The home is well managed. The manager is very friendly, helpful and supportive. It's a good service, the atmosphere is nice and friendly. The staff talk to [person] in a friendly manner. I would recommend the home as every member of staff from the cleaner, maintenance manager, kitchen staff, carers and so on, chat with [person] and make him feel at home."
- The registered manager showed a strong commitment to good governance of the service supported by the provider. Governance systems, monitoring tools and processes were in place to assess the safety and quality of the service and identify areas for improvement.
- Throughout the inspection we saw the registered manager was involved and engaged in supporting staff and people, providing guidance, support and instruction. Staff had access to regular team meetings and one-to-one supervision sessions, where they could make suggestions or raise concerns. Staff attended daily handovers to receive updates about people and the service.

Continuous learning and improving care; Working in partnership with others

- Managers checked staff performance regularly; the provider recognised and valued the hard work and commitment of staff. Staff supervision sessions addressed any shortfalls with regard to staff performance.
- Audit and governance systems were supported good service delivery and showed the registered manager and provider questioned and acted on issues raised.
- Records showed a multi-disciplinary approach in meeting people's needs and responding to any changes. There was evidence of joined-up work between the provider and other professionals to meet the needs of people using the service.