

Westvilla (MPS) Limited

# Westvilla Nursing Home

## Inspection report

Westfield Road  
Retford  
Nottinghamshire  
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13 September 2019

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Requires Improvement</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

### About the service

Westvilla Nursing Home was providing nursing care for 34 people aged 65 and over at the time of the inspection. The service can support up to 35 people. The accommodation was provided over two floors.

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

Some aspects of fire safety were not robust. There were voids in two laundry cupboard ceilings which may have compromised safety in the event of a fire. Nottingham Fire and Rescue Services had undertaken an inspection in January 2019. They asked for fire training to be conducted for all staff, three staff had not completed this. Infection control required improving. These issues were being addressed. A range of quality checks and audits were undertaken to monitor the service. However, these had not been effective in finding the shortfalls we found during the inspection.

People were protected from the risk of harm and abuse. Safeguarding procedures guided staff about the action they must take if they suspected abuse was occurring. People's risk assessments identify hazards to their health or wellbeing. Action was taken to reduce risks but maintain people's independence and choice. There were enough staff to meet people's needs. Incidents and accidents were monitored, and corrective action was taken to prevent re-occurrence. Recruitment was robust.

Staff undertook training to maintain and develop their skills which helped them meet people's needs. Supervision and appraisal were undertaken for staff to maintain and develop their skills.

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

Staff were caring and kind. People we spoke with confirmed this. Staff provided comfort and support to people. Information was provided to people in a format that met their needs in line with the Accessible Information Standards.

Staff supported people to meet their health and nutritional needs. People were supported and encouraged to maintain their independence, where possible. Staff worked with health care professionals to maintain people's wellbeing.

People felt able to raise concerns and were confident they would be addressed. A programme of activities was provided in line with people's hobbies, preferences and interests. End of life care was positively promoted through joint working with the local hospice.

The management team were available to people. They listened to and acted on feedback provided about the service. Data security was maintained.

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

#### Rating at last inspection

The last rating for this service was good (published 23 February 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

We have identified breaches in relation to safe care and treatment, and premises and equipment at this inspection. We have issued two Requirement Notices for these breaches. We have also made two recommendations about undertaking fire training and quality monitoring of the service. You can see what action we have asked the provider to take at the end of this full report.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Westvilla Nursing Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will seek an action plan from the provider to make sure the environment remains safe for people and fire training is up to date. We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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 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 not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Westvilla Nursing 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 undertaken by one inspector.

#### Service and service type

Westvilla Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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. The registered manager was no longer working at the service and an acting manager was in place.

#### 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 about the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

#### During the inspection

We spoke with three people who used the service and one relative about their experience of the care

provided. We spoke with members of staff including the acting manager, care co-ordinator, nurse in charge, two care staff, laundry assistant and cook.

We reviewed a range of records. This included three people's care records and three medication records. We looked at three staff files in relation to recruitment, training, supervision and appraisal. We reviewed a variety of records relating to the management of the service, including policies and procedures, complaints, checks and audits and fire safety information.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We liaised with Nottingham Fire and Rescue Services about their visit to the service. We were sent an action plan informing us about work that had been undertaken to address the shortfalls found during the inspection.

# 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 had 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.

### Assessing risk, safety monitoring and management

- People were not protected from the risk of harm. In January 2019 Nottinghamshire Fire and Rescue Service visited the service and asked the provider to improve fire training for staff and ensure all staff had undertaken fire training to help maintain people's safety. We found fire training had not been undertaken by three staff during the inspection. Action was taken to address this.
- Fire safety was not robust. In two laundry storage cupboards there were voids in the ceiling which may have compromised safety. We contacted Nottinghamshire Fire and Rescue Service to gain their advice, they contacted the provider and asked for this to be addressed. Their representative will observe that this work is completed and report the outcome to CQC.

### Preventing and controlling infection

- Infection control was not robust. The laundry had a build-up of dust on the shelving where clean clothes were stored and behind the machines. Some areas of plaster required replacing and painting. Cleaning schedules for the laundry were not robust. Action was taken during the inspection to start to address this.
- There was a cross contamination risk in the sluices. Shelves were made of chip board and the plastic covering on the edges had worn away. Contamination could take place from commode pans and bottles stored on these shelves. Some urinals were stained and needed to be replaced. These were ordered.
- The metal floor plates to the arm rests were rusty and required replacing or repainting in a ground floor assisted toilet.
- External infection control audits had not detected these issues. Action was taken to improve the services internal infection control audit.

We found no evidence that people had been harmed. However, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm.

Not assessing and mitigating risks and the failure to maintain the environment to ensure safe systems were in place regarding fire safety and infection control, demonstrated a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They confirmed all the necessary action would be taken to address these shortfalls.

Staff understood where people required support to reduce the risks of avoidable harm. Care plans contained explanations of the control measures for staff to follow to keep people safe.

- Staff assessed, monitored and reviewed people's care records. These were updated as people's needs changed.
- People were encouraged and supported to take positive risks to develop or maintain their independence.

#### Systems and processes to safeguard people from the risk of abuse

- Safeguarding training was undertaken. Staff told us they would report safeguarding concerns straight away. A member of staff told us, "I would say if I had any safeguarding concerns."
- The management team understood their responsibility to report safeguarding issues to all relevant parties.

#### Using medicines safely;

- Peoples medicines were managed safely. Changes to people's prescribed medicine were recorded and acted upon by staff. Medicine checks and audits were carried out. Issues found were addressed.
- PRN protocols were in place to guide staff. Competency checks for medicine administration were undertaken by staff who administered medicines.
- Medicines to manage people's behaviour that may challenge the service or others were not over used.

#### Staffing and recruitment

- People using the service confirmed they received timely care and support. People's needs were met by suitably skilled staff deployed across the service. A person told us, "There are enough staff. You ring the buzzer and they are here."
- The service had 'bank' staff. They helped to provide continuity of care for people and understood their needs.
- Robust recruitment checks were in place to ensure staff were suitable to work in the care industry. Recruitment of staff took place, as necessary.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded. Investigations into each incident were fully completed by the management team. Records included detail of actions taken to reduce the risk of recurrence.
- Opportunities to learn from incidents was shared with staff to maximise their learning.

# 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 had now deteriorated to requires improvement. Shortfalls in fire safety were found.

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

- The provider had not maintained the fire safety of the building. There were two voids in the laundry cupboard ceilings which needed to be repaired.

Not ensuring the premises were appropriately maintained to ensure fire safety meant people were at risk of harm. This was a breach of Regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider was improving the building and grounds. Work undertaken included re-decoration of bedrooms as they became vacant and creating a raised garden pond.
- Signage was present to help people find their way around.
- Quiet areas were available for people to receive visitors. Communal lounges with radio or TV enabled people to socialise.
- The grounds were accessible, and seating was provided so people could enjoy the fresh air.

Staff support: induction, training, skills and experience

- In January 2019 Nottingham Fire and Rescue Services had asked the provider to ensure fire training for staff was undertaken and completed. During the inspection we found three staff still needed to complete this. Action was taken to address this during the inspection.

We recommend the provider follows the guidance provided by Nottingham Fire and Rescue Services in relation to fire training.

- Staff deployment, skills mix, experience and knowledge was considered by the management team to ensure staff met people's needs.
- Staff undertook training relevant to their role to ensure they had the skills needed to support people.
- Induction training was provided. If staff felt they required more support this was provided. One member of staff told us, "I had not done care work before. I was given a good induction. I felt supported."
- Supervision and appraisal were provided to allow staff to discuss their training and development needs.
- Nurses had to undertake revalidation with the Nursing and Midwifery Council (NMC) to prove they remained fit to practice. The provider supported nurses with this.

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

- People's needs were assessed by staff. Information was sought from the person, their relatives and relevant health care professionals to inform staff about the care and support people required.
- People told us they were supported appropriately by staff.
- The provider and staff were aware of good practice guidelines and used this information to support the delivery of care. For example, 'Smile Matters' for promoting Oral Health and Hygiene.

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

- People's dietary needs were met. Special diets and fortified foods were provided. Staff assessed people's nutrition and hydration needs. If staff had concerns people's weight and fluid intake was monitored and relevant health care professionals were contacted for advice.
- People at risk of choking were closely monitored and assisted by attentive staff.
- People's dietary preferences were provided. People told us, "The food is good. If I don't like it, I would say, and they get you something else. You can get a bite to eat anytime." Staff assisted people to eat and drink, where necessary.

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

- People were supported by health care professionals relevant to their needs.
- Staff reported changes in people's wellbeing to external health care professionals to maintain people's wellbeing. A professional told us, "Staff refer people timely to us and follow our advice."
- Staff were aware of people's needs, risks, goals and achievements. Staff worked with other agencies. For example, the local authority and local hospice to support people.
- A programme of activities was provided for people to attend, if they wished.

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.

- People's capacity was assessed. Six people had DoLS in place and six applications had been submitted to the local authority for their consideration.
- People confirmed staff asked for their views and sought their consent before assisting with care and support.
- Where people did not have capacity to consent to their care and support this was provided in people's best interests following discussion with their relatives.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as 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; respecting equality and diversity

- People told us the staff were compassionate and kind. People told us, "The staff cannot do enough for you", "The staff are very good, attentive and kind" and, "It's fantastic. I can't fault anything." A relative told us "It is a marvellous place. The staff are excellent."
- Staff built positive relationships with people and their relatives. Gentle appropriate touch, reassurance or diversion was used to reassure people.
- Care and support was delivered in a non-discriminatory way and people were supported to follow their faith and live their lives the way they chose.
- Staff spoke with people about their family, friends and hobbies. Staff told us they enjoyed supporting people living at the service. A member of staff told us "I love working here with the residents, seeing their faces every day. We have good conversations."
- Staff understood people's equality and diversity needs and respected these when providing care.
- Diversity of staff was celebrated. A member of staff had been supported to 'Brave the shave' at the service to celebrate and support cancer research.

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

- Staff enabled people to make decisions about their care and support and they were there to provide help and encouragement, where required.
- People's care records informed the staff about their individual communication needs. Information was provided to people in a format that met their needs.
- Staff encouraged people to make decisions about their care and support, they gave people time to ask questions and respond. If necessary, they re-phrased what they had said to make it easier for people to understand.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Personal care was delivered to people in their bedrooms or bathrooms with the doors closed. One person told us "My privacy is protected."
- Staff ensured people dressed according to their wishes and preferences.
- Care records contained information about the tasks people could undertake for themselves and the support they required from staff to help them remain as independent as possible.
- The service had a dignity champion in place to promote this with staff and ensure people were treated with dignity and respect.

- People's care records were stored securely to maintain confidentiality.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same, 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

- People's care needs were assessed prior to their admission to the service. Relatives and health care professionals provided their input. People were invited to visit the service to see if it could meet their needs.
- People received individualised care and support from staff. Information about their likes, dislikes and preferences for their care were recorded. Staff acted upon this information.
- Detailed individual electronic care records were in place. Staff recorded the care and support provided immediately via hand held devices so that people's care records were always current. Care plans and risk assessments were reviewed monthly or as people's needs changed.
- Guidance about people's behaviours that may challenge the service or others was contained in people's records to guide the staff.
- Staff supported people to make decisions about their care and support. Staff contacted people's health care professionals for help and advice. One person told us, "Staff get the GP if I am unwell." A health care professional told us, "Staff refer concerns timely and follow my instructions."
- People told us they were satisfied with the support they received. One person told us, "When I press my buzzer staff come when they are able."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed and recorded. Information was provided to people in a format that met their needs.
- Staff were aware how people communicated, and they gave people time to respond in their own way.

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

- People's interests and hobbies were recorded. This information was used to help people engage in things they liked to do. For example, arts and crafts or attending entertainment put on at the service.
- Communal areas were designed with people's input.
- Staff encouraged people to maintain and develop their contact and relationships with family and friends to avoid social isolation. Visitors were made welcome any time.

Improving care quality in response to complaints or concerns

- A complaints policy was in place which people were aware of. People were treated with compassion if they wished to make a complaint. People told us, "I would raise a complaint, but I cannot imagine having a complaint here."
- The management team monitored low level concerns along with complaints. They learnt from issues raised to improve the service.
- Advocates were available to help people to raise their views, where necessary.

#### End of life care and support

- The provider worked with the local hospice and McMillan Nurses and admitted people for end of life care, which was a large part of the care provided at the service.
- People's wishes for their end of life care were recorded. Specific religious needs were noted so they could be followed.
- An end of life care champion was in place. Staff confirmed people would be kept comfortable and pain free. Support was provided by staff to relatives, at this time.
- People's wishes for their funerals and care after passing were recorded.

# 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 had now deteriorated to requires improvement. This meant the service management and leadership was inconsistent at monitoring and addressing some risk.

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

- The provider had failed to respond timely to fire safety concerns identified by Nottinghamshire Fire and Rescue Services in January 2019.
- Environmental issues relating to voids in the laundry cupboard ceilings placed people at increased risk if a fire broke out at the service.
- Infection control checks and audits were insufficiently robust to ensure people's wellbeing was protected. The provider took immediate action during and after the inspection to address these shortfalls.

We recommend the provider monitors the service and acts to ensure robust monitoring systems are in place and timely is action when issues are found.

- The person in day to day control of the service was applying to become the registered manager of the service. The previous registered manager was going to de-register from this role. The provider took immediate action to address these shortfalls.
- Checks and audits in other areas, for example relating to people's care records, bed rail safety and prevention of pressure sores were robust.
- The management team had an on-call system in place to provide help and advice to staff at any time.
- Where staff performance issues occurred, corrective action was taken to prevent further re-occurrence.

Working in partnership with others

- The provider had not ensured timely action had been taken regarding fire training for all staff following the Nottinghamshire Fire and Rescue Service visit. Their representative had contacted the service and was monitoring the progress of this issue.
- Health care professionals told us the management team worked well with them to maintain people's health. One professional told us, "The service is well-run."
- Awards had been won by staff, for example, Manager of the Year as voted by visiting professionals, staff and service users by Bassetlaw Clinical Commissioning Group CHASE Awards 2018. The Bassetlaw Quality Improvement Tool had been implemented to maintain and improve standards at the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their legal responsibilities including the duty of candour, which sets out how

providers should explain and apologise when things have gone wrong.

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

- Staff meetings were held to allow staff to engage with the management team and raise their views, they considered and acted upon the staff's feedback.
- People living at the service and their relatives had the opportunity to provide feedback to the management team on a one to one basis using an 'open door' policy.
- Surveys were sent to people living at the service to gain their views.
- The diversity of people using the service and staff was celebrated and protected.

Continuous learning and improving care

- The provider's quality audit system was generally used to help drive improvements at the service. When issues were found action, plans were created so that the management team could assess the progress made.
- The management team worked across the provider group to share best practice ideas and worked well with local health care professionals, the local authority and other groups.

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

- The management team promoted and encouraged a positive supportive culture to all parties.
- Person-centred care and support was at the heart of the service. Staff were passionate about ensuring people's needs were met.
- People we spoke with were positive about the service. One person told us, "I do think it is well run. They listen to me and deal with my requests."
- Staff confirmed the management team were approachable. One person told us, "Anything I want or wish for I get it. The staff are always there for you. They are all dedicated to their work." A relative told us, "I cannot fault anything here."

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to do all that was reasonably practicable to mitigate risk in regard to fire safety and infection control.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>The registered provider had not ensured the premises were appropriately maintained to ensure safe systems in fire prevention.</p>