

Holistic Care Provision Limited

Westwood Care Home

Inspection report

21 Doncaster Road
Selby
North Yorkshire
YO8 9BT

Tel: 01757709901
Website: www.westwoodcarehome.co.uk

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Westwood Care Home is a residential care home providing personal care for up to 16 people aged 65 and over, some of whom may be living with dementia. At the time of inspection, the service was supporting 12 people. The accommodation is one building, with bedrooms across two floors, serviced by a stair lift.

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

Essential environmental health and safety checks were not always in place. This put people at risk of potential harm. Audits were not always in place or robust enough and did not highlight issues found on inspection. Where actions were identified these were not always completed. There was a lack of governance systems to ensure safety and drive improvement within the service.

Staff recruitment processes were not evidenced. There was no system to assess required staffing numbers however there appeared to be enough staff to keep people safe and meet their needs.

Staff had a good understanding of people's medicines, however procedures were not always in place to provide guidance to staff. Medication audits did not ensure errors were identified and managed quickly and effectively.

The home was showing signs of wear and tear due to the age of the building, but it was clean and homely. People were happy and well cared for. The registered manager and staff knew people well and how to support them. A family member told us, "I would have no problem recommending the home to any vulnerable relative".

The provider recently employed new staff to support the registered manager and address issues around governance and assurance processes

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.

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 10 October 2019).

Why we inspected

We received concerns in relation to the environment and leadership. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

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 improvement. Please see the safe and well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

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

Follow up

We will request an action plan from 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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Westwood Care 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Westwood care home provides both 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

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.

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 this information to plan our inspection.

During the inspection

We spoke with one person who used the service and one relative about their experience of the care provided. We spoke with seven members of staff including the provider, registered manager, senior care workers, care workers and the operations manager.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. 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.

Assessing risk, safety monitoring and management

- Some essential safety monitoring checks had not been completed and environmental risk assessments had not been regularly reviewed. This put people at risk of potential harm.
- The provider had not completed urgent actions identified following a fire risk assessment in October 2020. Water safety checks had also not been completed in line with health and safety guidance. Since the inspection, the provider has started to address these issues.
- Not all staff had training around fire safety or participated in regular simulated fire drills.

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. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Risk assessments were in place around people's care and staff were familiar with these and knew how to support people to reduce risk.

Using medicines safely

- Protocols to guide staff on when to administer 'as and when required medication' were not in always in place. Therefore staff did not have all the information required to know when to administer them.
- Staff who supported people with medicines had not always received appropriate training to do so. Competency checks to administer medications were not always completed or up to date.
- When medication had been missed it was not always clear what actions had been taken.
- Medication audits were not robust and did not identify issues found on inspection.
- The service was using "over the counter medications", however this did not follow best practice guidance.

The provider had failed to ensure the proper and safe management of medication. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- The provider could not evidence robust recruitment process were in place and staffing levels were not regularly reviewed.
- The provider did not have a system or tool to establish safe staffing levels within the service. People were

safe and care needs were met. However, staff felt they would benefit from additional staff at times to respond flexibly as people's needs changed.

- Evidence of staff interviews were not available. This was highlighted at the last inspection and had not been addressed.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- The service had safeguarding procedures in place to protect people from harm and abuse.
- Staff safeguarding training was not always regularly reviewed. However, staff knew about the service's safeguarding policy and understood their responsibilities to keep people safe.
- Systems to record and monitor safeguarding incidents and potential themes were not in place. The service had plans to implement this.

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 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's infection prevention and control policy was up to date.
- We were somewhat assured that the provider was meeting shielding and social distancing rules. Where people were unable to understand and adhere to social distancing, risk assessments and care plans were not always in place.
- We were somewhat assured that the provider was making sure infection outbreaks can be effectively prevented or managed. The service was not using an audit tool to check the effectiveness and quality of measures in place around Infection Prevention and Control.

We have also signposted the provider to resources to develop their approach.

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 requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders did not always support the delivery of high-quality care.

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

- Governance systems and processes were not in place or effective. There was a lack of service oversight from the provider.
- Audits to monitor all aspects of quality and safety were not conducted and where actions had been identified these had not been completed or reviewed. Environmental risks were not always identified or managed.
- Documentation issues in care plans and medicines records had not been identified despite reviews and audits being carried out.
- Concerns highlighted at our last inspection in August 2019 had not been addressed or recurred and they remained a concern at the time of this inspection. For example, fire drills were not being regularly and consistently completed by all staff and risk assessments for single paned glass windows had not been reviewed for over a year.

The provider had failed to ensure effective systems and processes were in place to assess, monitor and mitigate risks relating to the health, safety and welfare of people, and had failed to maintain accurate, complete and contemporaneous records. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- A refurbishment plan for the service was in place prior to the COVID-19 pandemic. The provider is reviewing this to take appropriate action in line with the lifting of national restrictions.
- The provider has recently employed additional staff to support the provider with implementing change and drive quality improvement.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- There had been limited forums for people and their families to provide feedback on the service provided over the last year due to COVID-19. The service was looking to re-start resident meetings and staff meetings safely.
- Staff and family members were not always aware of how to contact the provider if they had concerns about the service. The provider had not ensured clear methods of communication were available or understood by staff and family members about how to escalate any concerns if needed.
- The registered manager made sure they were available to staff, people and their families. One family member told us that "[The registered manager] will always go and check if Mum is happy or if she has any

complaints, they sort it and it is documented".

- Staff worked closely with the community district nurses to ensure people's health needs were met.

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

- The culture of the service was positive. Staff demonstrated they put the people they supported first and were caring in their approach.
- We observed the registered manager actively supporting staff and people in the service in a person-centred way. Staff told us that the service was "Like a second family" and they, "Loved working at the home".
- Staff told us that they were comfortable reporting any concerns to their line manager and had confidence that the registered manager would address any concerns.

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 registered manager was open and honest when things went wrong. There was evidence that investigations had taken place which were instigated by the service and shared with people and their family.

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure the proper and safe management of medication.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. The provider failed to ensure there was effective systems and processes established and failed to maintain accurate, complete and contemporaneous records.