

Holistic Care Provision Limited

Westwood Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Westwood care home is a care home providing personal and nursing care to up to 16 people. The service provides support to older people some of who are living with dementia. At the time of our inspection there were 16 people using the service. Accommodation is split across two floors within one building and has a stair lift in place.

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

Staff were not always trained and assessed as competent to administer medicines. This was identified at the last inspection and the provider had failed to make improvements. Protocols for "as and when required" medicines needed more guidance for those people unable to communicate their needs.

Staff were safely recruited and there were enough staff to meet people's needs.

Systems were in place and regular audits and checks carried out to monitor and manage safety within the service. Work was ongoing to address issues identified with the environment such as the carpet which needed replacing on the ground floor.

There was a positive culture within the service led by the registered manager. Staff were confident in the management team and felt supported in their roles.

Some Improvements had been made since the last inspection and the registered manager and provider were keen to continue to further develop the service.

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 and update

The last rating for this service was requires improvement (published 12 May 2021) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection whilst some improvement had been made, we found the provider remained in breach of regulations.

Why we inspected

We carried out an unannounced inspection of this service on 30 March 21. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and governance processes.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe and well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

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.

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 and will take further action if needed.

We have identified breaches in relation to safe care and treatment at this inspection.

Please see the action we have told the provider to take at the end of this report.

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 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 safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

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 Health and Social Care Act 2008.

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

This inspection was carried out by one inspector.

Service and service type

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 care home is a care home without 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. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During the inspection, we spoke with the registered manager, manager, a senior care supervisor, two senior carers and a care assistant. We spoke with two people living at the service and one relative. We reviewed seven medication administration records (MAR) and four care plans. We reviewed evidence following the inspection including training records and audits.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe. There was an increased risk that people could be harmed.

Using medicines safely

At the last inspection 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.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12

- Staff who supported people with medicines had not always received appropriate training to do so. Competency checks to ensure staff had the knowledge and skills to safely administer medications were not always completed or up to date.
- Protocols to guide staff on when to administer 'as and when required medication' did not always include enough information. For example, for people who could not communicate their needs or where there was a variable dose.

The provider failed to ensure proper and safe management of medicines. This is a continued breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- A new electronic medicines administration recording system was now in place. This was effective in supporting the safe administration and robust documentation of medicines.
- Audits and checks were in place to identify and address any shortfalls in administration of medicines.

Assessing risk, safety monitoring and management

At the last inspection the 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.

Enough improvement had been made at this inspection that the provider was no longer in breach of regulation 17.

- Safety monitoring checks and audits were carried out to ensure the environment was safe. The provider

was aware that the carpet on the ground floor posed a risk to people. Plans were in place to replace the carpet once other works had been completed. We have asked the provider for updates in relation to the completion of this work.

- Individual risk assessments were in place and reviewed regularly. Staff had a good understanding of people's individual needs and risks, taking action to minimise any risk of harm.

Staffing and recruitment

- Staff had been safely recruited.
- The provider carried out DBS checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People and staff told us there were enough staff to meet people's needs and keep them safe.

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

- Staff had received training and had a good understanding of processes and systems in place to keep people safe.
- People told us they felt safe and well looked after. Staff were confident that they could raise any concerns to the registered manager or provider and that action would be taken.
- There was a positive culture within the service which promoted teamwork and honesty. When things went wrong, action was taken and shared to prevent it happening again.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were supported to have visits from family and friends in a safe way. This was in line with current government guidance.

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 requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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

At the last inspection 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.

Enough improvement had been made that the provider was no longer in breach of regulation 17.

- Despite improvements across the service the provider had failed to ensure that all staff who had responsibilities around medicines had the necessary training and competencies in place.
- Action had been taken and work was on-going to address on-going risks as a result of the environment and the age of the building.
- The provider had invested in a new electronic system for care records which staff told us they were now confident using. Records were robust and person-centred and evidenced how people's needs were met.
- The registered manager and provider had worked well together, to introduce new systems and processes to ensure a good level of oversight of the service and risk.
- There was a clear direction for improvement within the service and leaders and staff were committed to continuous learning and improvement.

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

- The registered manager and leaders in the service promoted a culture that was inclusive and supportive. Staff felt confident to speak up and felt listened to.
- Staff described how they thought of and treated the people they supported like family. One relative told us, "The care is amazing, it is more than a job for the carers, and they go above and beyond. One staff member visited [person] when they were off work because they wanted to check she was ok when they weren't feeling well".

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

- People, their relatives and staff were engaged in the running of the service. The provider had reintroduced

in person staff meetings. Further work was required to ensure formal feedback from relatives was collected and used to improve the quality of the service.

- One relative told us, "Communication is good from staff, you never feel that you are hassling them when you call up".
- Events had taken place involving people and their relatives to mark and celebrate special occasions.
- The service had a good working relationship with the GP and dietician. Proactive work to prevent weight loss brought about positive outcomes for people and the service had recently received an award to recognise this.

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

- Investigations had taken place when something went wrong and communication to offer an explanation and apology where necessary.

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 failed to ensure proper and safe management of medicines. This is a continued breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Regulation 12(2)(g)