

Westholme Care Home Limited

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Inspection report

24-28 Victoria Road
Lytham St. Annes
FY8 1LE

Tel: 01253727114

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Ratings

Overall rating for this service

Good ●

Is the service safe?

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

About the service

Westholme Care Home Limited is a residential care home providing personal care to up to 26 people. The home consists of 3 large houses converted to 1 large home over 3 floors. The kitchen and laundry facilities are on the ground floor. There are several communal rooms including lounges, conservatory, dining room and landscaped gardens. At the time of our inspection there were 19 people living in the home.

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

We have made a recommendation about staff deployment and person centred language. Medicines were stored and administered safely. People were supported safely, and the provider had plans in case of emergencies. Staff were employed following a safe and robust recruitment process. Staff had received training to keep people safe and knew what action to take in response to any allegations of abuse. There were no restrictions on family and friends visiting.

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.

Community health and social care professionals had been involved in the care and support of those who lived at the home and people's dietary needs were met.

People told us they received good care. Their preferences and wishes were respected by the staff team. People were treated with dignity and respect and were involved in the decision-making process. We observed some lovely interactions by staff members towards people who lived at the home and staff we spoke with were clearly committed to the people who lived at Westholme Care Home Limited.

People's needs were assessed, and care plans were developed to promote their lifestyle choices and positive risk taking. The provider had a complaints policy and procedure. People and staff told us they could raise concerns with managers and feel safe and supported. The provider knew how to access support to support people when they required end of life care.

The service was led by a management team who were described as approachable, supportive and caring. The culture at the home was open and inclusive. Staff understood their roles and responsibilities. The provider monitored the quality of the service using a range of systems. The care manager and provider acted upon suggestions or ideas that were made by people, staff and professionals, to ensure the service continued to improve.

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 inadequate (published 23 March

2023). The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we recommended the provider manage the risks around building maintenance and gathering people's end of life preferences. At this inspection we found the provider had made improvements in these areas.

This service has been in Special Measures since 23 March 2023. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

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 the service can respond to COVID-19 and other infection outbreaks effectively.

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

The overall rating for the service has changed from inadequate to requires improvement based on the findings of this inspection.

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

Recommendations

We have made recommendations around the deployment of staff and the use of person centred language. Please see the safe and well-led sections of this report.

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 safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was not always 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 ●

Westholme Care Home Limited

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

Two inspectors and an Expert by Experience carried out the 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

Westholme Care Home Limited is a 'care home' without nursing care. 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. 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

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 all this information to plan our inspection.

During the inspection

We spoke with 10 people who used the service, 2 relatives and 1 person's friend about their experience of the care provided. We spoke with 9 members of staff including the provider, registered manager, care manager and carers. We spoke with the cook, housekeeping staff, and a visiting health professional. We had a walk around the home to make sure it was homely, suitable and safe. We observed the care and support people received. This helped us understand the experience of people who could not talk with us.

We reviewed a range of records. This included 4 people's care records and multiple medication records. We looked at 4 staff files in relation to recruitment and a variety of records relating to the management of the service, including policies and procedures were reviewed.

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 inadequate. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection the provider had failed to recruit all staff with the required Schedule 3 information in place. This was a breach of regulation 19(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- Systems were in place to ensure staff were recruited safely. Records confirmed a range of checks including references, disclosure and barring checks (DBS) had been requested and obtained prior to new staff commencing work in the service. 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. However, not all records held a full employment history. The provider made changes to ensure processes were in place to promote robust recruitment practices in the future.
- The provider had not ensured appropriate staffing arrangements were in place to meet everyone's needs. One person was assessed as requiring their own staff member to provide individual support 24 hours a day. The provider did not consistently provide this; however, the person was not negatively impacted by this.

We recommend the provider review staffing levels to ensure everyone is receiving the appropriate support to meet their needs and always keep them safe.

- The provider told us after our visit they had reviewed and increased staffing levels.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to robustly assess the risks related to people's health and wellbeing. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks to most people had been identified and reviewed. However, we identified one potential historic

health concern that required assessing to lessen risk. The provider did this during this inspection.

- The provider and staff knew how to provide care and treatment in a safe way.
- Each person had a personal emergency evacuation plan [PEEP]. A PEEP is a plan for a person who may need assistance, for instance, to evacuate a building or reach a place of safety in the event of an emergency.
- The provider had systems to record, report and analyse any allegations of abuse. Staff had received training to recognise abuse and knew what action to take to keep people safe, including reporting any allegations to external agencies.
- Accidents and incidents were recorded and reviewed by the management team to identify any learning which may help to prevent a reoccurrence.

Preventing and controlling infection

At our last inspection the provider had failed to have safe procedures and practices to safely reduce the risks of infection. Visiting guidelines were in place which may have impacted on some people receiving visitors in a way that met their needs. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. The provider was in the process of refurbishing the inside and outside of the home. While there were dedicated housekeeping staff there were areas of the home that would have benefitted from additional cleaning. After the inspection the provider stated the home had received a deep clean.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

At the last inspection visitors were required to book appointments to see their loved ones and did not have named visitors who could visit at any time. At this inspection visitors told us they could visit without making an appointment.

Using medicines safely

At our last inspection the provider had failed to manage medicines in line with good practice. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People received their medicines safely. We observed medicines administration and found staff were trained, had their competency assessed and followed best practice. One person told us, "I take medication morning and night, they dispense it to me." A second person commented, "I take loads of medication. I know pretty much what they are for, I have already had it explained."

- Medicines were managed safely and properly. Controlled drugs were stored safely and the stock we looked at matched the stock levels recorded. Controlled drugs are drugs that are subject to high levels of regulation because of government decisions about those drugs that are especially addictive and harmful.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at Westholme Care Home Limited. One person when asked said, "Oh god, yes, perfectly safe." One visitor told us, "They make [friend] feel very happy and safe." One relative commented, "[Family member] has come in here and he is safe." Staff told us they had received relevant training and knew how to recognise potential abuse and report any concerns. Staff said they felt able to challenge poor practice and report their concerns to a manager.

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 inadequate. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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).

At our last inspection the provider had failed to ensure the principles of the MCA were followed. This was a breach of regulation 11(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

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 provider acted in accordance with the principles and codes of conduct associated with the Mental Capacity Act 2005. When people had restrictions in place to keep them safe, the provider had followed process, submitted relevant paperwork and worked with advocates in people's best interests.

Staff support: induction, training, skills and experience

At our last inspection effective steps were not taken to provide staff access to appropriate training and supervision to ensure they are competent in their expected role. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of

regulation 12.

- Staff had skills and knowledge to carry out their roles effectively. Training courses were available for staff to provide them with the skills and current knowledge required to meet people's need. One person told us, "They [staff] are good at their job." One staff member commented, "We do a lot of online training and also people come in to train us."
- There were suitably trained staff on each shift to provide support and administer medicines.
- Staff spoke positively about the support they had received from management. One staff member commented, "[Care Manager] he is brilliant, he will help with anything." A second staff member said, "[Care manager] and [provider], they get on with staff. We definitely have good teamwork here."

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

At our last inspection we recommended the provider assess the risks and timely action related to home maintenance. The provider had made improvements.

- There was ongoing refurbishment of the home. People were able to walk independently and safely around the home.
- People's rooms were decorated to their choice with personal items to provide comfort, reassurance and reflect their personalities and lifestyle choices.
- The home was adapted to meet people's needs. There was specialist bath/shower rooms. Doorways and hall areas were wide enough for wheelchairs.

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

- People's needs, and choices were assessed before receiving support. Information from the local authority, people and their relatives were used to develop care plans and risk assessments.
- Assessment and care planning documents were designed to be compliant with regulations and guidance.

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

- People received suitable and discreet support with their meals. Staff provided support that respected their dignity but lessened any choking risks. The atmosphere in the dining room was very relaxed, the staff were always very encouraging and polite, and nobody was rushed.
- People were complimentary about the quality of the food and the options available. One person told us, "The food is gorgeous, it is very nice food. They know I have a good appetite." A second person said, "For breakfast I usually have Kellogg's and coffee. You can have a full breakfast if you want, but I don't, and then I have toast with marmalade. The food is well cooked, we have a good chef, and they do their best."

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

- The provider and staff worked in partnership with social and health professionals to ensure people received suitable timely medical support. One health professional told us they had no concerns on how the provider and staff were supporting people who had multiple support needs. They said, "[Care manager] is good at following up and responding to any concerns."
- People said staff would notice or act if they were unwell. One person told us, "I tell them if I am not well, and they are very understanding. This is a care home, so the doctor comes here. I am pleased about that." A second person said, "I tell them if I am not feeling well. They have called a doctor for me."

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 requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

At our last inspection procedures were not in place to maintain people's dignity and respect their independence. This was a breach of regulation 10(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At our last inspection communal toilets did not have locks on the doors. Locks were present when we visited this time. However, frosted windows in bathrooms lacked blinds which could, with a light on inside, impact on people's dignity when it was dark outside. The provider has now fixed blinds to protect people's dignity.
- The provider used positive risk taking to promote people's independence. The provider worked with one person and their family to develop their skills in the hope of moving from the care home to a more independent setting. A relative commented, "It's excellent here, very caring. This is the best out of all the home's [family member] has been in."

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- Some staff did not consistently use person centred language. They talked about feeding people, referred to people as doubles (people who required 2 staff for support) and spoke about dealing with 'the bed bound'. While none of these conversations took place in front of people and the support they received was respectful, the language used did not consistently promote people's dignity.

We recommend the provider promote best practice in the use of person centred language.

- Staff demonstrated a good understanding of people's needs and respected their preferences such as how they liked to spend their day and their lifestyle choices. We observed staff being compassionate and patient when people were upset. One person said, "They [staff] do take time to listen." One staff member told us, "If [person] doesn't want to get up, that's fine. If they want to stay in bed they can."
- People received person centred support. We observed staff engage with people in a manner that promoted their dignity and included them in the daily conversations within the home. We observed staff making time to share tasks with people and making them feel valued. One person said "I love the staff. They are caring and loving, really nice people. I can't pay them enough compliments."
- People's communication needs had been assessed and their preferred communication methods recorded

in care records.

- People were able to make decisions about how and when they were supported. One person told us, "I will have a shower and shave when I want." A relative said, "If [family member] doesn't want to get up out of bed, she doesn't."

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 requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

End of life care and support

At our last inspection we recommended the provider developed a sensitive approach to allow information on people's end of life preferences and choices to be gathered. This would allow people's end of life care to be delivered in the way they wished. The provider had made improvements.

- People, who wanted to, had been supported to consider their preferences in relation to end of life care. This included DNACPR decisions. DNACPR stands for 'Do not attempt cardiopulmonary resuscitation (CPR)'. It means if a person has a cardiac arrest or dies suddenly, there will be guidance on what action should or shouldn't be taken by a healthcare professional, including not performing CPR on the person. People's choices and who had a DNACPR had been documented and stored securely to be shared with health professionals at the appropriate time.
- With the support of community based health professionals, the service was able to provide care to people at the end of their life if needed. The provider told us they liaised with GP's nurses and the hospice at home team to meet people's end of life needs.

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

- Staff were knowledgeable about the people they supported. Not all the care plans reflected the knowledge staff had on how to manage people's behaviours or communicate with people when they were distressed to minimise their anxiety.

We recommend the provider review all care plans to ensure the information is correct and guides staff in delivering personalised care.

- People told us they or a family member had been involved in planning their care. One person told us, "Yes I have [been involved]." A second person said, "My daughter sees to that."

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.

- People's communication needs had been recorded and information about how to support people to communicate was included in care plans.
- Staff were seen to adapt their approach depending on who they were supporting to ensure positive communication was taking place. We observed staff giving people time to respond using their preferred names and crouching down so at eye level to promote valued conversations.

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

- Arrangements were in place to enable people to have visitors and maintain contact with loved ones inside the home and without staff support in their local community.
- Staff supported people to maintain and develop relationships that were important to them. When friendships had blossomed within the home, staff promoted these relationships.
- People told us they had the opportunity to participate in activities or not participate as they saw fit. One person commented, "I don't have any hobbies. They [Staff] do bring me a newspaper every day." A second person said, "I love colouring and have colouring books. I am quite creative. I got some books for my birthday." The provider arranged parties for people's birthdays and celebrations such as the King's coronation.

Improving care quality in response to complaints or concerns

- People had access to a complaint's procedure. The procedure was clear in explaining how a complaint could be made and reassured people their concerns would be dealt with.
- Staff expressed confidence that they could raise any issues or concerns the management team, and these would be addressed.

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.

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

At our last inspection records were not an accurate reflection of people's needs or the support delivered. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Staff told us they felt supported by the management team and teamwork was good between the staff. One staff member told us, "[Provider] she is a good manager and owner. When we want something she will discuss it and get it. [Care manager] he cares about us, and he sorts things out." A second staff member told us, "I've enjoyed working here, it feels like a family, and we support each other. [Care manager] he is brilliant, he'll help with anything. [Provider] she's fantastic."
- People and relatives spoke positively about staff and management team. One relative told us, "[Care manager and provider] they run the home and they are very friendly." One visitor told us, "They [staff] are a nice crowd, so kind and caring." Comments from people included, "I have been told that if I am having difficulty with anything, just ask." And "They [staff] do take time to listen."

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

At our last inspection the provider did not establish and effectively operate systems to assess, monitor and improve the service. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The provider had evaluated the concerns identified at the last inspection and improved their practice. These changes needed to be embedded and sustained.
- There was a clear management structure with easily identifiable lead roles. The care manager and provider were visible and accessible, and people and relatives knew who to contact with any queries.
- The provider, registered manager and care manager were aware of their responsibilities under the duty of candour, that is, their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm.

Working in partnership with others

- The management team and staff worked with a range of health and social care professionals. This helped to ensure people's physical and mental needs were identified and met.
- The provider had engaged and been frank and co-operative throughout the inspection process.