

Westcliffe Homes Limited

Westwood Residential Care Home

Inspection report

29-31 Southport Road
Chorley
Lancashire
PR7 1LF

Tel: 01257264626
Website: www.westcliffehomes.co.uk

Date of inspection visit:
10 January 2024
11 January 2024

Date of publication:
06 March 2024

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Westwood Residential Care Home provides accommodation for persons who require personal care. The service can provide support for up to 20 people, including older people and younger adults. At the time of our inspection, there were 19 people using the service.

The property is set over 3 floors with lift access to the upper floors. There were several communal areas and a small rear garden. Aids and adaptations were in place to meet people's individual needs.

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

Though people said they felt safe; some systems and processes to monitor and manage fire safety, health and safety and infection prevention and control (IPC) were not robust. Concerns regarding medication storage and recording systems were identified, which we have asked the provider to review. We received positive feedback about staffing levels, and recruitment processes were safe. People were safeguarded from the risk of abuse, and the provider learnt lessons from incidents, accidents and safeguarding concerns.

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.

Staff received an induction and a good level of support from the management team. However, we raised concerns in relation to the frequency of training; and lack of training around people's individual needs, including mandatory learning disability training. Care records were detailed, though we found some inconsistent information around people's dietary needs. Improvements to the home's environment were being made when resources allowed, but signage could be improved to help support independence and well-being for people living with dementia. People commented positively about their experience of care delivered. One person said, "I am very well supported. I regard this as my real home now."

Though audits and checks were in place, these were not fully embedded and had failed to identify concerns raised during inspection. The registered manager acknowledged areas of development within monitoring systems and spoke about improvement plans. We observed a happy atmosphere and positive interactions, and feedback about the culture and the registered manager was good. A relative told us, "The home is well run. Staff are friendly and work together. Some have been here years which is a sign they enjoy working at the home. The manager is very helpful and friendly." People, their relatives and staff had regular opportunities to give feedback and timely action was taken in response to concerns raised.

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 30 December 2019). The service remains

requires improvement. This service has been rated requires improvement for 2 consecutive inspections.

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

Previous breaches and recommendations

At our last inspection we found that security at the premises was unsafe and placed people at risk of harm. At this inspection we found those specific concern had been rectified.

At the last inspection, we also made a recommendation about staff training. Adequate improvements had not been made. Please see 'safe' section of this report for more details.

Why we inspected

The inspection was prompted in part by notification of an incident following which a person using the service died. This incident is subject to further investigation by CQC as to whether any regulatory action should be taken. As a result, this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about care and treatment; and seeking medical attention in a timely manner. This inspection examined those risks.

The provider has taken appropriate action to mitigate these risks.

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 based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see 'safe', 'effective' and 'well-led' sections of this full report.

Enforcement and Recommendations

We identified breaches in relation to safe care and treatment, and good governance. We made a recommendation in relation to storage and recording of medication.

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 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 effective?

The service was not always effective.

Details are in our effective 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 Residential 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.

Inspection team

An inspector and an Expert by Experience took part in the inspection process. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Westwood Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Westwood Residential 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.

Inspection activity started on 10 January 2024 and ended on 23 January 2024. We visited the service on 10 January 2024 and 11 January 2024.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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

We spoke with 7 people living at the home and 7 relatives about their experience of care provided by Westwood Residential Care Home. We observed interactions with people and the care they received. This helped us understand the experiences of people with limited communication. We reviewed care records for 4 people and checked medication administration, storage and recording systems.

We spoke with 8 members of staff including the nominated individual, the registered manager, senior care staff, a domestic, members of the activities team and care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed recruitment information for 4 staff, training matrices and competence checks.

We looked at records relating to health and safety; such as fire safety information, testing records and servicing documents. We checked the environment, equipment, and cleanliness to ensure the home was safe and fit for purpose.

We remotely reviewed information relating to the management of the service such as policies, meeting minutes and survey results. We sought additional clarification from the registered manager via email.

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 and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At our last inspection the provider failed to ensure risks to security were managed appropriately. This was a breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, the provider had addressed concerns raised and were no longer in breach of this regulation.

- Fire safety concerns placed people at risk of avoidable harm. There was not enough competent staff to manage an evacuation safely in the event of a fire; there was a lack of trained fire wardens and drills were not carried out consistently. Bedroom doors were propped open with furniture rendering them ineffective if the alarm was to sound. Concerns were shared with the local fire and rescue service.
- People were at risk of falls and entrapment due to environmental hazards. Call bells to communal toilets were missing emergency pull cords, there were no safety gates to the main staircases and wardrobes were not secured to walls.
- On arrival, a cleaning trolley containing chemicals was left unmanned, and at another point in the day we observed the communal area to be unstaffed for a short period of time. This meant people were not always adequately supervised, compromising their safety.
- Due to recent changes in maintenance personnel, health and safety checks had not been consistently recorded. Risks relating to premises and equipment were not effectively monitored, in line with the provider's own procedures.
- Information relating to people's dietary needs was not consistent. One person had diabetes; care records stated this was controlled by a 'low sugar diet', though elsewhere staff were advised to offer puddings and biscuits. Another person's care records implied they were fed enterally (using a feeding tube), but the registered manager told us this information was incorrect.
- We noted some infection prevention control (IPC) concerns in the kitchen. Please see 'Preventing and controlling infection' section of this report.

Systems had not been established to fully assess, monitor and manage people's safety or accurately record people's health and care needs. This put people at risk of harm. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager took prompt action to address our concerns. They organised appropriate fire safety

training and drills, ordered new emergency pull cords, ensured wardrobes were secure and had meetings with the appropriate staff about issues identified. We were also assured people's care records would be reviewed in full.

- Risks to people were identified pre-admission and detailed information included in people's care records.

Using medicines safely

- Medicines were generally managed safely. However, there were occasions temperature checks had not been conducted for medication storage; and 3 bottles of liquid medication had not been dated upon opening, as per guidance.
- Protocols for 'when required' medicines lacked detail about variable doses, and there was no person-centred information for assessing signs of pain or discomfort if people could not communicate verbally. Records for 'when required' medicines were not always easy to follow or check. The registered manager assured us 'pain scales' would be implemented for those people who were non-verbal.

We recommend the provider reviews systems for storing medication and improves records relating to 'when required' medicines.

- Senior staff received annual training and competency checks to enable them to administer medication safely. When observing medication administration; the senior staff member double checked information, adopted good hygiene and communicated with people at their level. A relative told us, "Medication has been administered well. I am not aware of any issues."
- Processes were in place to order and dispose of medication appropriately, including controlled drugs.

Preventing and controlling infection

- The home had systems to promote cleanliness and hygiene. However, we noted some concerns relating to the maintenance of the home which could make thorough cleaning difficult. For example: a corroded handrail and a crack to the kitchen floor. The handrail was replaced following inspection.
- There were some gaps to temperature checks and cleaning schedules in the kitchen. Whilst work surfaces and appliances seemed clean, areas around and under units needed attention. The registered manager organised a deep clean and told us they would review documentation in the kitchen.
- Elsewhere, the home was clean and tidy and feedback about cleanliness was positive. One relative said, "[Person's] bedroom is cleaned every day. Their sheets and towels are washed regularly. [Person] is presented well; their clothes are cleaned too."
- Personal protective equipment such as aprons and gloves were located around the home, for ease of access when staff were handling food or carrying out personal care.

Visiting in care homes

- The provider's policy around set visiting times did not align with government guidance and there was mixed feedback about this. One person told us, "Family have to book a visit to see me, but I don't mind that." A relative replied, "I am not very happy that I have to phone to get an appointment to visit."

Staffing and recruitment

- Recruitment procedures included reference and DBS checks. Disclosure and Barring Service (DBS) checks provide information including details of convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. Two longer standing members of staff had not had their DBS renewed since commencing employment over 10 years ago, though assurances were

sought about their conviction status periodically during supervision.

- There were sufficient numbers of staff to support people to stay safe and meet their needs. Whilst staff told us there were certain times of the day which were busier, most feedback about staffing levels was positive. One person told us, "There are plenty of staff. I use my buzzer and they come to see me quickly. The staff pop their heads around my door frequently throughout the day and night."
- The registered manager acknowledged ongoing recruitment challenges within the sector, but the home worked hard so impact to people was minimal. Care staff helped in the kitchen, managers offered their support and regular agency staff were utilised to ensure a level of continuity.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives felt people were safe. A person living at the home said, "I am well looked after, so I am safe."
- Staff received safeguarding training, and the provider had policies to guide staff on how to report concerns of neglect or abuse.
- Contact information for the local safeguarding team was displayed in the reception area for ease of access.

Learning lessons when things go wrong

- The home had processes to learn from incidents, accidents and safeguarding concerns. Prior to inspection, gaps in recording and documentation had been identified. The provider was attempting to prevent re-occurrence by; communicating with staff, providing additional training and implementing new systems.
- 'Antecedent, behaviour, consequence (ABC) forms' were used to record behavioural incidents, in attempt to identify patterns and learn from these.
- Daily handover meetings gave senior care staff and managers the opportunity to share ongoing concerns and discuss necessary changes.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

At the last inspection, we recommended the provider ensures training remained up to date, so people's needs could be met effectively. Not enough improvement had been made at this inspection and the provider is now in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were good levels of training around safety; topics such as food hygiene, health and safety and IPC. However, these were only refreshed every 3 years. We spoke to the provider about reviewing the frequency of key subjects; to ensure staff were confident in identifying and escalating concerns, and were up to date with guidance and best practice.
- Some people living at the home were on end of life, experienced falls or were at risk of choking but there was a lack of training to enable staff to deliver safe and effective care in these areas. A staff member said, "My training is fine, but I keep asking if there can be more training for new staff like palliative care. It would really help the team if they knew more."

There was a failure to ensure staff had the qualifications and skills to provide safe care and treatment. This put people at risk of harm. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Following inspection, the registered manager referred to guidance and reviewed the frequency of training. Short courses were planned for palliative care, and they were exploring options for other subjects pertinent to people's individual needs.

- Learning disability and autism training was not offered, despite this being mandatory for all health and social care providers since 2022. The registered manager has since sourced appropriate training.
- The provider information return (PIR) confirmed that all staff had an induction and a period of shadowing more experienced members of the team at the start of their employment.
- Staff received supervisions and appraisals; this was evidenced in records we reviewed and confirmed by staff. Staff told us there was a good level of support from the registered manager and nominated individual. A staff member said, "They're very supportive, I could come to them for help with anything."

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

- Information relating to people's dietary needs was not always consistent or correct. Please see 'safe' section of this report for more details.
- There were ongoing staff changes in the kitchen. Those covering did not have information about people's food and fluid levels, conditions or allergies to hand. The registered manager advised they would ensure information was provided to kitchen staff for quick reference.
- Concerns about people's food and fluid intake were shared in daily handover meetings. Action was taken to monitor and escalate issues.
- We received positive feedback in relation to meals provided and observed a pleasant dining room experience. One person said, "The food is very good. I get a decent breakfast, a three-course meal at midday and a lighter meal in the evening. There is always a choice. I get supplied with drinks through the day."

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

- The service was not fully adapted or designed to meet people's needs. Dementia friendly signage was present on people's bedroom doors but lacking in other areas. During our visit, we observed 2 people struggling to read a handwritten menu.
- Aids were available to help support people, such as toilet seat risers and hoists. However, some adaptations had not been implemented to ensure people's safety. Please see 'safe' section of this report for more details.
- The provider made improvements to the environment when resources allowed. Specialist equipment was provided so people cared for in bed could enjoy a bath, and several bedrooms had recently been re-decorated.

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

- Care records were person centred and identified the different level of support people needed, though we noted some incorrect information which could be misleading to staff. Please see the 'safe' section of this report.
- The registered manager worked closely with people and their relatives to gather information about people pre-admission. 'Admission pack checklists' prompted the registered manager about information to be collated.
- Reviews took place periodically or in response to people's changing needs. Records were stored on the electronic system and paper copies were available for ease of access. Staff confirmed they had time to read information and were updated with changes via daily handover meetings.
- Comments about the standard of care were mainly positive. A person at the home said, "I feel well supported, the staff can't do enough. I only have to ask them to do something for me and they do it."
- In the most recent 'relative's survey', all responses to the question, "Do you think that residents are well cared for?" were positive.
- Staff had access to policies and procedures to support their knowledge and working practices. These were reviewed annually and reflected guidance and best practice.

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

- Following recent concerns, the provider was taking a more proactive approach to respond to changes in people's health. During inspection we observed several conversations in which staff consulted the registered manager about health concerns and illnesses. Advice was appropriately sought from the general practitioner (GP) or 111.
- Ward rounds were conducted by medical professionals weekly. This enabled the home to closely monitor people's health and seek timely treatment for illnesses or emerging conditions.
- The home worked with healthcare services such as pharmacists, district nurses, opticians and audiologists

to ensure people's needs were met.

- People told us they received help to access healthcare when required. One person told us, "They call the doctor out to see me when I am not well."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We 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. The registered manager confirmed relevant parties were included in assessments and best interest meetings. For example: medical consultants or people's next of kin.
- People's capacity was documented, and care records promoted choice and control.
- When asked if they were involved in decisions about their care, 1 person said, "I can choose when to get up and when to go to bed. I can do anything I want, after all this is my home now and they make me feel at home. Staff respect my wishes."

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. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Quality assurance processes were in place but had not identified shortfalls found during this inspection. Important fire drills and safety checks had not been completed as frequently as stipulated and this had not been actioned. Potential environmental hazards had not been assessed. Inconsistencies in care records had been overlooked.
- Staff told us some colleagues found it difficult to adapt and change to new ways of working. This made it more challenging for the registered manager to embed new processes and promote consistency within the team.

Systems and processes had not been established to effectively assess, monitor and improve the quality and safety of services. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager said they would review workloads for the management team to ensure governance and oversight could be improved. New templates for audits and checks were to be explored, to ensure these were fit for purpose.

- Staff received a full induction, carried out training and attended regular meetings to enable them to understand their roles and responsibilities. The registered manager was continuing to develop their own knowledge of regulatory requirements by attending local provider meetings.
- The registered manager, nominated individual and management team worked closely together. This helped oversee emerging risk and handle concerns effectively.

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

- The atmosphere in the home was calm and relaxed; and we observed kind and caring interactions, indicative of a good culture. People held staff in high regard and online feedback was positive. One relative wrote, "[Person] is so happy and every member of staff is amazingly dedicated to caring, and it shows in the atmosphere every time I visit. [Staff] go above and beyond. I can truly say they have helped so much with [person's] well-being. It is a very happy, loving home."
- The registered manager and nominated individual spoke about people fondly, and put people's needs

and wishes at the heart of what they did. Staff we spoke to shared this ethos. A staff member told us they were providing extra support to someone; to help build their confidence, enabling them to visit their son independently.

- Staff told us the registered manager was approachable, and we observed them offering advice and support to the team throughout our inspection. A staff member said, "I have raised things with [registered manager] in the past, they are very responsive."
- Staff said the service was a nice place to work. A staff member told us, "I am really happy working here. We all get along really well. We make a strong team."

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 the statutory notification process. This is something providers must follow to inform us about certain things such as a serious incident, suspected or actual abuse.
- There was evidence to show the management team were open and honest with staff, people and relatives when things went wrong. Action was taken in a timely manner in response to concerns raised.
- The registered manager and nominated individual actively engaged in the inspection process. They were frank and cooperative throughout.

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

- People and their relatives were actively involved in the service. They were consulted and kept informed on a day-to-day basis and via annual surveys. Feedback from the most recent 'relative's survey' was generally good and there was a positive response to the question, "Are you kept informed of important matters affecting your relative?"
- The provider sent bi-annual newsletters to people and their relatives to communicate important messages. Actions from recent surveys were included, alongside good news and information about ongoing challenges.
- Staff had the opportunity to raise concerns or make suggestions during periodic meetings and annual surveys. Supervisions and appraisals engaged staff in a variety of topics relating to their role, personal and professional development.

Working in partnership with others

- The home worked alongside various healthcare professionals to review people's care and treatment needs and improve their health and well-being. One healthcare professional commented, "Staff are very professional and always able to provide up to date information about people. Staff prompt with referrals for any concerns regarding people's health."
- The local authority was involved when agreeing or reviewing people's care packages.
- The provider worked closely with relatives and communication between the home and people's next of kin was good. A relative said, "Each time I visit, they tell me how [person] has been. I can phone the home at any time to ask about [person]."

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>Systems and processes had not been fully established to assess, monitor and manage safety of the environment. Risks to people were not accurately recorded; and there was a failure to ensure sufficient levels of staff training to meet people's individual needs and keep them safe.</p> <p>12(1)(2)(a)(b)(c)(d)(h)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Governance and oversight was not robust, and quality assurance processes failed to identify concerns found during this inspection.</p> <p>17(1)(2)(b)(c)(d)(f)</p>