

Yorkare Homes Limited

# Westfield Park Nursing Home

## Inspection report

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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.

Westfield Park Nursing Home is a care home that provides accommodation for people who require nursing and personal care. The home can accommodate up to 111 people. One part of the home provides care to people living with dementia, and the other, to people requiring nursing care. At the time of this inspection 83 people were living at the home.

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

People and staff had access to, and support from, an experienced management team. The provider and registered managers were open and approachable, which allowed people to share their views and raise concerns. These were taken seriously.

We found improvements had been made to the quality of the service and running of the home. A second registered manager had been recruited, and along with the existing manager and provider, had driven up the quality of the service. Staff had worked hard to bring about the improvements.

There was an improved governance framework in place to allow for the quality and safety of the care provided to be monitored. The service used the framework to highlight and address issues, provide action plans and improve the quality of care provided to people.

The environment had undergone improvements with parts of the service being refurbished. This work was ongoing. The environment was clean and protected people from the risk of infection. It was tidy and well maintained.

Staff demonstrated caring values and showed positive regard for what was important to people in their care. Their relationships with people promoted good levels of wellbeing and independence, which supported some people to achieve positive outcomes.

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

Staff respected people's privacy and dignity and their approach was caring and considerate. People were relaxed and happy. Staff addressed people by their names, took time to talk to them and ensured people were comfortable and included in conversations.

Support plans were person centred and captured people's preferences and life histories. Staff tailored their support to how people liked it.

Medicines were managed safely. There were enough safely recruited staff employed so that people received care when they needed it. Staff were well-organized and well trained. People told us they felt happy and safe

in the service. Relatives said they were happy their family members were living at the home.

People had access to a range of activities to keep them as active as possible both mentally and physically. Staff embraced new ideas for enhancing people's wellbeing and used technology for people to keep in touch with relatives.

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

Rating at last inspection and update.

At the last inspection we gave the service a rating of requires improvement (published April 2018) and there was one breach of regulation. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider is no longer in breach of regulation.

Why we inspected.

This was a planned inspection based on the previous rating.

Follow up.

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 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** ●

# Westfield Park Nursing Home

## **Detailed findings**

### Background to this inspection

The inspection.

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We planned this inspection to check whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team.

The inspection team on day one consisted of one inspector, a specialist advisor who was a nurse, and an Expert by Experience (ExE). Day two was completed by one inspector and an ExE, and day three by an inspector and a medicines inspector. An ExE is a person who has personal experience of using or caring for someone who uses this type of service.

Service and service type.

Westfield Park Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had two managers registered with CQC. 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 on the first day.

What we did before the inspection.

We reviewed information we had received about the home from the provider since the last inspection. We requested and received feedback from the local safeguarding and Healthwatch teams. Healthwatch is an

independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection.

We spoke with 11 people who used the service, six visitors and a healthcare professional who was visiting the home. We spoke with both of the registered managers, two assistant managers, and six care and ancillary staff. We also spoke with a clinical lead and quality assurance manager for the organisation.

We reviewed a range of records. This included nine people's care records in detail, an additional 17 in part, and 19 medication records. We looked at six staff files in relation to recruitment, supervision and appraisal, and a variety of other documents relating to the management of the service, including records used to monitor the quality and safety of the home.

We completed checks of the premises and observed how staff cared for and supported people, and observed a meal time experience in each part of the home.

After the inspection.

We continued to seek clarification from the provider to corroborate evidence found. We looked at training records and further quality assurance records. We reviewed three pieces of written feedback provided by care staff at the home and received written feedback from a further three health and social care professionals.

# 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 requires improvement. We found concerns relating to good governance, specifically relating to the management of medicines, risk and infection control practice. This resulted in a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection we found sufficient improvement had been made and the provider was no longer in breach of regulation 17. This key question had improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely.

- A new medicines treatment room had been created since the last inspection. Daily temperatures checks were being recorded. Protocols were in place to guide staff when to safely administer required medicines to people.
- Medicines were safely received, stored, administered and returned to the pharmacy when they were no longer required. Records of medicines used were accurate and reflected the levels of stock available.
- Staff were trained to administer medicines and had their ongoing competency checked to ensure they understood systems and processes.
- Where errors with medication were found during checks we saw these were investigated.

Assessing risk, safety monitoring and management.

- Personal evacuation plans for in the event of a fire had been reviewed since the last inspection and information was now relevant to people's sensory and mobility needs. Regular fire drills were carried out.
- Detailed risk assessments were not always up to date to instruct how staff should support people when they had been deemed at moderate or high risk of falls or displayed violence and aggression. Changes were made to the systems in place to address this during and following the inspection.
- People, relatives and healthcare professionals told us people were provided with care and support in a safe way. One person said, "It's home from home here, I have a walker [walking aid] and I manage to get about safely with my walker."
- Staff understood where people required support to reduce the risk of avoidable harm. People were supported to take positive risks and some people were regularly accompanied to go out into the local community.
- Action was taken when accidents and incidents happened to reduce the risk of recurrence. For example, a person who had an increase in falls, had a sensor mat installed in their room to alert staff when they were mobile. This meant they were observed more and at less risk of falling.
- The home was well maintained. Maintenance checks were carried out as required, which made the premises safer for people.

Preventing and controlling infection.

- A new cleaning schedule system had been implemented since the last inspection which included records of daily, weekly and monthly tasks.
- People were protected against the risks of infection.
- The home was clean. Staff were trained in, and understood, infection control. Infection control policies were in place. One person told us the home was, "Very clean." A relative said, "Very clean, never any smells, rooms are all beautiful and clean."
- The laundry was well used but kept clean. Regular checks on this and other areas were carried out, to keep people safe from risk of infection.

Learning lessons when things go wrong.

- Any incidents were recorded and reviewed by the registered managers. Action was taken to reduce the risk of the incident recurring to protect people.
- Staff shared lessons learnt in supervision meetings, flash meetings, and daily shift handovers.
- Incidents were discussed at the provider's head office during quarterly 'service review' meetings to ensure that learning was considered across the whole organisation, to improve support to people.

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

- People and their relatives told us they felt the service was safe. A relative told us, "Premises are very safe, my relative is kept safe. I think since my relative's been here, they are much better."
- The provider had effective systems in place to safeguard people. Staff demonstrated a good understanding of what to do to make sure people were protected from harm or abuse. They had received appropriate training in this subject, to keep people safe.



# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question had improved 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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Some people lacked capacity to consent to being there. Managers completed DoLS applications for them to ensure their rights were protected.
- Decisions were made following best interest meetings and the process involved professionals as well as family members. One person said, "My family were involved in setting up my best interests' decisions."
- Staff received training in the MCA and described how they supported people to make choices.

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

- The management team assessed people's needs, which enabled them to plan the support people needed when they moved to the home.
- People and their relatives were able to visit the home at any time before deciding to move in.
- Systems were in place to support staff to work to best practice guidance. A quality assurance and a clinical lead were employed. Their job was to support the registered managers, ensure they were working in line with the provider's policies and embracing best practice principles. For example, as a result, a strategy for improving the quality of life for people living with dementia had been written for the service.

Staff support: induction, training, skills and experience.

- Staff were competent and skilled and carried out their roles effectively. One person told us, "I am amazed at the all-round skills the staff have. I watch them doing so many tasks, they are so skilled."
- Nursing staff were supported to maintain their knowledge and professional registration.

- Staff completed induction and training and were well supported in regular meetings, supervisions and appraisals. A member of staff told us, "Supervisions are every two months, to see if I'm happy, concerned about anything and I feel supported. I have learned how to manage my workload better with support."
- Additional training for staff and nurses had been carried out so they understood how to care for people with specific needs. For example, where people who are fed through a tube which is passed into their stomach.
- A dementia stimulation activity had been created and delivered to staff to help them understand the different feelings people may have. Staff entering a darkened room with flashing lights and loud music. They completed activities whilst they experienced different emotions.

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

- Staff supported people with drink and menu choices, now in pictorial format since the last inspection. Sample plates gave people a visual choice of meals on offer and fresh fruit and snacks were available throughout the day. People had access to adapted cutlery and equipment where needed so they could eat and drink independently.
- Staff had completed a 'red plate research project' which looked at the benefits of previous studies for serving food on a red plate to people living with dementia. 30 people had been involved and 70% of those had gained or maintained a healthy weight.
- Staff monitored and recorded the amount people drank and ate to be sure they received enough to stay healthy. Action was taken if food or fluid intake was poor.
- People told us that the food at the home was good. One person said the food was, "Fantastic, I get a choice. Have prunes, two rashers of bacon, two eggs and toast every morning." A relative told us, "[Name] is a lovely cook. I often have a lunch here; I love their café."
- People had opportunities to provide feedback and make suggestions about the menu. The choice of food available had been raised recently with the service, and the CQC. We discussed this with the registered managers who were working to address these issues.

Staff working with other agencies to provide consistent, effective, timely care.

- The staff team were committed to working collaboratively with external health and social care professionals. People had access to any health care services they required.
- Healthcare professionals told us, "Staff seek medical and or nursing input early when a patient's condition causes concern. I have confidence that staff will act on any instructions and advice made following a consultation. I have noticed that the staff are alert to the risks of pressure sores and appear to act promptly and escalate interventions when needed" and "Staff are flexible to the changing requirements in people's needs, as a client's condition deteriorates and they ensure advance care planning is completed."

Supporting people to live healthier lives, access healthcare services and support.

- People were supported to access other healthcare professionals to help maintain their health. These included the GP, dietician, dentist and optician as well as any specialists relevant to the person's condition.
- A healthcare professional told us, "The managers have often asked for my specialist advice including when the plans were being made for the new nursing extension. We discussed what facilities and equipment would be necessary to support patients in the future."

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

- One part of Westfield Park had been specifically built around people's needs. The home was large, with bright and airy spaces and some bedrooms opened onto secure outdoor space. All bedrooms had en suite facilities.
- Bathrooms and toilets had picture signage and colour-coded facilities, to aid people living with dementia

or visual needs with understanding and orientation.

- People living with dementia were observed using the premises safely. Recognition and stimulation aids (activity boards, clothing, soft fiddle cushions) were accessible to people. Work was ongoing to decorate using contrasting colours. Photographs of people at a younger age were on bedroom doors to aid room recognition.
- The outside area, accessible from the ground floor, had an artificial grass 'bowling green' and tables with parasols and benches. Additional facilities to improve people's quality of life included a tea room, hair and beauty salon, cinema room, pre-loved shop and pub.
- All of this enhanced people's quality of life.

# 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.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity.

- The service was committed to making sure people were at the heart of it. People received a service in an environment that was caring, encouraging and supportive, to people and their families. People's comments included, "Staff are very caring, they arrange my pillows just so, tuck me up, and give me a kiss every night" and "All the staff who come in here, some are A1 plus, but all are first class carers."
- Peoples relatives praised the staff for treating people with care and compassion. One person's relative who had required urgent medical treatment said, "Our thanks to [staff] who was with [Name] for many hours until we could return. When [Name] returned home, they had a warm and welcoming reception from the care staff and staff in charge, despite dealing with a queue of ambulances, had smiles on their faces." Other comments included "My relative recognises this place as their home, they tell me 'I'm happy here, I love it.'"
- There were examples of where staff had supported people to improve their well-being. These included, improving communication and supporting people to achieve goals, which improved their quality of life. For example, we observed a member of staff holding a conversation with a person using past photographs of their life, this was responded to happily by the person with much laughter and light-hearted fun.
- Staff made extra efforts to provide people with special memories. On Valentine's day a member of staff supported a person to organise a surprise lunch for a person special to them. Flowers and a card were bought and a table in the person's room was decorated with flowers, love hearts and candles, so they were able to have a private lunch together. Both commented how thoughtful staff were.
- People's equality, diversity and human rights were respected. People were supported to follow their faith and live their lives the way they wanted to.
- Staff spoke about people with compassion and admiration. One said, "I would put my own mum in here as I know these carers care, we all get emotional and every single person is loved. It's a dream job." Other comments included, "It's a wonderful home and far superior to any of the homes around this area" and "I always walk in and it feels relaxed. I walk in and two ladies give me a kiss every morning on the cheek."

Respecting and promoting people's privacy, dignity and independence.

- Increasing people's independence was an important part of the support people received. One person experienced a medical illness with impaired speech. Staff worked with them and family and created laminated word and picture cards. This improved the person's independence with communication and reduced their frustrations.
- People were encouraged to maintain their skills and achieve goals. For example, one person was supported by staff to complete a sponsored swim to raise money for the resident's fund. The person swam a mile in six weeks.
- Staff had close but professional relationships with people, and their relatives. Dignity and respect were embedded in the support people received. One relative told us, "What these lasses do, personal care and

such, I couldn't do it. This place has taken so much responsibility off me but given me my life back." A health professional said, "It is notable that when a patient requires a physical examination; that the default position of the staff is always to explain to the patient the reason for a visit. There is no need for me to make that request on the resident's behalf. The resident is taken to their own room and afforded the required privacy."

- We saw numerous examples of staff responding sensitively and discreetly when people required assistance with personal care. People were at all times presentable and dressed in a manner of their choosing. One person talked of a recent experience where staff fully respected their dignity.

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

- Staff supported and enabled people to be involved in decisions about their care and to express their opinions about what went on in the home. The service promoted an open culture that welcomed feedback and suggestions for improvement through regularly seeking views from people and relatives, formally through surveys, and informally through interactions with staff.
- It was evident that people were involved in the care planning process, where possible, and their views and preferences were recorded. For one person their nutrition plan made reference to the place they preferred to eat their meals which was different at breakfast time. In another person's night time plan there was specific information regarding the amount of pillows the person liked and their preference for having a light on/off.
- People's relatives were involved in the care planning process, and their views considered where required. Relatives told us, "Staff always talk to me about my spouse's care, but they have full mental capacity so make their own decisions" and "I was involved in setting up my spouse's care plan."
- External professionals praised the staff's approach with people. One told us, "When information was needed for a study it was evident the staff knew the residents very well. Another said, "Every client has a well-documented care plan. This can be useful at meetings and gives a clear picture of clients' needs and care provided."
- People were supported by advocates if they needed someone who was independent of the home to help them with their affairs and to make sure that staff were always acting in the person's best interests.

## Is the service responsive?

### Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question had improved to good. This meant people's needs were met through good organisation and delivery.

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

- Care planning and delivery was person-centred. One relative said, "Staff always tell me what is going on, and give me an update on how my relative is."
- Effective handovers of information took place through various methods. This ensured staff had the latest updates on people's support needs and preferences and could respond accordingly.
- Improvements to all people's support plans and risk assessments had begun and was ongoing since the last inspection. Support plans were checked and good ones discussed in workshops. A template and a user guide were created from these workshops for staff on how to compile and review a person-centred care plan.
- Support plans were prepared and held electronically. This meant they were read and updated immediately. They allowed staff to record information on people's food and fluid intake, and repositioning. The plans were detailed with information on the person's needs, how they wanted to be supported and why. Instructions for staff were clear and evidenced a person-centred approach to people's care.
- Dedicated activity staff created a stimulating environment and offered people meaningful activity. People chose what they wanted to do each day and attended local places of interest. They could read, sort, hang or fold washing, do puzzles, listen to music, watch films or enjoy doll therapy. People told us, "I like painting, writing and poetry" and "I love dancing, I expect we'll have a dance later this evening after the party." We observed coffee mornings taking place, discussions about people's pets and forthcoming activities, puzzles, and a party to celebrate a person's recent achievement.

Meeting people's communication needs.

From August 2016 onwards all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff communicated well with people. Information about people's needs was recorded in their care plans. Staff communicated with people in a method of their choice.

Improving care quality in response to complaints or concerns.

- Complaints were well managed. People knew how to make complaints should they need to. They told us they would raise any concerns with the registered managers or staff and were confident they would be listened to.

- People and their families knew how to feedback their experiences of care and the service provided ways to do this, such as regular surveys. We saw that when concerns were raised these were taken seriously, reviewed and responded to appropriately.

End of life care and support.

- People and their family were well supported at the end of their lives and involved in planning their care. Peoples choices for care and support at this time were respected. This enabled people to die in comfort and with dignity. This inclusive approach to end of life support gave people and the relatives peace. One relative commented in a card, "We know [Name] felt safe with you, and that was the biggest gift you could give us." Another said, "The last few days were difficult, but your staff made it as calm and dignified as possible and I am grateful [Name] was with you during that time.

- An end of life care strategy was in place setting out the organisations vision on enhancing the quality of the service to people at this time. A health professional who had been involved with this told us, "The overall manager has recently compiled an End of Life Plan for their staff and this has included recommendations from me and bereaved families."

## 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.

The provider had failed to ensure there was effective oversight and monitoring of the service with regard to maintaining people's records in an accurate, complete and contemporaneous way. Systems and processes to distribute information to people as necessary were not always efficient. This resulted in a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection we found sufficient improvement had been made and the provider was no longer in breach of regulation 17. This key question had improved 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; 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.

- A range of quality assurance mechanisms had been reviewed, improved and were in place.
- People benefited from a management team who were committed to raising standards. There were regular management meetings where service improvements were discussed, and actions planned.
- Quality performance was well managed. The registered managers met with and submitted regular reports to the provider on all aspects of the service. This meant the provider could monitor the safety and quality of the service and identify where actions were required to continuously drive improvement.
- Staff morale was high and the atmosphere within the home was happy and warm.
- Routine checks were effective and up to date, for example on people's care records, medicines audits, infection control audits and cleaning schedules. This improved the service for people.
- The registered managers understood their responsibility to be open and honest and worked within the duty of candour principles. They met their regulatory requirements to submit information to CQC about incidents that affected people's welfare or safety in a timely manner.

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

- Communication within the service was good. One person told us, "Westfield is well managed, they're doing alright. I met the boss from Hull and I thought he was a real gentleman." A relative said, "Absolutely delighted with the service here, level of communication is good, and you can always speak to someone." A health professional commented, "They have a good knowledge of complex needs and use a multidisciplinary approach to care."
- People and relatives told us they felt the service was well-led. A relative told us, "There is a most positive culture, definitely."
- The registered managers and staff at the home understood their roles and responsibilities.
- Staff told us they felt listened to and supported by the registered managers and they were approachable.



They understood the provider's vision for the service and told us they worked as a team to deliver high standards. One told us, "I know I can knock on that door and they [managers] will drop everything. They will message me outside of work. The support is unbelievable."

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

- People's differences were respected, and they were fully included in having a say about the home. Checks were regularly carried out to make sure people were happy with the service they received.
- Surveys, face to face discussions and meetings were completed to gather feedback. This demonstrated a commitment to engaging with people to provide a high-quality service.

Continuous learning and improving care; Working in partnership with others.

- The provider had their own service improvement plan they worked through with managers which detailed improvements required, who was responsible and target dates for completion of actions.
- The registered managers had opportunity for learning and development to improve care and quality. For example, they attended their local provider forums facilitated by the local authority, which was used to share ideas and good practice principles.
- The home worked in partnership with a variety of other health and social care professionals to support people's wellbeing and health, these included therapy services, social workers, GP practices and the local authority.
- The home had also forged links with local organisations and taken part in research studies to support best practice, For example, the home had shared experiences of working with people with sight loss and challenges in meeting their social needs with The Insight Study (completed by the University of York).