

Westvilla (MPS) Limited

Westvilla Nursing Home

Inspection report

Westfield Road
Retford
Nottinghamshire
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Ratings

Overall rating for this service	Good 
Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service well-led?	Good 

Summary of findings

Overall summary

About the service

Westvilla Nursing Home is a care home providing personal and nursing care for 24 people, at the time of the inspection. The service can support up to 34 people in one adapted building across two floors.

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

Management of medicines was inconsistent. We found people received their prescribed medicines on time, however documentation for medicines that were only given as required were unclear. Further work was needed to ensure staff had consistently clear instructions in order to give people their medicines safely. We have made a recommendation about the management of some medicines.

We were mostly assured the provider was following government guidance in relation to protecting people from COVID-19. The registered manager had developed an infection control action plan following a recent audit to address issues found. Storage issues which had been found prior to our inspection which made cleaning some areas of the service difficult had been addressed and action was being taken.

People told us they felt safe and well cared for by staff. Staff received training in safeguarding and were aware of who to report concerns to both internally and externally. Staffing levels were sufficient to meet the needs of the people who used the service on the day of the inspection. Staff received training to ensure they could work effectively in their roles.

People made choices about how they wanted to be supported and relatives had been involved in care planning meetings. 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. Where people lacked capacity, they were helped to make decisions. Where their liberty was restricted, this had been identified and action taken to ensure this was lawful. They received support and had access to health care services.

People, staff and relatives, felt supported by the management team. Systems and process were in place to carry out quality checks and any issues were addressed appropriately. Staff supervisions and meetings were held regularly. The service engaged and worked with health and social care professionals to ensure people received suitable care.

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 22 October 2019) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 13 September 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

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

Follow up

We will continue to monitor information 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Westvilla 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 checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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

Inspection team

This Inspection was carried out by two inspectors.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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 of this information to plan our 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.

During the inspection

We spoke with five people who used the service. We spoke with five members of staff including, the care co-ordinator, nursing staff, carers and kitchen staff. Some people were not able to fully share with us their experiences using the service. Therefore, we spent time observing interactions between people and the staff supporting them.

We reviewed a range of records. This included multiple medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits were reviewed.

After our inspection site visit, we contacted two relatives to ask about their experience of the service. We contacted three staff to ask them about how they cared for people and their experience of working at West Villa Nursing Home. We reviewed further records this included four people's care records, staff training information, staff rotas and policies.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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. At this inspection this key question has now remained the same. 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.

Using medicines safely

- Medicines were not always managed safely, we found inconsistencies in documentation to support the safe management of medicines.
- Not all people had protocols in place for medicines that were required as needed. Some of the protocols we reviewed did not clearly direct staff when and why certain prescribed medicines should be given. This left people at risk of not receiving their medicines safely.
- Not all changes and handwritten medication administration records had been signed by two members of staff to ensure transcribing mistakes were not made.

We recommend the provider consider current guidance relating to keeping accurate medicine records and take action to update their practice.

- People received their prescribed medicines on time and consent was gained by staff before these were given.

The registered manager advised us after the inspection they had taken action in regard to issues we found.

Preventing and controlling infection

At our last inspection the provider had failed to ensure that risks relating to infection prevention control measures were managed effectively. This was a breach of regulation 12 (Safe Care and Treatment) 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 not assured that the provider was promoting safety through the layout and hygiene practices of the premises. There were storage issues within the home which resulted in bathrooms and communal areas being used as storage locations. These areas could not be effectively cleaned.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.

- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

The registered manager provided an action plan and was taking action in regard to the storage problems.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to assess and mitigate risks relating to fire safety. This was a breach of regulation 12 (Safe Care and Treatment) 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 were being assessed and managed effectively.
- Safety monitoring processes had been strengthened to ensure issues were appropriately addressed and managed.
- Fire safety monitoring was embedded within the service with all staff taking part in regular evacuation practices and training. This training helped staff maintain peoples safety.

Staffing and recruitment

- Staff were recruited safely. Checks were completed to ensure staff were suitable to work at the service.
- Temporary staff were inducted safely into the service. A member of the management team reviewed agency profiles before they could work at the service.
- People told us they did not wait long for staff when they needed support and our observations supported this. One person told us, "There are always staff around, I call for them and they are always here quickly".
- The registered manager used a dependency tool to ensure there were enough staff to meet the needs of people.

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

- Systems were in place to protect people from the risk of abuse.
- All staff had received training in safeguarding and were aware who to report concerns to both internally and externally.
- Staff and people felt they could raise concerns with the management team. For example, one person told us, "The management are great here, if I ever have a problem It's sorted straight away, I wouldn't live here if they didn't".
- When things went wrong the registered manager acted and fed back to staff to avoid repeated incidents.

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 has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection the provider had failed to ensure the premises were appropriately maintained to ensure fire safety. This was a breach of Regulation 15 (Premises and equipment) 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 15.

- The provider had carried out works to ensure the premises had been adapted to improve the fire safety of the premises.
- Signage was present to enable people to find their way around the home.
- Bedrooms had been redecorated according to peoples likes. For example, one person told us they asked for a specific colour and this had been completed by the provider.

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

- People's needs were assessed holistically reflecting people's individuals needs and wishes.
- Care plans reflected best practice guidance. For example, best practice guidance regarding pressure area care was referenced and implemented in all care plans we reviewed.
- Staff had received equality and diversity training and care plans detailed staff had ensured peoples diverse needs had been fully supported.

Staff support: induction, training, skills and experience

- Staff received training in order to carry out their jobs safely, training had continued throughout the COVID-19 pandemic to ensure people received safe care and treatment.
- Staff had regular supervisions and meetings to ensure they were given the opportunity to feedback concerns and improvement ideas. For example, staff told us, "We felt that we needed more support in the morning and they took that on board and provided an extra member of staff to float".
- People told us they felt well supported by well trained staff. For example, one person told us "I saw how well staff looked after my [relative] and knew I wouldn't want to be anywhere else when I needed extra support".

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

- People were supported to maintain a balanced diet.
- Individual likes and dislikes were documented in care plans and staff working in the kitchen had access to information regarding nutritional needs.
- Healthcare needs associated with diet had also been considered to ensure people received an appropriate diet.

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

- People were referred to healthcare professionals and appointments made on their behalf to ensure timely effective treatment was sought.
- Care plans we reviewed demonstrated staff worked with several healthcare professionals such as dentists and dieticians in order to support people to live healthy lives.

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 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 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.

- Staff completed training in the MCA and DoLS.
- Where people lacked the capacity to make decisions, we found assessments were in place which documented why decisions were being made in people's best interests.
- Where restrictions were identified DoLS applications had been made to ensure these restrictions were lawful.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now 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.

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

- People were supported by staff who were committed to providing good care for people. Staff told us, "The best part of my job is really getting to know people, learning about their history, it's a privilege to be honest".
- People and their relatives were involved in creating person centred care plans which directed staff in how to care for people safely.
- People told us they felt confident in speaking to the staff and manager. For example, people told us, "The staff including the management are great, anyone of them, if you have a problem, I feel fine going to anyone".

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibility to be open and honest with people and acted appropriately when things went wrong. For example, a relative told us, "the registered manager is very open, always rings when things have happened".

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

- There were systems in place to monitor risks and improve the quality of the service.
- Audits were carried out monthly and action had been taken where needed. A recent external infection control audit had picked up issues. The registered manager and provider had taken immediate action to address these issues.
- The registered manager was aware of their legal responsibility to notify CQC of certain events and information.
- Following incidents action had been taken in order to improve the care people received. For example, following a recent incident involving medicines, enhanced training was sought in order to improve the care people received.
- Incidents and accidents were shared in team meetings in order to share learning and reduce the risk of reoccurrence.

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

- Quality assurance surveys were sent to staff, people and relatives to gain their opinions on the service.
- Regular staff meetings were held for staff to share ideas. Staff told us the registered manager valued their input and acted upon feedback.
- People's diverse needs were respected and protected. For example, all care plans we looked at included information about people's sexuality and religion, where people did not want to engage in conversation this was respected.

Working in partnership with others

- The service worked in partnership with other professionals and advice was sought when needed.
- The registered manager was responsive to issues highlighted by visiting professionals and took immediate action.