Alacris Health Care Ltd

Westwolds

Inspection report

4 Park Avenue
Burton Joyce
Nottingham
Nottinghamshire
NG14 5AF

Tel: 01159313659

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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 caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Westwold is a residential care home providing personal care to 32 people aged 65 and over at the time of the inspection. The service operated in a purpose designed building and specialised in supporting older people, and people who are living with dementia. The care home can support up to 34 people.

People's experience of using this service and what we found
People lived in a care home that was generally clean and well maintained. However, we found two showers could potentially exceed safe temperatures and some radiators had surface temperatures likely to cause people to be burned if they accidentally fell against them. The provider told us they would immediately resolve those issues.

The number of night staff was found to be slightly fewer than the provider had assessed was necessary; since more people had recently moved into the care home. We discussed that with the registered manager who immediately increased the number of night staff deployed.

Medicines were generally well managed. However, we found the recording of controlled drugs was not in line with best practice guidelines and the registered manager told us they would address that immediately. Care staff understood how to keep people safe from abuse and understood the systems for ensuring people were safeguarded.

People made choices about the care they received from staff and received care which met their needs. The registered manager had successfully increased staff awareness of early intervention to prevent pressure wounds, and no one living at the care home had pressure wounds. Where people could not make decisions for themselves, the provider had appropriate best interest decision making procedures in place. Care plans were generally comprehensive, and staff received the training necessary to carry out their duties; additional training was available to staff who wished to develop their role.

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.

People told us they enjoyed the food that was provided. Alternative options were readily available, and staff understood people's preferences. People were supported to eat and drink enough to maintain a balanced diet. People were supported to access community-based health care services when they needed to. People were encouraged to personalise their bedrooms and lived in a purpose-built care home which met their housing needs.

People were supported by staff who treated them with kindness and compassion. The staff provided care in ways which maintained people's privacy, dignity and supported them to maintain their independence

where possible. Activity staff provided a range of activities and encouraged people to join in so that potential social isolation would be reduced.

People received care that was responsive to their needs. Staff treated people as individuals and understood their individual requirements and life histories. Information was provided in a range of formats, so people could understand it, and staff took time to explain things to people verbally when required. People's contact with family and friends was encouraged and supported by the provider. A complaints procedure was in place, which people understood how to use. End of life care was provided in a compassionate manner by the care staff.

The management of the service supported people to achieve good outcomes from the care they received. The registered manager provided supportive leadership and was regarded as being approachable and person centred. The provider recognised, and rewarded, staff who went the extra mile when providing care for people. The registered manager understood their responsibilities for being open and honest when something went wrong; and ensured the necessary notifications were made to the CQC and other relevant authorities. The provider asked people, and their relatives and staff, for feedback on the service which was then used to make improvements when necessary.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was Good (published on 12 July 2017).

Why we inspected
This was a planned inspection based on the previous rating.

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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Westwolds

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.

Inspection team
The inspection was carried out by two inspectors.

Service and service type
Westwolds 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 and we sought feedback from the local authority care commissioners who had carried out a quality audit visit at the service in January 2020. 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 four people who used the service about their experience of the care provided. We spoke with eight members of staff including care workers, activity worker, maintenance worker, deputy manager, registered manager, a director, and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We observed staff interactions with people throughout the inspection.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. The provider sent us information about improvement actions they had taken immediately following the inspection.

Requires Improvement

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 Good. At this inspection this key question has deteriorated to 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

● The care home environment was not always safe. Hot water from two showers could potentially reach temperatures which could scald people; and some radiators, in communal corridors, had surface temperatures likely to cause people to be burned if they accidentally fell against them. This was raised with the registered manager who immediately reduced the temperature of those radiators which were a hazard; and temporarily took the shower units out of use. Immediately following the inspection, the nominated individual told us action had been taken to install additional radiator covers, and thermostatic temperature valves would be fitted to the shower units.

● People's individual risk assessments were not always up to date. For example, a person's risk assessment had not been updated following a recent fall. This was raised with the registered manager, who immediately updated the person's risk assessment.

● Fire safety arrangements were well managed. A fire risk assessment report was in place and all the fire safety issues identified in the risk assessment had been addressed.

● Staff knew what to do in the event of a fire. All staff had received fire safety training and personal emergency evacuation plans were in place to guide staff, so people could be supported to exit the care home in an emergency.

Staffing and recruitment

● There had not always been enough night staff to meet people's assessed needs. The provider's dependency assessment tool indicated one more staff member was needed at night than had been deployed. This was because of additional people recently moving into the care home. There was no evidence people had come to any harm. However, this was discussed with the registered manager, who immediately increased the numbers of night staff to be in line with the dependency assessment tool; to ensure people's assessed care needs continued to be met.

● The provider had an effective recruitment policy and procedure in place. Staff pre-employment checks had been carried out. However, not all staff records included the required full work history. The registered manager told us they would obtain full employment history records for all staff.

● Agency care staff were assessed. The provider ensured appropriate pre-employment checks had been carried out by the agency. Those details were held on file at the care home. This helped to ensure agency care staff were safe to work with vulnerable people.

Using medicines safely

● Recording of prescribed medicine administration was not always well managed. The provider did not use a suitable record book for controlled drugs. This was discussed with the registered manager who

immediately arranged to obtain one.
● The use of prescribed skin cream medicine was not always recorded appropriately. This meant the provider could not always evidence that people had received their prescribed creams as required. This was discussed with the registered manager who told us they would introduce a new recording system.
● Staff received medicine administration training. Care staff were trained to administer prescribed medicines, when people required them, and their competence had been assessed, and periodically reassessed, by the registered manager before they were able to give medicines to people.

Preventing and controlling infection
● Some areas of the care home had not been effectively cleaned. We found areas which could not be effectively cleaned due to deteriorated paintwork. We raised this with the provider who immediately arranged for those areas to be re-decorated.
● Food was prepared safely. Staff understood the importance of food safety when preparing or handling food. Required standards and practices were followed.
● People were supported by care staff who understood how to prevent the spread of infections. All staff had completed infection control training. Personal protective equipment, such as disposable gloves and aprons, was used when personal care was being provided to people. This helped protect people, and care staff, from an acquired health infection.

Learning lessons when things go wrong
● Opportunities to learn from incidents were sometimes missed. The registered manager routinely reviewed individual incidents, but those reviews were not always used to identify themes. Although actions had been taken, to reduce incident recurrence, those actions had not been recorded. The provider told us they would introduce a revised incident review process.

Systems and processes to safeguard people from the risk of abuse
● People had positive and trusting relationships with their care staff who understood how to safeguard them from abuse. Staff had received safeguarding training, were aware of safeguarding procedures, and knew how to use them.
● People were protected by the provider's procedures. The registered manager understood their responsibilities for keeping people safe, including reporting safeguarding issues to relevant authorities. These arrangements helped to ensure people were protected from the risk of abuse.

Good

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 Good. At this inspection this key question has remained the same. 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 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. We found it was.

- Care staff received training, in relation to MCA and DoLs, and worked within the principles of MCA. Appropriate referrals to the local authority DoLs team had been made.
- People were supported to have choice and control over their lives. Staff understood their role in supporting people to make choices about the personal care they received. A staff member told us, "[Making choices] changes every day for residents, it can get worse overnight, so we ask them short questions, with short answers, so we don't confuse them."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- People received support which met their needs. The provider had recently introduced a computer system for managing care plans. Care staff were guided by people's care plans which they accessed via hand held electronic devices. A staff member told us, "I didn't like the new system at first, but it's good now. It's easier and a clearer way of finding things."
- Comprehensive assessments were in place. Assessments informed people's care plans and when care plans changed, arrangements were in place to ensure all staff were informed.
- People received consistently effective care. For example, the registered manager had signed the care home up to a national pressure wound prevention campaign and had introduced additional awareness training for staff. This early intervention approach meant that no one living at the care home had pressure wounds at the time of the inspection.

Staff support: induction, training, skills and experience
- Staff received the necessary training. New care staff worked alongside experienced staff and received the

training needed to meet people's needs. A staff member told us, "I feel skilled enough to do my job, and there is always training to do. If I didn't feel I had the right skills to do something I would go to the senior, or managers, for advice."

● People were supported by staff with the right competence, knowledge, and skills to carry out their roles. The provider had a plan to ensure staff were kept up to date with training. We observed care staff using their training and skills to support people effectively and sensitively.

● Staff were supported. Staff told us they were well supported by the registered manager. Team meetings and supervision meetings were regularly held. Staff competences were also observed by the registered manager, and management team, to ensure staff continued to provide safe and effective support for people.

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

● People's hydration needs were met. Fluid intake was reviewed for those people who had been assessed as being at risk of dehydration.

● People's food intake needs were met. Staff had a good knowledge of people's food preferences and the provider had appropriate systems in place to monitor people's diet and weight.

● People enjoyed the food provided. A varied menu was in place, and alternatives were readily available if people preferred something else. A person told us, "The food is very nice. We get a choice too. There is a sign up saying we can have fruits and snacks as well, but I don't tend to bother with those." However, another person told us their meal had gone cold before they had chance to finish eating it. We raised this with a staff member who immediately arranged for the person's meal to be re-heated.

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

● People's care plans informed care staff about people's health care needs. This meant care staff had up to date information about how to support people.

● People experienced positive outcomes regarding their health and wellbeing. For example, a person had been admitted to the care home to receive end of life care. Care staff supported the person's health to stabilise and they regained aspects of their independent living skills which they had lost during their time in hospital. That was a significant positive outcome for that person.

● People were supported to access healthcare services. For example, a person told us, "I don't need to see a doctor much, but the staff sort that for me if I need to."

● Staff prompted people about oral healthcare. A staff member told us they had not received any specific training in how to support people's oral healthcare needs; but they routinely did that as part of providing personal care. Support to maintain oral health is important because of the potential effect on people's general health, wellbeing and dignity.

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

● The design of the care home met people's needs. The care home was purpose built and the decoration and other adaptations to the premises, met people's needs. For example, people had access to a safe outside space when they wanted to spend time in the garden.

● People had personalised their bedrooms. People were encouraged to bring items of furniture and favourite belongings when they moved in. This meant people were enabled to express their creativity by deciding how they wanted their bedroom furnished.

Good

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant 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

- People were treated with kindness and compassion. A person told us, "They [staff] are all very pleasant. Can't fault them. I didn't want to come here at first, but I am glad I did. I like it now."
- There were many positive interactions between people and staff. Staff were attentive, and it was clear from the jovial exchanges, smiles and laughter, that people had developed positive and trusting relationships with staff.
- People's disability support needs were met. The registered manager assessed people's equality and diversity support needs and ensured those needs were considered when planning their support. A person told us how the care staff supported them to access braille books, which they required due to a visual impairment.

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

- People were supported to make choices. Care staff supported people to make everyday choices about their care and support, for example about what clothes they wanted to wear and how they wanted to spend their time. This enabled people to be involved in making decisions about their care.
- People were encouraged to take part in activities. The activity worker told us, "Some people say they just want to stay in their rooms. But I work my magic with them and there is usually some kind of activity they are interested in, so we encourage them to come along into the lounge to join in."

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected. A staff member told us, "We always knock on people's bedroom door and cover them up when doing personal care. We always ask their permission and always tell them what we're doing."
- People's independence was supported. A staff member told us, "We try to promote independence by letting people do as much for themselves as they can." A person told us, "The staff are nice, and they help me when I need it, but I don't need much help really."

Good

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 Good. At this inspection this key question has remained the same. 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 plans were personalised. They were generally comprehensive and covered areas such as personal care, health action plans, nutritional needs and activities. This meant care staff knew how to meet people's care needs.
- People were supported to engage in activities they preferred. For example, some people had re-visited a nightclub which had been a music hall in their youth. People were also supported to visit local pubs for meals and had visited a cathedral. This meant people chose how they spent their time and staff supported them to do so.
- Staff were attentive to the person's changing needs. A staff member told us, "We get to know people, their body language, and we can read those signs. We know them individually."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were recorded in care plans. That meant care staff were aware of people's communication needs and preferences.
- People's communication needs were met. Easy read activity posters, and other visual notices were present. Some people had visual impairments and staff took extra time to explain information verbally. Braille books were also available, and people were supported to use their own Braille phones.

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

- People were supported to maintain contact with their relatives. For example, relatives could visit at any time, and one person used a computer device to receive video calls from their relatives. Other people contacted relatives using their own mobile phones or could use the care home phone. Supporting people to maintain contact with their relatives is important and helps prevent social isolation.
- Appropriate activities were provided. An activity worker told us they specifically encouraged people, who may be at risk of social isolation, to join in with activities. For example, a person told us, "Yes. I don't bother much myself, but they do have some things happening. I've seen two or three shows since I've been here". People told us that they enjoyed the art and music activities that were provided occasionally.
- Access to the internet was available. People were able to use technology to follow their interests. For example, a person was able to use their smart speaker device to access music and news reports whenever

they wished. That was important for them and their wellbeing.

Improving care quality in response to complaints or concerns

● There was a complaint procedure in place, which staff understood. The provider had received no formal complaints about the service since the previous inspection.

● People understood how to complain. A person told us, "I'd tell the manager if I wasn't happy. But I've never had to complain about anything here."

End of life care and support

● End of life care was compassionate and dignified. People's wishes for their end of life were included in their care plans, where known. Where the person, or their relatives, had not wished to discuss this, the registered manager told us they would note that in the person's care plan.

● The provider had an end of life care policy in place and all care staff had received training in how to support people who were identified as being in the final stages of their life.

Good

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 Good. At this inspection this key question has remained the same. 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 achieved good outcomes. The registered manager supported the care staff to achieve good outcomes for people.
- The registered manager and all the staff we spoke with and observed, told us they were committed to providing person centred, high quality care. A care worker told us, "Staff morale is good. We all work well together." Another staff member told us, "I think it's a great home, I really enjoy it here. I'd be happy for any of my relatives to live here."
- The registered manager provided supportive leadership. Care workers told us the registered manager, and deputy manager, were approachable and they felt supported by them.
- People were supported by staff whose efforts were recognised by the provider. The provider had a staff recognition scheme in place for employee of the month, employee of the year, and other discretionary awards to recognise staff who the provider believed had gone the extra mile when caring for people.

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, and acted on, their duty of candour responsibility by contacting relatives, after incidents involving family members occurred. This ensured that relatives were notified of the incident and made aware of the causes and outcome.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- A comprehensive quality assurance system was in place. The provider carried out regular quality monitoring of the care home. Although the process was generally effective, the provider's audits had not identified the safety issues we found during the inspection. This was discussed with the registered manager and, following the inspection, we were told those issues had been immediately addressed.
- Regulatory requirements were understood. The registered manager ensured the necessary notifications had been made, and understood their responsibility for reporting incidents, injuries and other matters that affected the people using the service. Notifying the CQC of these events is important so we are kept informed and can check that appropriate action had been taken.
- Staff understood their roles. All the staff we spoke with understood their roles within the service. The registered manager had a good understanding of regulatory requirements for people's care.

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

● People were asked for feedback on the service. The registered manager sent care satisfaction surveys to residents, families and staff. Information from the surveys led to improvements in the service where necessary.

● People's equality and diversity characteristics were identified during the initial assessment process and recorded in each person's care plan. This was available to guide care staff and was supported by the provider's equality and diversity policy; and staff training.

Continuous learning and improving care; Working in partnership with others

● Incidents were reviewed by the registered manager. Action had been taken because of those reviews but had not always been recorded.

● The registered manager and care staff worked in partnership with other professionals and agencies, such as GPs and community health services to ensure that people received the care and support they needed.

● The registered manager worked in partnership with people and their relatives, through regular communication, to ensure that people's views about the care being provided was listened to.