

Thornton Care Limited

Westport House Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Westport House Care Home is a residential care home providing personal care to 10 people aged 65 and over at the time of the inspection. The service can support up to 11 people.

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

The management team had improved their auditing systems to maintain ongoing oversight of the service and make improvements where necessary. Quality assurance processes ensured people were able to give their views of the service. In addition, we found the provider acted upon suggestions to improve the administration and management of prescribed creams and medicines. Staff were able to describe good practice in safeguarding principles to protect people from harm, injury or unsafe care. Staff followed current guidance to maintain good infection control measures. Safe systems of recruitment were in place and people told us they felt safe. People's needs were assessed before they moved into Westport House.

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 12 March 2020).

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

At our last inspection we recommended the provider review documentation related to administration of medicines. Also consider current guidance on the administration and management of prescribed creams and medicines and act to update their practice accordingly. At this inspection we found improvements had been made.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall 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?

Good ●

The service was safe.

Details are in our safe findings below

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below

Westport House 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 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

The inspection was carried out by one inspector.

Service and service type

Westport House care 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 announced. There was a prevalence of COVID-19 in the geographical area at the time of the inspection and we needed to ensure it was safe and there were sufficient management staff available to support the inspection.

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 commissioners who work with the service. We also looked at information we

had received and held on our system about the service, this included notifications sent to us by the provider and information passed to us by members of the public.

We used the information the provider sent us in the provider information return. 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 this information to plan our inspection.

During the inspection

We spoke with two people who lived at Westport House, the registered manager, the operations manager and two staff members. In addition, we spoke with a relative of a person who lived at the home. We observed staff interaction with people and reviewed a range of records. These included care records of one person, medication records and staff files in relation to training. We also reviewed a variety of records relating to the management of the service. We had a walk around the premises and looked at infection control measures.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at their quality assurance systems.

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 changed to 'Good'. This meant people's outcomes were consistently good, and people's feedback confirmed this

Using medicines safely

Following the recommendation from the last inspection That related to medication documentation. The provider manager had improved systems and procedures to manage medicines more safely. For example, prescribed creams and medicines were clearly documented for staff to follow. Staff received updated guidance in relation for administering medicines and staff confirmed this when we spoke with them.

- Staff maintained appropriate records for the receipt, administration and disposal of medicines. There were written protocols to guide staff on the administration of medicines prescribed 'as and when' required.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with staff that supported them. One person said, "Certainly feel safe they are lovely."
- There were effective safeguarding processes in place. The registered manager and staff members had a good understanding of safeguarding. They understood their responsibilities for keeping people safe and the processes for reporting any concerns.
- Staff told us they had received training in areas of keeping people safe and protecting them from abuse.

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

- The registered manager had good processes in place to manage people's safety and reduce risks. Risks to people and the service were assessed and managed well. This helped to protect people's safety.
- The registered manager reviewed incidents as part of lessons learned, to ensure risks were assessed to prevent reoccurrence where possible. The registered manager told us they engaged with other services to learn any lessons and what worked well during the pandemic, so they could make changes to improve the home.

Staffing and recruitment

- The registered manager ensured appropriate staffing arrangements were in place to meet the needs of people in a person-centred and timely way. A relative said, "They have managed the staff really well during the pandemic, they don't seem to have been short staffed." The registered manager informed us despite the national staff shortages at present they were managing to safely provide sufficient staff. Observations during the day and talking with people confirmed sufficient staff were deployed at all times of the day.
- Recruitment processes remained the same and ensured people would be supported by staff with appropriate experience and character. No new staff had been recruited since the last inspection.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider had processes to admit people safely to the service.
- We were assured that the provider was meeting shielding and social distancing rules.
- 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 promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement. We found the service had effective measures in place to make sure this requirement was being met.

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 changed to 'Good'. This meant people's outcomes were consistently good, and people's feedback confirmed this

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

At our last inspection we found audits did not always identify the improvements that were required. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The registered manager demonstrated they had taken sufficient action in the ongoing improvement of care and quality assurance records. Checks of equipment were completed and records were kept. For example, in relation to bed rails. In addition records were kept in relation to the stock of 'as and when medicines' and the application of topical cream.
- Audits now identified gaps in relation to some people's care and treatment. Strategies to manage medical concerns were now documented and ensured people were kept safe.
- The service had a clear staffing structure in place. People, relatives and staff spoke about how well the service operated and supported them.

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

- People received person centre care and support. Plans of care we saw were well written, person-centred documents. People we spoke with described a positive, caring environment
- Staff were consistently complimentary about the registered manager. One said, "We have a good manager and work well as a staff team. It is all about the residents here."
- Staff said their views and suggestions were listened to and they felt valued by the registered manager.

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 responsibilities to keep CQC informed of events which may affect people and the care delivery. They were open and honest about what achievements had been accomplished. In addition, what had not worked so well and where improvements might be needed.
- The registered manager said they would offer an apology, where appropriate, in the event of any safety

concern. This indicated the principles behind duty of candour were recognised within the culture of the service.

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

- Systems and processes continued to be developed to ensure people and relatives were fully engaged. For example, this could be through, telephone calls and care reviews. One relative said, "It has been difficult through the pandemic, but the staff have been marvellous had making sure my [relative] has kept in touch and kept me up to date."
- The management team and staff involved people in the running of the home and gave consideration to their equality characteristics.

Working in partnership with others

- Records showed, where appropriate, advice and guidance was sought from health and social care professionals.
- The registered manager and staff worked closely with other agencies and relatives to share good practice and enhance care delivery.