

West Villa Residential Home Limited

West Villa Residential Home

Inspection report

73 Batley Road
Wakefield
West Yorkshire
WF2 0AB

Tel: 01924377328

Date of inspection visit:
28 March 2022
29 March 2022

Date of publication:
04 May 2022

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

West Villa Residential Home is a residential care home providing people with accommodation and personal care. The service is registered to support up to 32 people. At the time of the inspection there were 29 people living at the service. The service provides support to adults including people with dementia.

West Villa Residential Home accommodates people in one adapted building. There are bedrooms across three floors with communal living areas on the first floor.

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

Risk assessments at the service had not all been reviewed at the time of the inspection. The registered manager updated these during the inspection and discussed upskilling additional staff to assist with the completion of these records. People told us they felt safe and received their medicines on time. Accidents and incidents were appropriately recorded and reviewed to identify trends and learning, where possible. The service had recently switched to an electronic care planning system where care records were updated by staff on hand held devices. Staff spoke positively about the use of these devices. The registered manager will be further updating these systems to ensure all planned care is recorded accurately. For example the administration of thickener did not always state the consistency. People told us they felt safe and supported by staff.

Staff told us they felt supported by the registered manager and the provider. The registered manager completed regular audits of the service. Both the registered manager and the provider completed spot checks at the service to assess the quality of the service. The service responded appropriately to complaints. Staff had regular supervisions and felt able to discuss concerns with the management team. The local authority and a visiting health care professional gave positive feedback about the service.

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 requires improvement (published 31 March 2020). At our last inspection we recommended the provider improved cleaning regimes to ensure the elimination of unpleasant odours. At this inspection we found an appropriate cleaning regime in place, the provider had changed their cleaning products and there were no unpleasant odours during the inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service. 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.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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.

West Villa Residential Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008. 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 team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

West Villa Residential Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. West Villa Residential Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

The first day of the inspection was unannounced and the second day was announced.

What we did before the inspection

We reviewed information we had received about the service since our last inspection. We sought feedback from the local authority. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We reviewed care plans, medication administration records, staff recruitment files and audits relating to the running of the service. We spoke with eight people using the service and two relatives. We also spoke with seven staff including the activities coordinator, domestic assistant, chef, care assistants, the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

After the inspection

Following the inspection we reviewed the training matrix, policies and additional health and safety records. We also spoke with a health care professional who attended the service regularly.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff supported people to stay safe. Staff were aware of the signs of abuse and how to report concerns. People and their relatives told us they felt safe.
- The registered manager was aware of the local safeguarding policy.

Assessing risk, safety monitoring and management

- Risk assessments in place had not consistently been reviewed. During the inspection we found some risk assessments had not been recently reviewed. This did not alter the care being provided and these risk assessments were updated by the registered manager during the inspection.
- We discussed this further with the registered manager who explained they would explore upskilling staff in this area.
- The registered manager had prioritised specific risk assessments to support people who were staying at the service on a short term basis.
- The fire risk assessment was recently completed. Staff were aware of what to do if the fire alarm was to sound. Regular fire drills and weekly fire alarm testing were conducted at the service.
- The lift at the service had not been inspected in line with the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER). The lift was last inspected in April 2021 and was incorrectly recorded by the engineer as not requiring a further inspection for 12 months. LOLER inspections of lifts should be carried out every six months. The lift was serviced within the last six months. We made the provider aware during the inspection. The provider promptly arranged an inspection. The inspection was conducted the week after the inspection and required no remedial work.

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

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

- We found the provider was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- The registered manager had a tracker in place to monitor applications and any imposed conditions.

Staffing and recruitment

- Staff were recruited safely. Pre-employment checks were completed by the service prior to staff commencing their employment.
- We found one example, where a person's gap in employment since leaving education had not been fully explored. The registered manager stated this was their first employment and provided further information following the inspection.
- There were enough staff to support people with their needs. We observed people were supported promptly with their care needs during our inspection. We received positive feedback from people living at the service about the staffing levels.
- To support with staff absences, the service had a group of 'bank' staff who knew the service and could work when required.

Using medicines safely

- Medication was managed safely. Staff who administer medication had recently had their competencies checked. One person told us "They're always on time with medication."
- Where people were prescribed medicines 'as required', appropriate protocols were in place to support staff to give this medication.
- For people receiving paracetamol on an 'as required' basis the time of administration was recorded. For people who received paracetamol regularly, the time of administration was not recorded. Staff were aware of the importance of ensuring a four hour gap between doses and due to the shift length, they were assured the gap was maintained. We discussed recording the time with the registered manager to provide further assurance.
- The levels of thickener used by people, to help with swallowing difficulties and reduce the risk of aspiration, was not consistently recorded. Staff we spoke to were aware of who required their drinks thickening and where to access the information regarding the levels. The handheld devices for recording this information prevented staff from recording the thickness where people were on fluid watches. We discussed this with the registered manager who explained they would update the planned care to ensure this information could be consistently recorded in the future. Staff were aware of the consistencies which people required.
- Medication audits were completed monthly by the registered manager and any issues were identified and investigated.

Preventing and controlling infection

- 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 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.

- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were supported to visit their relatives. People visiting the service used a booking in system. The registered manager explained that there was no limit on visiting and that the booking system was used to help plan the day.
- Visitors to the service had their lateral flow test results checked prior to entry.
- To support visitors, the service also provided them with lateral flow tests, if needed.

Learning lessons when things go wrong

- Accidents and incidents at the service were regularly reviewed by the registered manager.
- People who were identified as having multiple falls were reviewed and a root cause analysis report was completed. This helped the register manager to identify any causes or trends. For example, a person's medication was reviewed following multiple falls at the service.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed 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

- The provider encouraged a positive culture at the service. Staff and people living at the service spoke positively about the service.
- At the time of the inspection, the provider was also supporting people on a short term basis. We observed staff supporting people with exercises and encouraging their independence to improve their mobility skills.
- Staff felt information regarding people at the service was communicated well. Staff told us they had the opportunity to discuss new admissions and any changes in people's support needs.
- The provider had made a display within the home, to provide staff with additional information to improve their knowledge around areas such as physical observations.
- Staff spoke passionately about supporting people at the service and providing 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

- The registered manager had systems in place to effectively monitor the quality of the service. The registered manager carried out regular audits at the service in areas such as medicines, pressure ulcers and falls.
- The registered manager and the provider understood their regulatory responsibilities.
- The service responded appropriately to complaints and shared outcomes with the Commission and the local authority.

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

- People who lived at the service had the opportunity to complete surveys to give feedback on areas such as care and the dining experience.
- Staff told us they felt supported by the management team. The nominated individual and registered manager had both held supervisions with staff. One member of staff told us "Management are quite easy to approach and any queries have been sorted."
- Residents' meetings had stopped during the pandemic. The registered manager explained these would be reintroduced.

Continuous learning and improving care

- The service was proactive in learning and taking steps to improve care. The registered manager responded appropriately to concerns raised and completed competency checks on staff to assess staff's knowledge and ability.
- The registered manager and the provider completed regular spot checks at the service. These checks were also completed in the evening and night to ensure quality was maintained.
- The provider informed us they were working with the local authority to explore ways to make the service more dementia friendly.

Working in partnership with others

- The service collaborated effectively with other agencies. The nominated individual explained they were working closely with the local authority to support people requiring 'discharge to assess' care packages. These care packages supported people who required support and further assessments following being discharged from hospital.
- We received positive feedback from a health care professional who regularly attended the service. They told us, "The service work well with us in relation to wound management" and "(People) have always received repositioning."