

M & M Care Homes Limited

Westdene Residential Home

Inspection report

15-19 Alliance Avenue
Anlaby Road
Hull
HU3 6QU

Tel: 01482506313

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Ratings

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

Summary of findings

Overall summary

About the service

Westdene Residential Home is a residential care home that was providing personal care to 35 people aged 65 and over at the time of the inspection, some of whom were living with dementia. The service can support up to 40 people.

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

People at Westdene Residential Home received a safe, effective and well led service.

Since the last inspection, the provider improved the quality of care records in relation to people's safety. Care records contained information about people's needs and risks. People's preferences and choices were considered and reflected within records. Fire safety issues had been addressed and regular fire drills carried out to ensure people's care needs were identified in the event of an emergency situation. Staffing levels had improved at night to meet people's individual needs.

Improvements to the environment had been made to make the home more dementia friendly by adding name boards to people's doors and painting the doors different colours to help people identify their own rooms.

Staff training was up to date, which meant staff had the appropriate knowledge and skills to carry out their role.

Medicines were managed safely. Staff received training and competency checks in relation to medicines.

Staff demonstrated a good level of understanding in relation to safeguarding. Appropriate referrals to the local safeguarding team had been made.

People, relatives and staff spoke positively about the registered manager and felt able to raise concerns and were confident that these would be addressed. People and relatives said they felt the service was safe and that people were well supported and received good quality care.

Staff knew people well and were knowledgeable about when to refer to other health professionals for advice and support. 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.

Good systems were in place to protect people from abuse. The service had implemented an electronic recording system which had improved recording and oversight of care such as food and fluid charts and medicines.

People enjoyed the food provided and were supported to make sure they had enough to eat and drink.

The registered manager and provider were responsive to feedback and committed to improving 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 and update

The last rating for this service was requires improvement (published 18 October 2021).

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 that the provider reviewed staffing levels at night in order to support people's safety needs. At this inspection we found improvements had been made to staffing levels.

At our last inspection we recommended that the provider considered best practice and national guidance to ensure the service was adapted to provide a dementia friendly environment. At this inspection we found improvements had been made to the environment which made the home more dementia friendly.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

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 coronavirus and other infection outbreaks effectively.

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

The provider has taken action to effectively mitigate the risks identified in the previous inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Westdene Residential 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?

Good ●

The service was 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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Westdene 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 was carried out by one inspector.

Service and service type

Westdene 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. Westdene 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

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 other professionals involved with the service. We used all this information to plan our inspection.

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.

During the inspection

We spoke with two people who used the service and four relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, deputy manager, head of care and care workers.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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.

Using medicines safely

At our last inspection the provider failed to adequately manage robust medicine systems and practice. This was 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.

- Audits had been used effectively to help monitor and make sure medicines were managed safely.
- Staff completed training to administer medicines and their competency was checked.
- Guidance for staff to safely and consistently administer medicines prescribed 'as required' (PRN) was in place.

Assessing risk, safety monitoring and management

At our last inspection the provider failed to adequately assess, monitor and reduce risks to people's health and 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.

- The provider had made improvements within the service. Robust fire safety systems were now in place to ensure people's safety in the event of a fire emergency. Each person had a personal emergency evacuation plan to describe the support they would need in the event of a fire or other emergency situation. These were up to date and reflective of people's support needs.
- Regular fire checks and drills were carried out and fire scenarios discussed to ensure staff had the knowledge and skills to safely evacuate in an emergency.
- The registered manager sought advice from relevant healthcare professionals when making decisions about how to provide safe care for people. This meant the support given by staff was appropriate and safe for people living in the service.
- Staff were knowledgeable about risks associated with people's care.

Staffing and recruitment

At our last inspection we made a recommendation regarding staffing levels at night.

Enough improvement had been made at this inspection.

- Appropriate staffing levels were in place to meet the needs of people in the service. The provider used a staffing and dependency tool for guidance on the number of staff required.
- The registered manager had robust oversight of staff rotas which showed planned staffing levels were being achieved.
- Staff told us they felt there were enough staff to meet people's needs.
- People told us that they did not have to wait for support from staff. We observed staff assisting people and delivering care in a timely manner.
- Safe recruitment practices ensured staff were suitable to work with vulnerable people.

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

- People were protected from the risk of abuse.
- People felt safe. One person said, "I feel very safe, this is my home. The staff are great and really look after you."
- Staff were aware of the signs of abuse and how to report any safeguarding concerns. They were confident the manager would address any concerns reported to them and make the required referrals.
- The registered manager was transparent in reporting any issues or concerns to the local authority's safeguarding team. This helped to safeguard people from the risk of abuse or neglect.
- The provider analysed accidents and incidents to identify any patterns or trends and to support improvement of care.

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

- Visiting was carried out in line with current government guidance.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed 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 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 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

At our last inspection the provider failed to ensure consent to care in line with the law. This was a breach of regulation 11 (need for consent) 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 11.

- Care plans reflected the principles of the MCA. Where restrictions were in place, appropriate DoLS applications had been made to the local authority.
- People's rights were protected, assessments had been completed when people lacked capacity and best interest meetings were held, which included professionals and significant others.
- Staff had completed training on the MCA. This meant staff had gained the knowledge and skills to support people to make decisions in their best interests.

Staff support: induction, training, skills and experience

At our last inspection the provider failed to ensure the service had sufficient numbers of suitably qualified, competent, skilled and experienced staff. This was a breach of regulation 18 (staffing) 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 18

- New staff completed an induction to ensure they had the skills and knowledge to carry out their role.
- Regular supervisions, alongside observations and competency checks helped management monitor and make sure staff had the skills and experience necessary to provide effective care.
- Staff completed training appropriate to their roles, to ensure that staff had the correct skills and knowledge to provide safe care.
- Staff felt supported in their roles. One staff member said, "I feel really supported by the management team."

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

At our last inspection we made a recommendation regarding best practice and national guidance to ensure the service is suitably adapted to meet people's needs and provide a dementia friendly environment.

Enough improvement had been made at this inspection.

- Improvements had been made to the service since the last inspection. Refurbishment had taken place as per improvement plan. Doors had been painted and name boards put in place to make the service is dementia friendly.
- The accommodation was arranged over two floors and the layout of the service met the needs of the people who lived there.
- Audits carried out identified ongoing improvements required such as replacing old furniture and decoration.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People received effective care and support to help meet their needs and improve their quality of life. One person told us, "Staff help me do the things I need help with but let me keep my independence too, I like it here the staff are great."
- People's needs were assessed, and care plans put in place to support and guide staff to deliver effective care.
- Staff made appropriate referrals to other agencies, when required, such as the falls team and people's GP.
- People were supported to attend medical appointments.

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

- People's nutrition and hydration needs were effectively met. One person told us, "The food is nice, it has really improved recently. If there is something you don't like, they will offer you something else."
- Food and fluid charts were completed to ensure people had enough to eat and drink.
- Snacks and drinks were offered to people throughout the day.

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.

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

At the last inspection the provider failed to ensure systems were in place or robust enough to demonstrate safety was effectively managed. 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.

- Improvements had been made to the provider's quality assurance system since our last inspection. Robust oversight of the safety and quality of the service was now in place with the implementation of regular audits which had improved the general oversight of the service.
- Standards of record keeping had improved and were now audited regularly to ensure they were up to date and reflected people's needs.
- The provider and registered manager analysed accidents, incidents, complaints and concerns to drive improvements within the service.

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

- The culture of the service had benefitted from improvements made by the provider and the registered manager. The experiences of staff and people using the service that were shared with us demonstrated that the changes made had a positive impact on the wellbeing of all who worked at and used the service.
- People told us the service was well-led. One person said, "The registered manager and staff have gone above and beyond for me, they are brilliant."

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 provider had appropriately notified agencies of all incidents.
- The provider dealt with complaints appropriately and in a timely manner, ensuring people were kept up to date with any findings.
- The registered manager was open and honest with people and informed relatives when accidents and incidents had occurred.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- A culture of high quality, person-centred care had been embedded in the service, which valued and respected people's rights.
- People, their relatives and professionals were sent questionnaires to request their views and wishes in relation to the service and the care given. Feedback given was positive and was used to improve the service where needed.
- Relatives we spoke with said they were happy with the service and were confident any concerns or complaints would be effectively dealt with.
- Regular staff meetings had been held to allow staff to voice their concerns or views within the service.
- The provider and registered manager accessed support and guidance from other professionals in relation to people's needs when required.