

Regal Care Trading Ltd

Westlands Care Home

Inspection report

48 Oxford Street
Wellingborough
Northamptonshire
NN8 4JH

Tel: 01933274430

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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?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Westlands Care Home is a residential care home providing accommodation and personal care to up to 28 people. The service provides support to people living with dementia, physical disabilities, mental health conditions and sensory impairments. At the time of our inspection there were 24 people using the service.

People's experience of the service and what we found:

The provider's systems and processes to assess, monitor and improve the quality and safety of the service needed further development.

We found areas for improvement in relation to the adaptation and decoration of the home in supporting people living with memory or cognitive impairments and to support them to orientate to time and place, such as no personalised signage on bedroom doors.

There was a positive and open culture at the service. People spoke positively about the experiences of care they received. Further development was needed to ensure people and their relatives had the opportunity to provide feedback for improvements to be identified and actioned.

People told us they felt safe. Risks to people's care and safety was assessed and regularly reviewed to ensure measures were in place to mitigate such risks where possible and keep people safe. Staff demonstrated they knew how to raise safeguarding concerns.

There was enough staff to meet people's needs in a safe and timely way. Staff followed safe infection prevention and control procedures to prevent the spread of infection. The administration of medicines was managed in a safe way and people received their medicines as prescribed.

Staff had been provided with training to ensure they had the relevant skills and knowledge to carry out their roles effectively. People were supported with their meals and drinks and staff contacted healthcare professionals when concerned about people's health and wellbeing.

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.

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 13 December 2019).

Why we inspected

The inspection was prompted in part due to concerns received about staff recruitment and training. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We have found evidence that the provider needs to make improvements. Please see the well-led section of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'All inspection reports and timeline' link for Westlands Care Home on our website at www.cqc.org.uk.

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?

The service was safe.

Good ●

Is the service effective?

The service was effective.

Good ●

Is the service well-led?

The service was not always well led.

Requires Improvement ●

Westlands 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 Health and Social Care Act 2008.

Inspection team

The inspection team consisted of 1 inspector and 1 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

Westlands Care 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. Westlands Care 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

The 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 the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

During the inspection

We spoke with 6 people who used the service, 2 relatives and 1 visitor about their experience of the care provided.

We spoke with 10 members of staff including the nominated individual, the registered manager, the deputy manager, senior care staff, care staff, housekeeping and the chef. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 3 people's care plans, medicine records and daily care records. We looked at 6 staff files in relation to recruitment. 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 good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm

Staffing and recruitment

- There were enough staff on shift to meet people's care and support needs. The registered manager used a tool to calculate the required number of staff based on people's individual needs. People told us there were enough staff to support them. One person said, "I never have to wait too long for attention."
- Staff were recruited safely. The provider completed pre-employment checks such as references and Disclosure and Barring Service (DBS) checks. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People told us they felt safe. One person said, "I feel safe, I feel I am well looked after." A person's relative told us, "If I didn't think [person] was safe, they wouldn't be in here."
- Staff received training in safeguarding vulnerable adults and understood the signs of abuse and how to report any concerns. Staff told us they felt confident raising concerns with the registered manager. One staff member said, "[Registered manager always has her door open. I go to her anytime.]"
- Referrals had been made to the local authority safeguarding team and investigations had been completed by the registered manager where required to ensure people's safety.

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

- Risks to people's care and safety was assessed and regularly reviewed to ensure measures were in place to mitigate such risks where possible and keep people safe. For example, equipment such as floor sensor (alert) mats were used for people at increased risk of falls.
- The registered manager had a system in place to review accidents and incidents each month, such as falls, to ensure appropriate action was taken to reduce the chance of reoccurrence.
- Systems and processes were in place to ensure people's environment was safe. This included regular checks of fire alarms, water temperatures and mobility equipment. People had personal emergency evacuation plans in place to provide staff and the emergency services information on how to evacuate people safely in the event of a fire.

Using medicines safely

- Medicine administration records (MAR) were in place and people's medicines had been administered as prescribed. Medicines were ordered, administered, stored and disposed of safely.
- Staff administering medicines had received the appropriate training and had been assessed as competent to administer medicines safely.

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- The provider had systems and process in place to ensure infection outbreaks could be effectively prevented or managed.

Visiting in Care Homes

- People were able to receive visitors without restrictions in line with best practice 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 good. At this inspection the rating has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The environment required further development to ensure it met the needs of people living with memory or cognitive impairments and to support them to orientate to time and place. For example, people did not have personalised signs on their bedroom doors to help them with orientation and promote independence. We also found several clocks in people's rooms to be displaying the incorrect time of the day.
- People were observed spending most of their time in the communal areas of the home. People appeared comfortable in their surroundings. There were different areas within the home where people could choose to spend their time with visitors or spend time alone.
- The provider had an ongoing maintenance plan in place which included decoration of areas within the home. The registered manager advised of the plans to create a further garden area for people to access and enjoy in the new year.

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

- People's needs were assessed and care and support was delivered in line with current standards to achieve effective outcomes. People's care plans and risk assessments were reviewed monthly to ensure people's current needs were reflected and updates made where required.
- The registered manager worked with people, their relatives and health and social care professionals to assess people's care needs prior to them moving into the home.
- Staff used nationally recognised tools and guidance to identify and monitor people who were at risk of developing skin pressure damage or malnutrition.

Staff support: induction, training, skills and experience

- The provider made sure staff had the skills, knowledge and experience to deliver effective care and support. Staff told us the training they received gave them the skills and confidence to perform in their roles. Ongoing training was provided to ensure staff's skills and knowledge remained up to date and relevant.
- Staff received an induction to the service which included shadowing experienced members of staff. One staff member told us, "I did 3 days of shadowing and they [staff] showed me everything to do." Another staff member said, "When I first came here, it was shadowing. I didn't do anything so I got to see how the home worked. I got to know their [people's] names and how the work is done."
- The registered manager and provider supported staff to further develop their learning and skill by enrolling staff to complete a NVQ Level 3 in health and social care. This provides staff with a nationally recognised qualification in health and social care.

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

- People were supported to eat and drink enough to maintain a balanced diet.
- People told us they enjoyed the meals provided and were offered a choice. One relative said, "They [people] always have drinks, they [staff] ask me too."
- People's weights were monitored regularly by staff. Where people had lost weight, appropriate action was taken such as referrals to the dietician for support and guidance.
- Kitchen staff and care staff were aware of people's dietary needs and preferences. We observed staff supporting people with their drinks and meals where required.

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

- People were supported to live healthier lives, access healthcare services and support. The registered manager and care staff worked effectively with other organisations and professionals to deliver effective care, support and treatment.
- People told us they were supported to access healthcare professionals when they were unwell. A person told us, "I will see him [general practitioner] if I need to. 2 weeks ago I had a chest infection, and he came in to see me."
- Nationally recognised tools were used to monitor people's health and any deterioration. For example, oxygen levels and blood pressure. Staff responded by contacting healthcare professionals when they noticed a deterioration in people's health or wellbeing. A staff member said, "I was speaking to [person] and I noticed a change in their voice, so I completed their observations. I put it on the system and they [healthcare professional] called me back and they advised what to do."

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS)

- The provider was working in line with the Mental Capacity Act. People's capacity to consent had been assessed for decisions relating to their care. This included decisions around support with sensor equipment and personal hygiene.
- The registered manager had a system in place to monitor people's DoLS applications, authorisations and conditions to ensure the service worked in line with the MCA.
- People were supported by staff to make their own decisions. A staff member told us, "We [staff] support the person. We asked them what they want." Another staff member said, "When serving them [people] food or juice we show them so they can make the decision."

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 good. At this inspection the rating has changed to requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The registered manager had a system in place to monitor the quality and safety of the service which included the auditing of medicines, health and safety and accident and incidents.
- These systems required further development to ensure areas for improvement are identified and actioned accordingly. For example, we found gaps in information within some staff recruitment files such as employment history and conflicting information within some people's care records.'
- During and after the inspection site visit, the registered manager took immediate action to address the shortfalls found. This included updating DBS checks for staff, an audit on staff files and the removal of any out of date information on people's care records.
- The provider and registered manager had not always applied learning from the outcome of inspections and audits conducted by external professionals. For example, CQC inspected another registered location for this provider in October 2022 and found concerns in relation to recruitment practices and recording, which resulted in breach of regulation. We have found gaps of information within recruitment records at this service, therefore, learning had not been introduced or embedded into practice.

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

- People and their relatives were given the opportunity to share their views on the care and support they received through a yearly survey and through planned meetings. However, these meetings were infrequent which meant the provider had not ensured there was a system in place to enable people to provide feedback on their care on a regular basis for improvements to be made.
- Staff gave positive feedback about the support they received from the management team. The registered manager held informal discussions and supervisions with staff, however, these were not documented. Following the inspection, action was taken to address this.

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

- There was a positive and open culture at the service. People spoke positively about the experiences of care they received at Westlands Care Home and felt the registered manager was friendly and approachable. One person's relative said, "[Registered manager] is very good. Absolutely brilliant. I couldn't have wished for a better person."
- Staff told us they felt respected, valued and supported by the registered and deputy managers. A staff

member told us, "[Registered manager] is really hands on. I can always go to them [leaders] for support."

- The registered manager and deputy manager were open and transparent throughout the inspection and welcomed the feedback given by the inspector. The registered manager took immediate action to address the shortfalls found during the inspection.

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 regarding the duty of candour and we saw evidence of this being followed.

Working in partnership with others

- The provider worked in partnership with a local hospital and other health and social care professionals to support people being discharged from hospital following an injury, such as a fracture to a bone, to support them in their recovery and eventually return to their own homes.
- We saw evidence of close partnership working between staff and health and social care professionals such as district nurses, GP's and Marie Curie nurses.