

Westfield Lodge Care Limited

Westfield Lodge Care Home

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
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:

Westfield Lodge Care Home is a care home that was providing personal and nursing care to 40 people at the time of the inspection.

People's experience of using this service:

People were supported by safely recruited staff who had the skills and knowledge to provide safe and effective support. People were supported safely to manage their risks, whilst promoting their independence. Medicines were managed safely. Effective care planning was in place which guided staff to provide support that met people's needs which were in line with their preferences.

People consented to their care and were supported in their best interests in the least restrictive way possible. People were supported to eat and drink sufficient amounts in line with their assessed needs.

People's diverse needs had been planned for, which ensured people received individualised care in all aspects of their life. Professional advice had been sought and acted on to ensure people's health and wellbeing was maintained. Systems were in place to ensure people received consistent care across the service and from other professionals.

Staff were kind and caring towards people and promoted choices in line with individual communication needs. People were treated with dignity and their right to privacy was upheld. Advocacy services were utilised to ensure people were supported by independent representatives when making choices about their care.

People were supported to be involved in hobbies and interests that were important to them. People and their relatives were involved in the planning of their care, which meant people were supported in line with their preferences. Complaints systems were in place, which people and relatives knew how to use. People's advanced decisions had been gained in respect of their end of life.

Systems were in place to monitor the service, which ensured that people's risks were mitigated and lessons were learnt when things went wrong. There was an open and person-centred culture within the service. People and staff approached the registered manager who acted on concerns raised to make improvements to people's care.

The service met the characteristics of Good in all areas; more information is available in the full report below.

Rating at last inspection:

Requires Improvement (report published 19 October 2017)

Why we inspected:

At the last comprehensive inspection in September 2017 the service was rated requires improvement overall (in all of the key questions of Safe, Effective, Caring, Responsive and well led). The key question Well Led was rated inadequate. The provider was meeting the regulations. However, we found some improvements were needed in medicines management, risk management, people's experience during meals and the governance systems needed to be imbedded and sustained at the service.

At this inspection the required improvements had been made and the service had met the characteristics of Good in all areas. The overall rating is Good.

Follow up:

We will continue to monitor the service through the information we receive.

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

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.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

Westfield Lodge 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by two inspectors 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:

Westfield Lodge 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.

Westfield Lodge Care Home accommodates up to 54 people in one adapted building. There were 40 people using the service at the time of the 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:

The inspection was unannounced.

What we did:

Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed the information the provider had sent us and other information we held about the service. This included notifications about events that had happened at the service, which the provider was required to send us by law. For example, safeguarding concerns, serious injuries and deaths that had occurred at the service.

We spoke with eight people who used the service and four relatives. We observed care and support in communal areas to assess how people were supported by staff. We spoke with six members of staff, the deputy manager, registered manager and regional manager.

We viewed five people's care records to confirm what we had observed and staff had told us. We looked at how medicines were stored, administered and recorded for six people. We also looked at documents that showed how the home was managed which included training and induction records for staff employed at the service. The registered manager showed us how they monitored and managed the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management

- At the last inspection we found improvements were needed to ensure staff consistently mitigated people's assessed risks to protect them from harm. At this inspection the required improvements had been made
- People told us they felt safe when being supported by staff. One person said, "I definitely feel safe with staff. They are very good."
- Risk assessments and care plans were in place to ensure people's risks had been identified and actions taken to ensure people's risk were lowered. We saw staff followed these in practice and had a good knowledge of people's risks.

Using medicines safely

- At the last inspection we found improvements were needed to ensure medicines were consistently managed. At this inspection the required improvements had been made.
- People told us they received their medicines on time and when they needed them. A relative told us the staff ensured their relative understood what medicines they were being asked to take and why they needed them.
- Staff had received training in medicine administration and systems were in place to provide detailed guidance for staff to follow. For example; protocols were in place for 'as required' medicines to ensure these were administered as prescribed.

Staffing and recruitment

- People told us there were enough staff available. One person said, "I have a buzzer by my bed and when I use it they [staff] come to me quickly." Another person said, "When I need staff they come immediately." We saw there were enough staff available to meet people's needs in a timely manner.
- The provider had a staffing tool in place to ensure there were enough staff available to provide support to people. There were contingency plans in place to ensure people were not affected when there were staff shortages at the service.
- Safe recruitment practices were followed to ensure people were supported by suitable staff.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse because staff understood the procedures in place to recognise and report safeguarding concerns.
- The registered manager had reported safeguarding concerns to the local safeguarding authority where

required. Investigations had been undertaken by the registered manager to ensure people were protected from the risk of harm.

Preventing and controlling infection

- People and their relatives told us the service was always kept clean. One relative said, "The housekeeping is very good and the standards of hygiene are high."
- We saw domestic staff cleaning the service throughout the inspection and there were no mal odours present.
- Staff wore aprons and gloves, which ensured cross contamination was prevented. The registered manager had a system in place to ensure infection risks were lowered and staff were following the correct infection control procedures.

Learning lessons when things go wrong

- Incidents that had occurred at the service were recorded. The registered manager analysed the incidents and ensured action had been taken to lower further occurrences. Staff were informed of changes to people's support and records were updated. This ensured lessons were learnt when things went wrong.
- The registered manager had taken learning from the last inspection. The registered manager had involved staff and ensured they were working in line with the improvements made at the service.

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- At the last inspection we found improvements were needed to ensure people received a positive experience during meals. At this inspection the required improvements had been made.
- People told us they enjoyed the food on offer and we observed people's experience was positive at mealtimes. One person said, "The food is lovely, there is a choice of two meals. The quality is very good." Another person said, "There are lots of choices and the food is always very good. Drinks are regularly served, if I ever want an extra cup I only have to ask and staff make me one. I think meal times have improved significantly."
- People's nutritional needs were monitored and managed to ensure they received adequate food and drink which was prepared in a way that met their individual needs.
- Advice was gained from professionals to ensure people's nutritional risks were managed. We saw staff followed the advice provided.

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 with appropriate legal authority. 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.

- At the last inspection we found improvements were needed to ensure staff had a clear understanding of the MCA. At this inspection the required improvements had been made.
- People were encouraged to make decisions about their care. One person said, "The staff are great, they always ask what I need and listen to what I want."
- Where people lacked capacity to make specific decisions mental capacity assessments had been completed to ensure decisions were made in people's best interests. Staff had a good understanding of MCA and what this meant for people they supported.
- DoLS were in place and followed by staff to ensure people were supported in the least restrictive way possible.

Supporting people to live healthier lives, access healthcare services and support

- People had access to healthcare professionals. One relative said, "Staff have arranged for the dentist and chiropodist to visit my relative". Records showed that people had received support from G. P's, consultants and physiotherapists.
- Advice provided by healthcare professionals was followed by staff which ensured people were supported to maintain their health and wellbeing.

Staff support: induction, training, skills and experience

- People and relatives told us staff were skilled to carry out their role and they used the training and experience they had received to support people and provide a good quality of life.
- Staff received an induction at the service and training before they provided support to people. Staff explained this was provided using online learning and practical based learning, which they found effective.
- Staff received a supervision, which gave them an opportunity to discuss any areas of development they needed to carry out their role effectively.

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

- People's needs were assessed before they started to use the service. This ensured people received support that met their needs.
- Support plans had been developed with people and their relatives which ensured their preferences and needs were met in all areas of their support. Staff had a good understanding of people's diverse needs and explained how they supported people effectively in all aspects of their lives.
- Records showed that where diverse needs had been identified such as religion and sexual orientation the provider had followed the requirements of the Equalities Act 2010. The registered manager understood the importance of anti-discriminatory practice and embraced equality and diversity within the service.

Staff working with other agencies to provide consistent, effective, timely care

- Staff attended a handover meeting at the beginning and end of each shift. This contained details of people's high risks and highlighted any immediate changes in people's needs during the shift. This ensured that people received a consistent level of support from staff.

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

- The layout of the service enabled people to move around freely. People had access to communal rooms where they could socialise and private rooms if they wished to spend time in their own company.
- The service was adapted to ensure people remained safe. Specialist equipment that people had assessed for was provided such as a hoist, chairs and beds to ensure people were safe. Other equipment was available such as a bath seats, toilet seats and grab rails were in place to ensure people were safe whilst promoting their independence within the service.
- The service was currently being adapted and refurbished to create more space and improved décor. People had been consulted on the improvements and there were risk assessments in place to ensure people were safe whilst this was in completed.

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

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 told us staff treated them in a caring way. Comments from people included; "The staff are brilliant and everything is perfect. I can't fault a thing." and, "It's wonderful. The carers help me in any way they can. I've no worries." and, "I get spoilt rotten, the staff always do that bit extra to make me feel good."
- We observed caring interactions between people and staff. There was a genuine, kind and compassionate relationship between staff and people living in the home. Staff were seen to emotionally support people with compassion and patience.
- People were supported to maintain relationships with their families and friends. We saw people visiting their loved ones with no restrictions to when they visited. One person said, "My family and friends can visit anytime." A relative said, "I visit most days and staff always make me feel welcome."

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect and promoted independence. One person said, "The staff treat me very well and I feel respected." We saw staff spoke with people in a polite and caring way and were respectful when they asked people if they needed support.
- People chose when they wanted time alone in their private bedrooms, which was respected by staff. One person said, "I enjoy spending time in my own company. Staff come and check I am okay regularly."
- People had access to equipment to aid their independence such as equipment to help them move and modified cups which helped people to drink independently.
- Records relating to people's care were kept confidential and staff understood the importance of discussing people's care in private.

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

- Staff encouraged people to make choices in the way they received their care and people's choices were respected. People told us they made choices to live their life as they preferred. For example; one person told us they still liked to be independent and staff supported them to maintain their independence whilst ensuring they were safe.
- Staff understood the Accessible Information Standard and people's individual methods of communication. Support plans were in place to give staff guidance on the most effective way of communication to help people express their views, which we saw staff used when they supported people. These needs were shared appropriately with others.
- Staff recognised that people should have access to advocacy and other support networks to ensure their

choices and decisions about their care was understood and taken into account.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- At the last inspection we found improvements were needed to ensure people received support in line with their preferences. At this inspection the required improvements had been made.
- People told us they had opportunities to access interests and hobbies that were important to them. One person said, "We do lots of things. I'm going out today and there is a trip out every Monday to the North Staffs Hotel for lunch and a Tea dance. I really enjoy it."
- On the day of the inspection we saw people were supported to visit the local pub for a meal and to play bingo. People who stayed at the service chatted to staff and had one to one sessions with the activity co-ordinator.
- Staff knew people well and supported people in line with their preferences. The support plans detailed people's preferences which we saw were followed by staff when they provided support.
- People and their relatives were involved in the planning and reviewing of their support which ensured people received support in line with their wishes. Relatives told us they felt involved in the care of their relative and were kept informed of any changes in their care needs.

Improving care quality in response to complaints or concerns

- People and their relatives understood how to make a complaint if they needed to. One person said, "[Registered manager's name] is very approachable and if I had any concerns I would see them. I know they would sort anything out for me".
- We viewed complaints that had been received at the service. Investigations had been carried out and a full written response had been provided to the complainant in line with the provider's procedures.

End of life care and support

- At the time of the inspection there was no one who was receiving end of life care.
- Information was available to ensure people's wishes were respected if they became unwell. This included DNACPR's. DNACPR is a document issued and signed by a doctor, which informs the medical team not to attempt cardiopulmonary resuscitation (CPR).

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

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 we found improvements were needed to ensure the newly implemented governance systems were imbedded and sustained to make improvements to people's care. At this inspection the required improvements had been made.
- The registered manager monitored the service regularly. These were in the form of quality audits. Where the quality audits had identified an issue, the registered manager had taken action to ensure improvements were made.
- Notifications had been submitted to us (CQC) as required by law and the rating of the last inspection was on display. This meant the registered manager understood their responsibilities of their registration.
- The provider had systems in place to ensure the registered manager was undertaking their role effectively and working in line with regulatory requirements. The Regional Manager completed audits and an action plan was created from this for the registered manager to work through where issues had been identified.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People and relatives felt able to approach the registered manager and told us there had been improvements at the service. One person said, "There have been a lot of improvements. [Registered manager's name] is very approachable. I have no issues speaking with them as they are always about." One relative said, "I am impressed with the manager. They are hands on and not afraid to direct staff to various duties that are needed."
- Staff were proud to work for the service and spoke highly of the culture and positive management structure. They told us the registered manager was open and transparent and available to them when needed. One staff member said, "The registered manager is very good, she is direct and fair, but firm. The culture is open and transparent and the registered manager ensures they are seen around the home."
- Staff told us how the registered manager acknowledged their hard work and staff felt valued and respected by them.
- The culture of the service was caring and focused on ensuring people received person-centred care that met their needs in a timely way. The registered manager promoted the values of the service, which we saw the staff followed in practice.
- The registered manager understood and acted in line with duty of candour when things went wrong. People had received a formal apology where there had been problems with their care.

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

- Feedback was gained from people and their relatives during meetings and through questionnaires, which were used to make improvements to the service received. Details of the actions taken as a result of the feedback was made available to people and their relatives.
- Staff told us meetings were held regularly and the registered manager listened to any suggestions made to improve the service. One staff member said, "I feel listened to by the registered manager and things change from suggestions made."

Continuous learning and improving care

- Staff explained that the registered manager looked at ways to improve the service and the support they provided. Staff felt involved in the service and the registered manager ensured they were an integral part of the improvements made at the service.
- Regular reviews of people's care records and incidents and events meant the service was continuously adapting the support provided to people and to reduce further incidents from occurring.

Working in partnership with others

- The registered manager worked with other professionals, which ensured people received safe and effective support in all areas of their lives. This included people's physical health needs and support people needed to maintain their emotional wellbeing.