Westin Care Limited

Westin 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
Westin Care Home is registered to provide accommodation and personal or nursing care for up to 52 predominately older people. At the time of this inspection there were 33 people in residence. They were supported by a team of qualified nurses, care assistants and ancillary staff.

People's experience of using this service
We have made a recommendation that the provider reviews the use of television and music during meal times in the main dining rooms.

People were looked after by staff who ensured their safety was maintained. Staff received safeguarding training and knew what to do if they witnessed or suspected that a person was being abused. Safeguarding concerns have been raised by family members and healthcare professionals and the service has worked with the local authorities to address concerns around standards of care and staff actions.

Medicines were administered safely by qualified nurses and there were safe infection control measures in place.

Each person's care and support needs were assessed before moving into Westin Care Home. The assessment took account of any risks that could affect the person's health and welfare. Management plans were put in place to mitigate the risk.

The staff team received the training they needed to do their job well and were well supported by the manager and the regional manager. There was an induction training programme for new staff and ongoing refresher training for all other staff. Staff received regular supervision.

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.

People said the staff were kind and caring and looked after them well. We observed positive interactions between staff and people. We received the following comments, "They are all really nice" and "I am very well looked after."

People received personalised care and support based upon their specific needs. Each person had a care plan, and this was amended if there was any change in their health status or care needs. The plan was regularly reviewed. This ensured each person received the level of care and support they needed and any changes in need were identified and acted upon.

The manager was supported by the regional manager and a clinical lead nurse and the provider visited the

service regularly. The provider held regularly managers meetings, and this enabled them to share information and intelligence and make any changes as necessary. Staff said they felt they were valued and supported by the manager.

The service monitored the quality and safety of the service. There was a regular programme of auditing in place. Care plan reviews ensured people received the care and support they needed and were happy with the way they were looked after. People were encouraged to provide feedback regarding their views and opinions of the service.

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

Rating at last inspection
This is the first inspection of this service since it was registered by the Care Quality Commission in October 2020. The service has been rated Good.

Why we inspected
This was a planned inspection however has also been prompted in part due to concerns received about safeguarding events around the delivery of personal care and management of medicines. A decision was made for us to inspect and examine those risks.

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 the service through the information we receive. We will inspect in line with our inspection programme or sooner if required.

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

Westin 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 one inspector.

Service and service type
Westin 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 did not have a manager registered with the Care Quality Commission. However, the provider had recently appointed a manager who told us they will make application to the Care Quality Commission to be registered. A registered manager and the provider are both 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
Prior to the inspection we reviewed all the information we had received about the service. This included details about any incidents the provider was required to notify us of.

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 planned to make. This information helped support our inspections.

During the inspection we spoke with six people and two relatives. Some people were not able to tell us about their experience of living in Westin Care Home. Therefore, we spent a period observing how the staff interacted with people. We received feedback from two health care professionals who work with the service and were visiting at the same time as the inspector.

During the inspection we met with the manager, the regional manager and the clinical lead nurse. We also spoke with six other members of staff. We reviewed five people's care records and four staff files. We looked at key policies and procedures and other records relevant to the running of the home.

Good

Is the service safe?

Our findings

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

This is the first rating for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse
• People we spoke with said they were safe and the staff who looked after them were kind and caring.
• All staff completed adults safeguarding training. Those staff we spoke with knew what they would do if they had concerns about a person's safety and welfare.
• Seven safeguarding concerns had been raised in the previous 12 months, the last one being in September 2021. The management team had worked with the local authority staff to investigate the concerns raised and taken actions to prevent a reoccurrence

Assessing risk, safety monitoring and management
• The assessment of each person identified any risks that could affect their care and support needs. Risks in respect of falls, skin integrity, nutrition and any behaviours that challenge were assessed.
• Risk management plans were put in place to reduce or mitigate the risk. These were regularly reviewed and adjusted as required.
• A personal emergency evacuation plan had been prepared for each person. These detailed the level of support the person would need in the event of a fire.
• The service had a programme of daily, weekly and monthly checks in place to keep the premises, people, visitors and staff safe. This included fire safety checks, water checks, checks of the premises, servicing and maintenance of all equipment.

Staffing and recruitment
• People were supported by a team of nurses, care staff, and ancillary staff. There were enough skilled and experienced staff to meet the care and support requirements of each person. Staffing levels were based upon people's care and support needs in key areas so appropriate numbers of staff were always on duty.
• Care shifts were covered by a mix of male and female staff so that people's personal preferences regarding who delivers their care can be met.
• There were safe recruitment procedures in place to ensure suitable staff were employed. Recruitment checks included an application form, interview assessment, written references and a DBS check.

Using medicines safely
• There were safe systems in place to manage the ordering, receipt, storage, administration and disposal of any unwanted medicines.
• Medicines were administered by nurses. Their competency was regularly reviewed to ensure their practice remained safe. Nurses wore a tabard asking not to be disturbed when they are administering medicines.
• A medicine administration record (MAR) recorded when medicines were administered. Nurses checked these for any missing signatures and took appropriate action.

• There had been one medicine error in the last 12 months, and this was investigated. Procedures have been strengthened to ensure nurses make further enquiries if there is any discrepancy in the medicine instructions they have received.
• A medicine audit had recently been completed by the regional manager who found all in order.

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.
• We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong
• Accidents or incidents that occurred were reported and recorded. These were analysed to look for trends and triggers so that changes could be made to prevent a reoccurrence.
• The service used feedback from other events to make improvements. For example, there had been one medicine error. On investigation, it was discovered that instructions recorded on the box of medicine differed from the instructions in the hospital discharge letter.
• The service had put additional measures in place regarding staff handover reports after concerns were raised by external health care professionals. This was because a change in a person's health had not been passed on to care staff.

Good

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.

This is the first rating for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• Pre-admission assessments were completed before people were admitted to the service. Trusted assessments were accepted for those people being admitted from hospital however, the manager vetted the assessments to ensure the staff team were able to meet the person's care and support needs.
• People's care needs were assessed, and a person-centred care plan devised. The plan set out how they wanted to be supported. People were involved as much as they were able to be, in agreeing their care plan. One person's plan stated they needed assistance at mealtimes and when we spoke with they confirmed this happened.
• Care plans were in process of being transferred to new documentation. This was being done so improved person-centred plans could be prepared. These plans will be reviewed and amended every three months or sooner if required.

Staff support: induction, training, skills and experience
• People were supported by staff who were trained and had the skills to do their jobs well. Staff we spoke with said they had completed their training and commented that the training was good. One staff member said, "I prefer face to face training but the online modules are useful".
• New staff completed an induction training programme and the Care Certificate if they had not already achieved this. There was also mandatory training programme for all staff to complete. One member of staff who had worked at the service for three months said they had training booked that day regarding a new piece of equipment they would be starting to use.
• The provider had recently changed to an alternative online training provider and records were in the process of being transitioned. Practical moving and handling training was scheduled during December 2021.

• There was an expectation that all staff would undertake a recognised health and social care qualification. Those who had not already achieved a level two award had been enrolled to do the training and others had been enrolled to do level three.
• Nurses were supported to maintain their clinical skills and training had been arranged around catheter care, syringe drivers, asthma and diabetes for example.
• Staff had handover report meetings between shifts. Procedures had been put in place following an event when a person had been suddenly taken unwell at the time of shift handover. These measures were put in place to ensure the staff coming on duty were aware of any changes that had occurred in a person's care and support needs.
• Individual supervision sessions were arranged for all staff with a senior member of staff. These were used to monitor work performance and also discuss any training and development needs.

Supporting people to eat and drink enough to maintain a balanced diet
• People told us, "The lunch was lovely. The meals here are really nice", "I didn't eat much today even though the food looked good", and "I get enough to eat and drink. I like the cakes with a cup of tea".
• Where people had been assessed as requiring support with eating and drinking, the level needed was recorded in their care plan. We saw people being assisted to eat their meals. The care staff sat down with the person and assisted them without rushing.
• Body weights were checked on a monthly basis or more often if required. Where a person was at risk of malnutrition or dehydration, food and fluid intake were monitored.
• People were able to make a choice of what they wanted to eat at mealtimes. Homemade cakes were served mid-afternoon.
• Kitchen staff were advised of people's likes, dislikes and allergies. The chef was notified if people had specific needs, for example a diabetic diet, vegetarian, soft textured or pureed food.
• For those people who ate their meal in the larger dining room, the meal-time experience could have been improved if the television had been switched off or the volume reduced. After a time, staff did put some music on, and the volume was eventually reduced.

We recommend the provider consider current guidance on enhancing the meal time experience for people.

Staff working with other agencies to provide consistent, effective, timely care
• Staff worked alongside other health and social care professionals to ensure people's care and support was effective. Staff made referrals as required for example to the Dementia Wellbeing Service.
• Ten beds were block-funded by the NHS and used as intermediate care beds. These were for people who were medically fit to be discharged from hospital but need a period of rehabilitation. Physiotherapists and therapy assistants led the rehabilitation programme and worked with the care team to look after people.
• Feedback we received from the health care professionals we met was positive and included the following comments, "There was some minor teething problems at the start, but all resolved now. Communication has greatly improved", and "The home has a good staff team now and they want the best for people. The staff work well with us."
• Each person was registered with a local GP surgery. The GP visited the service each week and consulted with the nurses and those people who required medical interventions.

Supporting people to live healthier lives, access healthcare services and support
• People's health needs were assessed, and their care and support needs were included in their care plan. Staff we spoke with had a good understanding of people's individual needs.
• People were supported to attend any health appointments away from the home as necessary. For example, by organising transport to attend out-patients.
• Both health care professionals we spoke with stated the staff worked well with them and followed any instructions they left.

Adapting service, design, decoration to meet people's needs
• People lived in a purpose-built care home with facilities over two floors. There was a passenger lift between ground and first floor. Doors to the stair wells were secured with keypads.
• There were several communal lounges and a dining room on each floor. At the end of corridors, sitting areas were set up.
• People had access to outside space at the rear of the building.
• Each bedroom was for single occupancy and had an en-suite toilet and wash hand basin. In addition, there were assisted bathing facilities and shower rooms.
• The home was fully equipped with nursing equipment such as hoists, stand-aids and profiling beds. People were encouraged to personalise their bedroom with pictures, photographs and small items of furniture.

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 when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA.
• People's capacity to make their own decisions was assessed as part of the care planning process.
• Where a person did not have the capacity to consent to care or to live in Westin Care Home, an application had been submitted to the local authority.
• Where authorities were in place to deprive a person of their liberty, any conditions were recorded in their care plan.
• Where needed the staff had consulted with health or social care professionals and family members to make decisions regarding care and support issues.

Good

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.

This is the first rating for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity
• People said they were treated well, and the staff were kind. They made the following comments when we asked them about the staff.: "They are all really nice", "They are very kind to me and quite patient", and "All the staff are a great bunch.".
• We spent time observing how staff interacted with people and each other in a communal setting. It was evident there was a good rapport between people and the staff team. People were supported to make their own choices and be independent.
• The manager, nurses and senior staff worked alongside the care staff and ensured people were cared for correctly. A health care professional told us the care staff followed care plans and acted on instructions they gave.
• Another health care professional told us they liked it that the staff did not shout (talk loudly) to each other in the corridors. One relative was complimentary about the way their parent was looked after and said, "The staff are kind and friendly".
• The service had received many letters and cards complimenting the care their loved one had received. Comments included, "I would like to thank you for the ongoing care of my mother which is appreciated," "A massive thank you for looking after (named person)" and "Thank you for keeping mum safe and caring for her at this difficult time. Also, for the support extended to us as a family."

Supporting people to express their views and be involved in making decisions about their care
• People were involved in making decisions about their daily activities and encouraged to make their own decisions. People told us, "I like to sit in this seat and then I can watch all the comings and goings" and "I prefer my lunch a bit later, so I come to the dining room when I want my meal."
• People were encouraged to express their views. 'Resident's meetings' were scheduled each month and people were asked to report on meals and activities for example. One person had suggested making coloured paper chains for the main lounge. Another had asked for a fish and chip supper, so these were brought over from the local pub.

Respecting and promoting people's privacy, dignity and independence
• People were supported by a staff team who were trained to respect their privacy and dignity. Personal care was always delivered in private.
• People were called by the name they preferred.
• People were encouraged to have as much choice and control of their lives as possible. This included making decisions about their daily lives and how they spent their time. The staff looked after them with respect for their wishes and choices.

• People were supported to maintain contact with family, friends and those important with them, however for one family this had not been their experience. Throughout the pandemic when visitors were not permitted or were restricted, the service had provided additional telephone handsets for people to keep in contact. Staff had also used video calling technology.

Good

Is the service responsive?

Our findings

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

This is the first rating for this newly registered service. This key question had been rated Good. This meant 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
Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them
• People told us they were well looked after. Comments included, "I am very well looked after," "I cannot complain about a thing" and "All is good, no complaints from me."
• Care plans detailed people's likes, and dislikes. For example, what time they liked to get up in the morning, retire to bed, and eat and drink. People were provided with person-centred care and support.
• Where possible, people were involved as much as they were able in devising their care plan. Family and other professionals were involved where appropriate. Daily care records were kept detailing information about how the person is feeling, what activities they have been involved in and any changes.
• A programme of activities was arranged and led by the activities coordinator who worked each weekday. Each month a 'residents' meeting was arranged, and people were asked what they liked to do. The activities board showed that word games, arts and crafts, gentle exercise and 1:1 room visits were planned for the week.
• Christmas activities had been organised. The previous week, people had sat outside the home, with hot chocolate drinks and Santa had visited them. Some planned activities have had to be postponed due to Covid-19 restrictions.

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.
• An assessment of each person's communication needs was completed. The service had previously used communication books, information technology and translation apps to facilitate communication with a person whose first language was not English.
• People's care plans included relevant information about how they liked to communicate. People were provided with a copy of a services user's guide. These could be made available in an easy read version and large print.

Improving care quality in response to complaints or concerns
• The service had a complaints procedure, and this was provided to people and their friends and family in a service users guide.
• The service had dealt with two complaints in the previous 12 months but had also considered outcomes from other concerns that had been raised and safeguarding investigations. One complainant felt their

complaint had not been handled correctly.
• Whistle blowers, families and health and social professionals had raised concerns with CQC and the local authority. The regional manager had worked with the local authority and completed investigation reports, addressing each of the issues raised and what action had been taken to drive forward with improvements.
• People told us if they had any concerns or complaints about the service or staff, they would raise them with the manager. One relative said, "I think they would bend over backwards if anything was wrong and they would put things right.".

End of life care and support
• People were supported to have a comfortable, dignified and pain-free death.
• Staff encouraged people to share their wishes and views, and to make decisions about their preferences for end of life care.
• Information was recorded in people's care plans about any decisions they had made, including whether they had refused to be resuscitated.
• Staff we spoke with were respectful and kind in their approach to end of life care.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they promoted created high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
• The staff team was led by the newly appointed manager who was supported by the regional manager, the clinical lead and nurses. People's daily living needs were also met by housekeeping, catering, maintenance and an activities coordinator.
• All care plans were in the process of being reviewed and transferred to new style documentation. Care plans were amended as often as needed.
• There were auditing and checking systems in place to monitor and review the quality and safety of the service.
• The manager and other senior managers were visible within the service and made themselves available to speak with people, their relatives, visitors and the staff team. This meant they were aware of how the service was doing and how people were feeling.
• Staff said, "The manager is very approachable," "I feel we have good leadership now" and "Things feel so much better here now." One healthcare professional said, "The home is going in the right direction now."
• Notifications of important events had been submitted to CQC as required.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility
• People were provided with person-centred care. Care and support was planned around their specific needs.
• The provider had acted, using disciplinary procedures where appropriate, when the expected standards of care had not been met.
• The manager, regional manager and provider fully complied with their duty of candour responsibility.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• People were asked to have a say about their care during care plan reviews. They were asked what they liked to eat and drink and how they liked to spend their time. Activities were arranged based on people's feedback and if a person made any suggestions about what they would like to do, where possible this was accommodated.
• People were asked about equality and diversity issues that were important to them. There was a mix of male and female staff on each shift to ensure people's expressed preferences could be met.
• People and their relatives were encouraged to speak up and say if they are unhappy about any aspect of

their care.

Continuous learning and improving care
• The service had used the findings from complaints and safeguarding concerns to make improvements, using the learning as a positive outcome. Where concerns were substantiated actions were taken to make the necessary improvements. For example, where there had been a failure in communication, improved staff handover arrangements had been put in place.
• The manager met each month with the provider, the regional managers and registered managers from other care services in the group, and shared information, intelligence and lessons learnt. This enabled them to learn from events and make any necessary changes.
• Staff meetings and individual staff supervision meetings enabled the team to work consistently and discuss any improvements needed.
• Staff were supported to stay up to date with best practice. Where a person's care and support needs were different, advice and training were sought from the relevant agencies.

Working in partnership with others
• The service worked well with any other health and social care professionals who were involved in people's care and support.
• There was a block contract in place with the local hospital and people who were 'medically fit for discharge from hospital' were admitted for further rehabilitation. Healthcare professionals oversaw their care and support and the care team worked with them.
• One health care professional said, "We work well together and good working relationships have been established".