

Runwood Homes Limited

Westwood

Inspection report

Talbot Road
Worksop
Nottinghamshire
S80 2PG

Tel: 01909533690

Date of inspection visit:
29 January 2019

Date of publication:
06 March 2019

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: Westwood 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. This service supports older people. At the time of the inspection there were 73 people using the service.

People's experience of using this service:

- The provider met the characteristics of 'Good' in all areas. This has improved from a rating of 'Requires Improvement' at the last inspection in 2017. More information about this is in the full report.
- The risks to people's health and safety were fully reflected in the care they received. People were protected by staff who understood how to protect them from avoidable harm. There were enough staff in place to keep people safe.
People's medicines were well managed and staff understood how to reduce the risk of the spread of infection. The registered manager and the provider worked in partnership to learn from mistakes. This included the detailed analysis of accidents and incidents.
- Staff training was up to date; action had been taken to address some gaps in the frequency of staff supervisions. People were provided with care and support which protected them from discrimination. People received the support they needed to maintain a healthy diet. People had access to other health and social care agencies where needed. People were supported to make decisions about their care, the provider ensured these were made in accordance with appropriate legislation.
- People liked the staff and found them to be kind and caring. People were treated with dignity and respect. People felt involved with decisions and that staff respected their wishes. People's records were stored securely to protect their privacy.
- People had their needs assessed prior to coming to live at the home to ensure they could be cared for safely and effectively. People's personal preferences were considered when care was planned. People had access to information in a format they could understand. Complaints were handled appropriately and line with the provider's complaints policy. People did not currently receive end of life care but people had discussed their wishes with staff if they had any personal preferences.
- Staff enjoyed working at the service and felt respected and valued. People could give their views about how the service could develop and improve. The provider's quality assurance processes were effective in identifying potential risks to people's safety. There was a continued focus on learning, development and improvement.

Rating at last inspection:

At the last inspection the service was rated as Requires Improvement (23 and 24 August 2017).

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor this service and will return within the next 30 months if we are satisfied that there are no serious risks at the service during this time.

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 ●

Westwood

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 an inspector, a specialist advisor (nurse) 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:

The service 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. This service supports older people.

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:

We did not give the provider notice of this inspection.

Inspection site visit activity started and ended on 29 January 2019.

What we did:

We reviewed information we had received about the service since the last inspection. This included checking incidents the provider must notify us about, such as serious injuries and abuse. We sought feedback from the local authority, Healthwatch and professionals who work with the service.

On this occasion, we had not asked the provider to send us a provider Information return (PIR). A PIR is a

form that asks the provider to give some key information about the service. This includes what the service does well and improvements they plan to make. However, we offered the provider the opportunity to share information they felt was relevant

During the inspection, we spoke with nine people who used the service, one relative and two visitors. We spoke with the care team manager, two members of the care staff, the cook, domestic assistant, registered manager and the regional operations director.

We reviewed a range of records. This included all or parts of seven people's care records and three staff files. We also viewed training and supervision records and records relating to the safety and management of the service.

After inspection we asked the registered manager to provide us with an updated training matrix and a variety of policies and procedures. All information was sent within the required timeframe. We used all this information to help form our judgements detailed within this report.

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.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risks of avoidable harm. People told us they felt safe when staff supported them. One person said, "I'm as safe as you can be." A relative said, "Yes, [family member] is safe here, they are safe with the staff."
- Staff were aware of the signs of abuse and could explain how they would report any concerns they had. Staff were confident the registered manager would address their concerns, but would escalate to head office or other external agencies such as the CQC if necessary.
- Staff had received safeguarding training. A safeguarding policy was in place. The provider had the systems in place to ensure the relevant authorities such as the CQC or the local authority 'safeguarding team,' were notified of any allegations of abuse or neglect. Records showed the registered manager had followed this process when required. This meant the risk of people experiencing avoidable harm continued to be reduced.

Assessing risk, safety monitoring and management

- The risks to people's health and safety were assessed and used to reduce to the risk to people's safety. The records we looked at showed risk assessments were regularly reviewed and reflected people's current health needs and the risks to their safety.
- Risk assessments were in place in many key areas of care that could affect people's health and safety. These included people's medicines, nutrition and mobility. A person with diabetes had a risk assessment for hypoglycaemia and hyperglycaemia (low and high blood sugar levels) that also helped staff identify the symptoms of both conditions. The action staff should take if they recognised these symptoms was recorded which enabled them to take prompt action when necessary. The robust risk assessment process helped to reduce the risks to people's safety.
- Pressure relieving equipment was in place to reduce the risk of people developing pressure sores. A visiting professional praised the approach of staff in ensuring people did not develop pressure sores. The registered manager told us they were proud of the way their staff supported people to reduce this risk.
- Equipment used to support people such as hoists were regularly serviced. Safety checklists were completed before bed rails were used to prevent people falling out of bed. The use of bed rails was monitored to ensure they continued to keep people safe and did not pose a risk of entrapment. Regular servicing of gas installations and fire prevention equipment had been carried out. A fire risk assessment was in place. Plans were in place to evacuate people safely in an emergency. These processes helped staff to support people in a safe environment.

Staffing and recruitment

- Some people and relatives felt more staff were required at times to support them or their family members. One person said, "There are not enough staff, they're in here, but only sitting and writing notes,

they don't have time to chat. The staff are very good, but there are not enough of them." A relative raised a concern that there were not enough staff working at weekends.

- We raised this issue with the registered manager. She told us they were aware of the issue and had recently added another member of the care staff to the morning shift. They told us this was to offer additional support at the busiest time of the day. They told us they felt they had enough staff to support people safely at weekends but would review this. A dependency assessment was used to assess people's level of need and the amount of staff needed to support people. Rota's showed the number of staff working at the time of the inspection reflected the dependency assessment results.
- Staff spoken with told us that they felt there were normally enough staff to meet people's needs; although sometimes when they were busy, it could occasionally cause a delay in responding to people. Our observations throughout the day showed that there were enough staff in place to support people safely.
- Robust recruitment processes were followed to ensure that people were protected from unsuitable staff. This included carrying checks on staff's employment history, criminal record and identity. Agency staff were occasionally used to cover roles such as kitchen assistant, but due to the flexible and supportive approach of the employed staff team, the registered manager told us agency staff had not been needed to cover care roles for two years. This helped to ensure people received consistent and safe care and support.

Using medicines safely

- People told us they received their medicines when they needed them and they were happy with the support they received from staff. We observed staff administer medicines and they did so safely.
- Medicines were stored safely in locked cabinets and trollies inside a locked room. Checks of the temperatures of these were carried out to ensure temperatures were not too high or low which could cause their effectiveness to be compromised. We did note that liquid medicines did not always have the date they were opened recorded. This is important as some liquid medicines when opened, have an expiry date by which they must be used. The registered manager told us they would address this.
- Medicine administration records (MAR) were used to record when a person had taken or refused to take their medicines or when 'as needed' medicines had been administered. The records we looked at were appropriately completed showing people received their medicines when they needed them.
- People's MAR contained a photograph of the person to aid identification, a record of any allergies and the person's preferences for taking their medicines. This helped to support staff with safe medicine administration.

Preventing and controlling infection

- People did not raise any concerns about the cleanliness of the home. We observed all areas of the home and the equipment used to support people were visibly clean and tidy.
- There were effective systems in place that ensured clean and dirty laundry were kept separate to reduce the risk of the contamination.
- Domestic staff completed cleaning schedules which informed them which parts of the home required cleaning and when. This included more thorough deep cleaning at regular intervals. Staff had received infection control training and were aware of actions to take when a person had an infection, to prevent the spread to others.

Learning lessons when things go wrong

- The provider had processes in place to investigate and act on any accidents or incidents that could influence people's health and wellbeing. Where there were lessons to be learned from any incidents these were discussed with staff. This helped to improve staff performance and to raise awareness to reduce the risk of recurrence.
- The registered manager recorded each incident that occurred. Analysis of incidents was carried out to

help identify themes or trends. This included detailed analysis of any falls that had taken place. Referrals had been made to external health specialists such as occupational therapists or falls specialists to offer further guidance for staff. This helped to protect people from avoidable harm.

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.

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

- People received support from staff that reflected their needs and personal choices. One person said, "The care is alright, the staff are well qualified, they know what they're doing." Another person said, "They [staff] don't seem to say, 'don't do this', they let me do most things for myself."
- People received their care in line with the protected characteristics of the Equality Act 2010 which protected them from discrimination. People's needs had been assessed to ensure that staff could provide the appropriate care in line with current best practice guidelines and legislation. Where people had health conditions that had been referred to in their initial assessment this was then reflected in more detailed care plans.
- Standardised, objective risk assessment tools were used to assess risks to people's health and safety; such as mobility and nutrition. This helped staff to provide people with care in line with current best practice guidelines.
- Two clinical team managers attended local forum meetings with the tissue viability nurse to ensure they were aware of the latest recommendations in relation to pressure ulcer prevention. They then cascaded this information to colleagues. A clinical team leader told us this was very beneficial and they had learned a lot from these forums that they had used to improve care at the home. This helped to ensure people continued to receive care that addressed their personal needs and in line with current standard, guidance and the law.

Staff support: induction, training, skills and experience.

- People felt staff were sufficiently well trained and experienced and knew how to support them. People felt staff understood their own personal needs and supported them effectively.
- Staff felt well trained and could ask for additional training if they needed it for their role. Records showed the overall compliance rate for completed training was 92%. Additional training was booked to improve this percentage further.
- A member of staff praised the induction process. They told us they shadowed a more experienced member of staff until they were confident they had enough knowledge to understand people's individual needs. This helped to reassure people they would receive care from trained and experienced staff.
- Staff felt supported and told us they received regular supervision and an annual appraisal. Records showed that not all staff had received the required number of supervisions as per the providers requirement of six per year. This had been identified by an audit conducted by the regional operations director. The registered manager showed us the new process they had in place that would ensure all staff received on-going supervision. This included delegating the responsibility of completing supervisions to other team leaders and managers. This, the registered manager told us, would ensure that people continued to receive effective care and support from appropriately skilled staff.

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

- Most of the people we spoke with told us they liked the food provided. One person said, "It's very nice food, I'm used to good food." Another person said, "The food's quite decent, I have no problems with the food."
- People's care plans contained references to people's preferred food and drink choices and the support they needed with their meals. Where people were at risk of weight gain or loss, referrals had been made to dieticians to offer specialist guidance for staff to support people effectively. Where needed, dietary supplements had been provided.
- Records showed when people were at risk of dehydration, they were regularly offered and supported with drinks. Their intake was monitored to ensure they met their daily recommended minimum amount.
- The cook was knowledgeable about people's dietary needs and we saw people with diabetes were given low sugar meals to reduce the risk to their health.
- We observed lunch being served. People appeared to enjoy their meals. Staff supported people with their meals when needed. We did note not all staff engaged with people when supporting with meals. The registered manager told us this was not the norm and staff were expected to engage in conversation with people when supporting with meals. They told us they would address this.
- These processes combined ensured that people could enjoy and maintain a balanced diet.

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.
- We checked whether the service was working within the principles of the MCA and found they were. People were supported to make decisions for themselves. Records showed they had signed their care plans to say they agreed with the care that was to be provided. People's care was regularly reviewed and discussed with them to gain their continued consent.
- When a person was unable to consent to a decision, mental capacity assessments were completed. We saw assessments had been completed in a wide number of areas that included people's ability to manage their own medicines. We noted best interest documentation was in place when a particular decision had been made for people. This documentation is important, as the views of the people who have contributed to the decision, normally the person's relative or appointee, are recorded, to ensure that as wide a range of views are considered before a final decision is made. This ensured people's rights were respected.
- The registered manager made DoLS applications where necessary. Where conditions were recorded on the DoLS that had been granted, we found action had been taken to implement them. For example, one person had a condition relating to obtaining written authorisation from their GP for covert medicines administration. Records showed this had been completed. This meant no unnecessary restrictions were placed on people and their rights were protected.

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

- The home had been adapted to support people living with dementia and/or a physical disability. Some signage was in place to help people orientate themselves around the home, helping people to identify communal areas. Bathrooms had specially adapted equipment to support people with using the facilities safely. The home was well maintained and regular maintenance was carried out to ensure all areas were safe and enabled people to freely move around the home.
- Staff working with other agencies to provide consistent, effective, timely care

- People saw their GP when they needed to. People told us their GP came to see them at the home and others confirmed they had seen an optician and the chiropodist when needed. Two people told us they were waiting for their hearing aids to be repaired or replaced. We raised this with the registered manager who told us they were aware of this and would check to see these had been completed.
- Staff understood how to identify when people needed intervention from a health or social care team. Records showed people received support from other agencies and then staff continued to support people in line with the recommendations and guidance provided.

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

- People's daily health and wellbeing was recorded in their daily running records and there was evidence of appropriate referrals to health and social care services when needed. Any areas of concern were reported immediately by staff to the registered manager or senior care staff. Care records showed people had access to healthcare support when required from dieticians, speech and language therapists, community nurses, GPs and opticians.

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; equality and diversity

- People and relatives felt staff were caring and kind. They told us they felt staff carried out their roles well and they were well liked. However, a small number of people and relatives felt staff should be able to spend more time sitting and talking with people but felt they were sometimes too busy.
- People's diverse needs were discussed with them when they first started to use this service. This included whether they had any specific cultural or religious needs. When one person first came to live at the home they had requested a priest attend to give them Holy Communion. This was arranged for them. Additionally, the registered manager told us that they worked closely with a local church, representatives of which attended the home to offer spiritual guidance and services for those who wanted them. People who were not religious were also invited to these services and the registered manager told us the annual carol service was always well attended.
- Records showed staff had completed equality, diversity and human rights training and those spoken with were able to explain how they respected people's personal choices.

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

- Some relatives told us they had been involved with decisions about their family member's care. This included the setting up of and agreeing to the care plans and subsequent reviews. Some people could not recall being involved with this process; however, records confirmed people had given consent to their care package and had been involved with reviews.
- Information about how people could access an independent advocate was provided. Advocates offer guidance and support for people who are unable to make decisions for themselves and may not have an appropriate family member or friend to speak on their behalf. This ensured that people were offered support with having their voice heard.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect by staff. A relative told us they always found their family member to clean and well-presented when they visited them.
- Staff had received dementia awareness training and this helped them to understand people's needs and to ensure they were treated with dignity and respect. We observed staff treating people with respect and responding with compassion when people showed signs of anxiety, agitation or distress.
- We did note that some staff were more responsive than others when engaging with people. Some staff started lively, jovial conversations with people, whereas others were more 'task-led' and engagement with people was limited.
- People's care records included guidance for staff to ensure when personal care was provided, people's independence was promoted by ensuring they were supported to do as much for themselves as possible.

- People's care records were treated appropriately to ensure confidentiality both within people's homes and within the service's office. The registered manager told us they had the processes in place that ensured all records were managed in line with the Data Protection Act and The General Data Protection Regulation. This is a legal framework that sets guidelines for the collection and processing of personal information of individuals within the European Union.

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

- People received their support from staff in the way they wanted, considering their likes, dislikes and personal preferences and interests. One person who liked to help out with tasks around the home said, "I like doing things, I help out in here, I do the garden, I especially like the garden." We observed people being given the opportunity to lay tables, clear plates away after lunch and offer cakes to others during activities. This helped those people to contribute to daily living tasks at the home.
- Prior to people using the service, an assessment was carried out to ensure their needs could be met by staff. The information gathered from these assessments was then transferred to individualised, person centred care plans. We noted these care plans included detailed person-centred information such as; whether people would like male or female care staff, the level of support they wanted with their personal care and their food and drink likes and dislikes. This meant people received their care and support in accordance with their personal preferences.
- The registered manager understood the Accessible Information Standard (AIS). The AIS is a law that requires that provisions be made for people with a learning disability or sensory impairment to have access to the same information about their care as others, but in a way, that they can understand. Adherence to this standard is important to ensure that people are empowered, treated fairly and without discrimination.
- People were supported to follow the activities and hobbies that were important to them. One person had an interest in planes and they were supported to attend a local airfield. Another person had expressed a repeated wish to go back to their previous home. Staff worked with the person and went with them to local shops the person was fond of. We were told this had reduced this person's anxiety. Twice weekly baking sessions were held for people who had a keen interest in baking. The registered manager told us the activities coordinator worked hard to provide people with interesting and meaningful activities that they would enjoy. We observed a variety of activities occurring throughout the inspection with many people attending and expressing enjoyment themselves.

Improving care quality in response to complaints or concerns

- People spoken with had not needed to make a formal complaint but if they had to, they felt the registered manager would deal with it appropriately.
 - Staff understood how to act on complaints if they were made directly to them. One staff member told us they would ensure the clinical team manager was made aware and they would speak to the person to offer reassurance. They also told us they received feedback from complaints or changes that needed to be made to people's care at staff handover or during one to one sessions with their line manager. This helped staff to learn from mistakes and to help to improve the quality of the care people received.
 - The provider had the processes in place to act on any complaints that had been received. We reviewed the complaints register and found they had been dealt with in line with the provider's complaints policy.
- End of life care and support

- A document providing information about end of life decisions was completed for a person who was admitted for end of life care. They also had an end of life care plan with details about their wishes and the involvement of their family at the end of life. Other records viewed showed others had been offered the opportunity to discuss their wishes for when they neared the end of their life.
- A member of staff told us they had completed training in end of life care. They also told us they could obtain specialist advice; for example, from a Macmillan cancer nurse who they could contact if they had any queries about how to support a person.

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

- The registered manager and all staff had a clear understanding of their role and how they contributed to ensure risks were mitigated and regulatory requirements were met. The registered manager understood the requirement of their registration with the CQC. They could explain what incidents needed to be referred to the CQC and why. This meant the registered manager operated in an open and transparent manner. Other staff spoken with, such as clinical leads and senior care staff, spoke confidently about their roles
- Robust quality assurance processes were in place that assisted the registered manager and the provider in ensuring that the risks to people's safety, the environment and to staff were assessed and acted on. We saw these audits, in areas such as medicines, infection control and maintenance, were completed regularly and used to inform further development and improvement. We were assured that the systems in place reduced risks at the home.
- It is a legal requirement that a provider's latest CQC inspection is displayed at the home where a rating has been given. This is so that people and those seeking information about the service can be informed of our judgments. We noted the rating from the previous inspection was displayed at the home.
- Most of the people and relatives we spoke with also spoke positively about the registered manager. One person said, "The manager will always give you the time of day." Staff felt the registered manager managed the home well, was approachable and acted on concerns. A staff member said, "The manager is definitely for the residents and does everything she can for them." Staff also felt comfortable raising any issues of concern and were familiar with the service's whistleblowing procedure. Whistleblowing is a term used to describe the reporting of concerns about the care being provided by a person who works at the service. Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility
- The registered manager had a clear focus to provide all people with personalised care and support. Care plans were regularly reviewed and people and relatives were included in these reviews to ensure care continued to meet their or their family member's needs.
- The registered manager was aware of their responsibility to apologise to people and/or their relatives when mistakes were made. People told us they found the approach of the registered manager warm and welcoming and were pleased with the quality of the care provided.

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

- People and relatives were given the opportunity to provide feedback about how the service could develop and improve. In July 2018 a survey was sent asking for people's comments about a wide variety of

areas. These areas included; décor/gardens, catering, laundry/cleanliness, staff approach, complaints and overall views of the home. The analysis of these surveys showed that overall people were happy with all areas. Where there were minor issues raised; such as with some aspects of the food, this had led to a more detailed survey being completed. The registered manager told us that they had addressed these issues and felt the food had improved at the home. This meant people's views were respected and acted on.

- Staff felt able to give their views about the quality of care to the registered manager either during supervisions, team meetings or in informal discussions. They found the registered manager approachable and welcoming. The registered manager had an open-door policy and told us she welcomed views, both positive and negative to aid further improvement and development.

Continuous learning and improving care

- The registered manager made efforts to learn from mistakes and to keep staff informed of any changes that could affect people's care. Staff attended meetings with the registered manager where open and honest discussions were held about the care provided.

- Staff were encouraged to develop their roles and to become 'champions' in their chosen area. Champions were in place which covered key areas of care such as; infection control, skin integrity, dignity and moving and handling. The skin integrity champions attended locally run forums to ensure their knowledge continued to meet current best practice guidance. All champions used their knowledge to support other staff and to aid continuous learning amongst staff.

- The provider took an active role in ensuring the registered manager provided a high-quality of service for all. Robust audits were completed and action plans were put in place to address any areas of improvement and development. We saw the registered manager met regularly with the regional operations director to discuss their performance. This helped the registered manager to continue to learn and improve to provide people with high quality care.

Working in partnership with others

- The home had a small number of assessment beds. These were in place to offer support to people who had left hospital and required some assistance with recovery to enable them to return home. We found care planning and risk assessments documentation for these people was completed following recommendations made by other health and social care agencies.