

Four Seasons Health Care (England) Limited Westroyd Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Westroyd Care Home is a residential care home providing care and support for up to 55 older people. Accommodation is provided across two buildings referred to as the House and the Lodge. The lodge supports people living with dementia. At the time of our inspection there were 37 people using the service.

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

Consistent numbers of skilled and knowledgeable staff were not always deployed to keep people safe and meet their needs in a timely manner.

Improvements were needed in managing potential risks of infection for people. Staff were not always adhering to safe practices in doffing and donning personal protective equipment when moving between buildings or administering medicines. Areas of the environment did not support effective cleaning of high risk areas, such as toilets. The premises required re-decoration and review to ensure the environment was able to support staff to meet people's needs effectively.

Oversight of the service required improvement to ensure systems and processes were effective in bringing about timely improvements. Not all concerns found on inspection had been identified in audits and checks.

People were happy with the support they received and felt safe living at Westroyd. Staff knew what to do to keep people safe and were confident any concerns would be taken seriously. Risks to people's well-being and safety were assessed, recorded and kept up to date. Staff supported people to manage these risks effectively. People received support to take their medicines safely.

Staff felt they required further training to provide them with the skills and knowledge they needed to support people living with dementia and distressed behaviours effectively. Staff felt well supported by their line managers and the registered manager.

People were supported to maintain their health and well being through a balanced diet, sufficient hydration and access to appropriate healthcare.

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, relatives and staff spoke positively about the registered manager and the changes they had made to improve the quality of the care and support provided.

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

Rating at last inspection

The last rating for this service was good (published 27 June 2019).

Why we inspected

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

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

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

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always Safe.
Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always Effective.
Details are in our Effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always Well-Led.
Details are in our Well-Led findings below.

Requires Improvement ●

Westroyd Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector and an Expert-by-Experience. An Expert-by-Experience is a person who has experience of using or accessing this type of service.

Service and service type

Westroyd 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 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

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we

inspected the service and made the judgements in this report.

During the inspection

We spoke with five people who used the service to gain their views about their care and support. We spoke with nine members of staff including the registered manager, unit managers, administrative assistant, laundry and care staff. We observed the lunchtime meal in one unit and care and interactions between staff and people in communal areas. We contacted ten relatives by telephone who were able to share their views on behalf of their family members.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and information relating to people's dependency and staffing levels.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- Feedback from people and relatives about staffing numbers was mixed but most felt there were insufficient numbers of staff around. One person told us, "I like to sit in my room for peace and quiet but need help getting there. Sometimes I have to wait a long time for assistance as the staff are so busy which is frustrating. Staff are helpful but they haven't got time to sit and have a chat with me as there are other people who take up a lot of their time." Relatives comments included, "When I was able to visit before, residents were in the lounge for long periods of time without staff visible. Some residents can use the call button for attention, but some can't use it and people had to wait for the toilet, particularly if they needed two staff."
- Staff were observed to be rushed during busy periods such as lunch time. They were not always able to meet peoples immediate care needs which was observed to have caused distress.
- People were left in lounges for long periods without staff interaction as staff were busy providing care. This included people who were at risk of falls and people who required regular supervision to ensure their needs were met.
- The provider used a dependency tool to calculate staffing hours and we saw that they had increased night staffing due to the complexities of people's needs and the environmental layout. However, the tool did not fully consider the complexities of people's needs, peak times, distressed behaviours or environmental layout during the day. This meant there were occasions when there were insufficient numbers of staff deployed to keep people safe and meet their needs in a timely manner.
- Staff told us there were not enough staff deployed. Comments from staff included, "There are not enough staff on duty. I feel we are like a conveyor belt in providing care and don't have time to spend with people," and "It is a struggle with only three staff on duty as so many people need 2:1 care." Staff told us they had raised these concerns but they had not been addressed.
- Staffing rotas showed numbers of staff deployed each day. However, staff told us these were not always an accurate record of actual numbers of staff on shift each day.

The provider had failed to ensure sufficient numbers of staff were consistently deployed to meet people's needs. This placed people at risk of harm. This was a breach of Regulation 18 (1) (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had been recruited safely with the required pre-employment checks being carried out

Preventing and controlling infection

- We were not fully assured that the provider was promoting safety through the layout and hygiene

practices of the premises. Cleaning schedules identified 'high touch areas' which were cleaned regularly to prevent the spread of infections. Housekeeping staff demonstrated a good knowledge of robust cleaning in line with COVID-19 current guidance. However, some areas restricted effective cleaning and sanitization. For example, some toilets had poorly fitted carpets which hindered effective cleaning.

- We were not assured that the provider was using personal protective equipment (PPE) effectively and safely. We observed care and kitchen staff moving between the lodge and the house without sanitizing hands or changing PPE. We also observed a staff member administering medicines without wearing gloves or sanitizing hands between supporting people.
- We were somewhat assured that the provider was preventing visitors from catching and spreading infections. Covered external visiting areas were in place and the registered manager was able to describe pending visiting arrangements for in-doors visits once it was safe to arrange, post COVID-19 outbreak. However, we were unable to assess safety of in-door visiting arrangements as adaptations to facilitate this had not been fully completed at the time of our inspection. This included the cleaning of carpets.
- 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 accessing testing for people using the service and staff.
- 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.

Systems and processes to safeguard people from the risk of abuse

- The provider had a safeguarding policy and procedure in place. We found staff had a variable understanding of safeguarding and whistleblowing procedures. For example, one staff member demonstrated good overall knowledge around how to identify and raise concerns. However, another staff member was unaware of how to raise concerns outside of the service or escalate concerns if they felt they had not been listened to.
- Safeguarding notifications had not always been sent to other agencies, including the Care Quality Commission. This meant other agencies could not take timely action to ensure people were protected from harm. The registered manager told us this was due to a combination of management and IT issues, which they had now resolved.

Assessing risk, safety monitoring and management

- People told us they felt safe and relatives felt staff kept their family members safe. One person told us, "I feel safe as the staff always make sure I have my walking frame with me, so I am safe when I get up and move around." Relative comments included, "[Name] does not walk; [name] is hoisted and knows the staff and is comfortable when they aid [name]" and "I think [name] is safe as the team keep us updated with what is happening."
- We observed safe practices when staff supported people to mobilise and transfer. This included a staff member following best practice when they guided a person with a sensory impairment around their environment.
- Whilst people's care plans included risk assessments which identified risks people faced and measures staff needed to take to reduce risks, we found some care plans in the lodge unit were not as detailed or personalised as care plans for people living at the house. The registered manager told us records were in the process of being updated with a target date for completion.

Using medicines safely

- Medicines were, in the main, stored safely. However, we found two topical/liquid medicines that were in stock beyond their expiry date. These were immediately disposed of during our inspection visit.

- People's capacity to administer their own medication was assessed. Where people required their medicines administered in food or drink, referred to as 'covert' medicines, these were supported by best interest decisions, authorisation and protocols.
- People's medicines were reviewed regularly which helped to make sure they were not taking unnecessary medicines.
- Staff who supported people with their medicines had completed training. Competency assessments were carried out to check staff were following safe administration.

Learning lessons when things go wrong

- Accidents and incidents were recorded, and trends and patterns were identified to support learning and to make changes as appropriate. For example, after trends were found to a person falling, referrals were made to health professionals to ensure the person received the support they needed to reduce risks.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff said they received training but didn't feel this was always sufficient to give them the in-depth knowledge and skills they needed to meet people's needs. One staff member told us, "I have completed my mandatory training, like moving and handling. I don't feel that I have had sufficient training in understanding dementia or challenging behaviours. We do need more dementia training as we tend to learn on the job which isn't ideal." A second staff member told us, "The training is okay, but we could do with more. I haven't had dementia training and have had to learn on the job."
- The registered manager had a record of all training staff had completed and when refresher courses were due. We reviewed this record and found only five staff members had completed dementia training in 2017. The service supported a significant number of people living with advanced dementias, some of whom also had distressed behaviours. This meant most staff did not have the specialist skills and knowledge they required to support people living with dementia, particularly those who experienced distress and anxiety, effectively. We did however observe staff who had completed this training. They were knowledgeable and skilled in responding to people living with dementia.
- The training record showed training was overdue for some staff, including training in practical moving and handling. The registered manager told us they were in the process of supporting staff to update their training.
- Staff had regular meetings with their line manager to receive support and guidance about their work. Staff told us they received good support from their line managers.

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

- The design of the building presented difficulties for staff to meet people's needs effectively. This was due to only one appropriate communal toilet facility in the house that could accommodate people who used a hoist to mobilise. Relatives and staff told us that if more than one person who required support needed to use this facility, they had to wait for it to become available. This meant, on occasions, people did not receive the timely support they needed with their personal needs.
- The service marketed a 'dementia care framework' which supported staff to provide personalised care to people living with dementia. However, we found the environment in the lodge unit did not create a dementia friendly environment. For example, little thought had been given to the layout of furniture or quality of lighting and decoration to create a relaxing area.
- Some areas of décor and furnishings in communal areas required improvement. For example, areas of communal carpets were heavily stained despite these areas being cleaned regularly. Many areas had damaged painted areas that required redecoration.

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

- People's needs were assessed before they moved into the home to ensure they could be met. Assessments were completed with input from relatives and relevant health and social care professionals.
- Care plans recognised and supported people's individual wishes and preferences, including lifestyle choices, culture and religion.
- People told us staff understood their needs and provided the support they needed.

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

- People were supported to have sufficient amounts to eat and drink through a balanced diet. Comments about the food from people and relatives were positive, including, "[Name] is on a soft diet and food is presented well and looks very nutritious; there is plenty to eat. The food always smells gorgeous. [Name] has a good appetite and eats well", "The food is fantastic!" and "Drinks are always available around the home and [Name] always have drinks next to them. Staff go around offering drinks to residents".
- People were provided with a choice of meals and were consulted about portion sizes and choice of drinks.
- Where people required support to eat their meals, staff sat next to them and supported them to eat at their own pace. However, we did observe one staff member who stood over a person whilst they supported them to drink from a beaker which did not uphold the person's dignity or comfort.

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

- The service had systems in place to plan referrals to external services and to maintain care and support. Staff worked with local health services to ensure people received the support they needed. Examples included their GP, district nurses and mental health teams.
- Relatives told us people were able to see their doctor and other health professionals when needed and staff were responsive to changes in people's well-being. One relative told us, "Staff always keep us informed of [name] health. Recently staff called us with concerns to [name's] health; they had already contacted the doctor to follow it up".
- Staff had recorded the outcome of appointments in people's care records, including any advice or guidance. Guidance around people's specific health conditions, such as diabetes or support to eat and drinks, was included in people's care plans.

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. 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.

- People's care plans included mental capacity assessments for each area of support. This showed staff had considered how and if the person was able to consent to the care and support provided. We found some care plans in the lodge unit had incomplete mental capacity assessments. The registered manager told us these records were in the process of being updated.
- People told us they could choose how they spent their time and relatives felt staff respected people's

choices. One relative told us, "[Name] sometimes has lazy days where [name] just wants to be in tee shirt shorts and dressing gown. Staff respect this."

- DoLS applications and authorisations had been made and implemented appropriately. Evidence was on file where relatives or next of kin had legal authority to make decisions on behalf of people in their best interests.
- Records relating to people's wishes around resuscitation and end of life care demonstrated the basis for decisions and how these had been made. People's wishes were kept under review.
- We observed staff gaining people's consent before providing any support.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people. Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Managers completed quality audits, but these were not always effective in identifying improvements needed to the service. They had not identified there was insufficient staffing and environmental constraints and how to manage these to meet the needs of people well. They had not identified toilet areas were an infection control risk.

The provider had failed to operate effective systems and processes to assess, monitor and improve the quality of the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Records did not provide accurate information as to the number of staff deployed on shift and if agency staff had been used.
- The staff understood people's individual needs. People and relatives told us that staff responded to people and were caring and kind. Comments included, "We are well looked after here. The staff are lovely and responsive," and "The staff now know what they are doing and residents are getting better care. I now think that the care is outstanding".
- People, staff and relatives were positive about the registered manager. Comments included, "It is easy to speak to the [registered] manager. [Name] is approachable and will get back to you if not available at the time," "I would recommend this care home, it is comfortable, friendly, and staff are approachable. They have made a huge difference to [family member's] life and in the past few months they have lifted [name]" and "The manager now seems to have turned the care around, the care at the moment is super".
- Relatives told us they were kept up to date with relevant information regarding their family member and had recently begun receiving newsletters about changes in the service, such as staff appointments.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Complaints were appropriately recorded and managed. People and relatives told us they knew how to complain, and when they had concerns these were listened to and the concerns rectified.
- The registered manager understood their responsibility under the duty of candour. The duty of candour requires providers to be open and honest with people when things go wrong with their care, giving people

support and truthful information

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

- People were consulted about their care and kept up to date about changes in the service, though formal meetings and surveys had yet to resume.
- Relatives felt well informed about their family member's care and that communication from the service had generally improved.
- Staff felt able to share their views in meetings and through their line manager, though didn't feel they always achieved a response to their concerns around staffing and training.

Working in partnership with others

- Staff worked in partnership with other agencies which included local healthcare services and services commissioned by the local authority.
- Referrals were made to external professionals as required and their advice was followed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to establish effective systems or processes that assessed, monitored and improved the quality of the service.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider did not always ensure sufficient numbers of suitably skilled staff were consistently available to meet people's needs in a timely manner.