

Anchor Hanover Group

Westhill Park 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

Westhill Park Care Home is a residential care home providing personal care up to 66 people. The service provides support to people aged 65 and over and people living with dementia. At the time of our inspection there were 64 people using the service.

Westhill Park Care Home is a purpose-built care home which accommodates people across 3 floors. Each floor has a communal lounge, dining area and kitchen. All bedrooms have private en-suite facilities. There are two lifts operating between floors which also give access to additional communal spaces, including a cinema and café. There are communal gardens and parking.

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

People, their relatives and staff told us Westhill Park Care Home was a safe place to live and work. Risks to people were regularly assessed and reviewed. This meant people could take acceptable risks, enjoy their lives and live safely. Accidents, incidents and safeguarding concerns were reported, investigated and recorded. There were enough safely recruited staff to meet people's needs. Appropriately trained staff safely administered medicines and prompted people to take them. The home used Personal Protection Equipment (PPE) effectively and the infection prevention and control policy was up to date.

People and their relatives said effective care was provided, they were not subject to discrimination and their equality and diversity needs were met. Staff received training and were supervised. People and their relatives thought staff provided good care which met people's needs. Staff encouraged people to discuss their health needs, any changes to them and concerns were passed on to the management and appropriate health care professionals. People were protected by staff from nutrition and hydration risks. People gave mixed feedback about the food; staff were making improvements.

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 felt respected and staff acknowledged their privacy, dignity and confidentiality. People were encouraged and supported to be independent and do things for themselves, where possible. This improved their quality of life by promoting their self-worth. Staff cared about people, were compassionate and passionate about the people they provided a service for.

The provider was responsive to people and their needs were assessed, reviewed and care plans were in place including people's communication needs. People were provided with person-centred care. People had choices, and were encouraged to follow their routines, interests and maintain contact with relatives, friends and interact with others living at the home so social isolation was minimal. Complaints were recorded and investigated.

The home's management and leadership were visible with a culture of openness, positivity and honesty. The

provider's vision and values were clearly set out, understood by staff and followed by them. Areas of staff and management responsibility and accountability were identified. Good care standards were delivered, maintained and regularly reviewed. Thorough audits took place and records were kept up to date. Where possible community links and working partnerships were established and maintained to further minimise social isolation. The provider met Care Quality Commission (CQC) registration requirements.

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 the service under Oakdale Care Homes No. 2 Limited was good, published on 20 March 2020.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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 information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

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 ●

Westhill Park Care Home

Detailed findings

Background to this inspection

The inspection

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

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

Our inspection was conducted by 2 inspectors, a pharmacist specialist 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

Westhill Park is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Westhill Park is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

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

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

Notice of inspection

This inspection was unannounced. The inspection visit took place on 1 and 2 November 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included any notifications (events which happened in the service that the provider is required to tell us about) and sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We observed people's care and support in the shared areas of the home on 1 November and 2 November 2022. We spoke with 8 people using the service and 4 relatives. We had discussions with the registered manager and 10 care and support staff. We reviewed a range of records.

We reviewed records relating to people's care and the running of the service. These included care records for 7 people and 5 staff recruitment files.

We reviewed a variety of records relating to the management of the service, including staff rotas, accident and incident analysis, the complaints log and quality assurance records.

During the inspection there was a change to the provider ownership of the service. The senior management team, the registered manager and staff team remained the same. People and their relatives had been consulted, were well informed and there were no changes to the day to day operation of the service.

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 inspection of 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 were protected from the risk of abuse.
- People and their relatives said Westhill Park Care Home was a safe place to live and staff treated them with kindness and in a respectful way. This was reflected in our observations of people and their body language. One person said, "I feel safe. The whole situation is good, we have security too, the main door is locked, people have to ring to get in." A relative told us, "[Relative] is well looked after, we have no concerns about safety here."
- Staff were trained how to identify abuse towards people, knew the appropriate action to take if encountered, and were aware of how to raise a safeguarding alert. A staff member commented, "I would go to management first, report and I would follow up."

Assessing risk, safety monitoring and management

- People had their risks assessed and their safety monitored.
- People could take acceptable risks and enjoy their lives safely. This was because staff were aware of and followed risk assessments which included all aspects of their health, daily living and social activities. To keep people safe, the risk assessments were regularly reviewed and updated as people's needs, interests and pursuits changed.
- People's care plans addressed important areas such as people's mobility, nutrition and hydration needs, risk of falls and personal care. We found them to be comprehensive and contained specific information for staff to help support people with complex medical conditions. For example, when people were taking anticoagulants (blood thinning medicines), this was clearly documented so staff were aware of the risks associated.
- Staff were familiar with people's routines, preferences, and identified situations where people may be at risk and acted to minimise those risks. We observed two staff work together to support a person to transfer from a wheelchair to an armchair in a safe way. The staff were patient and continuously explained to the person they were supporting exactly what they were doing and why.

Using medicines safely

- Medicines were safely managed. There were known systems for ordering, administering and monitoring medicines. Medicines were stored securely.
- Guidance to support staff when making decisions for administering 'as and when required' (PRN) medicines lacked person centred information for when they may require the medicine. For example, we looked at records for two people who were prescribed a medicine to help them when they became distressed. The PRN protocol did not contain information for the signs to look for or strategies to try before the medicine should be given. The registered manager took action to make sure PRN protocols contained

all the necessary guidance for staff.

- We observed senior care workers administering medicines to people. We saw they treated people with kindness and dignity and asked them whether they required pain relief where appropriate.
- We found people were receiving their medicines on time and when they needed them. Senior care workers ensured people who were taking time sensitive medicines had them correctly.
- An electronic medicines administration record system was in place, and we found no gaps in these records without proper documentation.
- Staff ensured they monitored people so medicines could be safely administered. For example, we saw blood sugar levels were checked regularly for people with diabetes.

Staffing and recruitment

- The provider had a thorough staff recruitment process. Records demonstrated this was followed.
- The provider's dependency information stated there were enough staff to meet people's needs, however we received mixed feedback from people and staff about staffing levels at the home recently. One person told us, "[Care staff attend] fairly quickly [to me], it depends if they are busy." Another person told us, "You can [end up waiting] when [care staff] are very busy, but usually they are pretty quick. The busy times are first thing in the morning, when everybody wants them at once."
- Staff were visibly present throughout this inspection providing people with the care and support they needed, and we observed staff responded quickly to people's requests for assistance or to answer their questions throughout this inspection. Staffing levels during our visit; matched the rota and enabled people's needs to be met safely.
- The recruitment interview process included scenario-based questions to identify prospective staffs' skills, experience, knowledge of care and support for older people including those with dementia. References were taken up, work history checked and Disclosure and Barring service (DBS) security checks carried out, prior to new staff starting in post. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

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 supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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 the provider's infection prevention and control policy was up to date.

Visiting care homes

- The provider understood the government guidance around visits from friends, families, and other advocates. Visits could be scheduled, which meant staff could receive visitors safely, however people could also visit when they wanted too. A relative told us, "Family and friends can visit when they want to, now lockdown is over." During the inspection we saw staff ask visitors to wear their face masks when they were in the care home.

Learning lessons when things go wrong

- The management team regularly reviewed and analysed accident and incident records to reduce the possibility of reoccurrence. Learning from incidents was shared through daily meetings.
- Any safeguarding concerns and complaints were reviewed, responded to and analysed to ensure emerging themes were identified, necessary action taken and to look at ways of avoiding them happening again.

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 inspection of 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

- People's needs and choices were assessed, and care provided appropriately. This meant their needs were met effectively.
- People told us, and our observations indicated the care was effective.
- People's physical, mental and social needs were assessed, and their care, treatment and support were delivered in line with legislation, standards and evidence-based guidance.
- Staff knew the importance of being aware of people's views as well as relatives so the care provided was person centred. One staff member said, "If something changes everyone is made aware, but we also know, as part of our 'resident of the day', [where we focus on their clinical care]. The day is also a chance to make them feel extra special, we check on their needs."

Staff support: induction, training, skills and experience

- Staff were provided with induction and mandatory training. This enabled them to support people in a way which met their needs effectively.
- The training matrix identified when mandatory training required updating. There was specialist training specific to people's individual needs, with guidance and plans. This included epilepsy, dementia awareness, and diabetes.
- Staff told us the training was a mixture of e-learning and in-person practical training, courses were refreshed at regular intervals. This ensured staff's knowledge and skills remained relevant. New staff were also able to shadow more experienced ones as part of their induction. This improved their knowledge of people, their routines and preferences.
- Staff demonstrated good awareness of their working roles and responsibilities and said they received all the support they needed from the provider to perform their duties well. There were also annual appraisals and regular staff meetings.
- A staff member told us, "If I am unsure about anything, there is always someone to ask. Particularly when moving between floors. A senior care worker sat down with me [during my induction] to show me what people's needs were and I was given a buddy so I wasn't on my own." Another staff member told us, "We have gone through difficult periods, especially during the COVID-19 pandemic. We all pull together and help each out."

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

- People were supported to eat and drink sufficiently to maintain a balanced diet. This meant they kept healthy.
- People gave us mixed feedback about the meals they were offered at the home. One person said, "Food is

always brought up at resident meetings." A second person said, "The quality and variety are not as it was before." The registered manager told us the kitchen staff had recently changed and they were in the process of introducing a new menu and had already started making improvements, based on the feedback from people living at the home.

- Staff were encouraging and we observed them showing the different meal options to people so they could choose what they wanted.
- Staff demonstrated a good understanding of people's dietary needs and preferences. We saw staff prepare a range of soft meals to meet the needs of people with specific dietary and nutritional requirements. People told us they always had access to a variety of drinks.
- People's care plans included health, nutrition and diet information with health care action plans. These included nutritional assessments which were regularly updated and there were fluid charts, if required.

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

- People were supported to keep in good health by staff maintaining good working relationships with external healthcare services and receiving ongoing healthcare support.
- Staff communicated regularly with doctors and healthcare professionals to review people's health needs and escalated appropriately if medical attention was required.
- For example, the registered manager told us how they had supported someone to continue to have their blood sugars checked, without disturbing their sleep, as it was affecting their wellbeing. Funding was secured for a specialist monitor which meant readings could be taken without the need to wake the person. Staff have since seen a big change in this person, as their mood has improved, and they can now attend activities.
- Staff understood people's healthcare needs and responded quickly to any changes to their health and wellbeing. A relative told us; " The staff take [relative] to appointments if needed. They ask us the family first, and then if we cannot, they will take them to appointments."

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

- The home was adapted, designed and decorated to a high standard to meet people's needs.
- The environment was fitted with aids and adaptations to help maximise people's mobility and independence. We saw the home was kept free of obstacles and hazards which enabled people to move safely around.
- People told us the home was a relaxed and comfortable place to live. A relative told us; "The home is well maintained and always clean."
- The registered manager showed us a number of community rooms within the home that are currently being developed into a garden room and a sensory room for the benefit of the people.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- For people assessed as lacking mental capacity for certain decisions staff recorded assessments and any best interest decisions. Staff demonstrated good practice around assessing mental capacity, supporting decision-making and best interest decision-making.
- Where people were at risk of being deprived of their liberty, the provider applied for the necessary legal authorisation under the MCA.

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 inspection of 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; respecting equality and diversity

- People's human rights and diversity were respected and people were treated with compassion and kindness by staff. This meant their rights and dignity were maintained and they were involved as partners in their care.
- People's positive and relaxed body language showed they felt well cared for, enjoyed staff's company and were relaxed in it. People also looked comfortable with each other, smiled and laughed during our visit.
- People and relatives spoke highly of the staff and how they cared for them. One relative told us, "Whatever mood [relative] was in, [staff] seemed to know how to care for them. Staff were brilliant as they also know exactly how to talk to us. The atmosphere the staff try and create here, it's a community."
- Staff interaction with people was characterised by warmth. Staff spoke about people living in the home in a respectful and positive manner.

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

- People were encouraged to express their views and have their say in how their care was provided.
- Care reviews, surveys and general day to day discussions gave people the opportunity to discuss how things were going and to make any changes to their care and support. Friends and family were also included where this had been agreed or where necessary.
- Staff spent time listening and talking to people, finding out what they want to do. One person told us, "There is a fireworks evening soon, and family will attend. [The staff does this] sort of thing really well, they are great at dressing up and decorating the home."
- Relatives told us they were kept up to date and involved in decisions about their relative's care. One relative told us, "[We are] all involved in the care plan, and these are updated regularly."

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was respected and promoted.
- Staff knocked on doors before entering bedrooms and bathrooms and spoke with and about people in private. Peoples personal records were kept confidential.
- Staff treated people with kindness and respect. One relative told us, "They do treat [relative] with respect and kindness, generally."
- People were supported to be independent. On person told us, "[Staff] respect my independence and encourage it, they don't take over."

Is the service responsive?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received person centred care which meant they had choice, control and their needs and preferences were met.
- People and their relatives were encouraged and supported to participate in their care planning. People's care plans were individualised and recorded their interests, hobbies, health and life skills needs. This was as well as their wishes and the support required to achieve them. People's care and support needs were regularly reviewed and updated to meet any changing needs.

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 were supported to develop and maintain important relationships and to take part in meaningful activities.
- Staff planned and facilitated a range of activities each day around people's needs, interests and hobbies. Activities included; singing, baking and quizzes. Throughout the inspection we observed people enjoying different activities.
- Feedback from people and relatives regarding the activities was mixed as not everyone was able to tell us what was on offer. A relative said, "[The provider] does offer a variety of activities, but [the provider] could do more at weekends, if [staff] could take people out more."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed, understood and met.
- Care plans detailed people's communication needs and staff understood how to best communicate with people in a way they could understand.
- Information, documents and notices were available to people in different formats, including in picture format, large print, voice recordings or other languages.

Improving care quality in response to complaints or concerns

- Complaints and concerns were taken seriously, acted upon and used to improve the quality of the service.

- People and relatives told us they were confident about raising a complaint or concern should they need to. Their comments included, "I'm confident the manager would address any concerns" and, "They update us all the time, if anything is wrong, or anything is happening in the home. I've raised a few niggles and they've sorted them right away."
- Information about how to complain was made available to people and others. A record of complaints was maintained along with the action taken in response to them.

End of life care and support

- At the time of the inspection, one person was receiving end of life care. End of life care was planned around people's wishes and preferences and relatives were involved where this was appropriate.
- Staff received end of life care training and had links with specialist nursing teams.
- The appropriate documentation was in place for people where they had expressed a wish to not be resuscitated.

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 of 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 created promoted high-quality, person-centred care.

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

- There was a structured team in place to support the registered manager. This included a care manager and support staff, including heads of department. A regional director provided management support on behalf of the provider.
- Managers and staff understood their roles and responsibilities and were committed to learning and improving care.
- The providers systems and processes for checking on and improving the quality and safety of the service were used effectively. A range of checks and audits were carried out regularly to check on the quality of the home.
- CQC and other relevant agencies were notified without delay about incidents and events which occurred at the service. Lessons were learnt following incidents and shared with staff.
- The registered manager and staff completed training and kept up to date with the law and current good practice guidance to update their knowledge and learning.
- Staff performance, learning and development was continually assessed, monitored and reviewed and they were given opportunities to progress within their roles.
- Staff had access to a comprehensive set of policies and procedures which were current and in line with best practice.

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

- The culture of the service was positive, person centred and inclusive.
- Staff felt able to express their opinions, felt their suggestions were listened to and felt able to contribute towards service delivery and development. Staff told us, "As a company they treat their staff well and the managers are visible," and "Everyone is very welcoming, showing people respect. Always greeting you. We all work as a team."
- People and relatives were complimentary about how the service was managed and they felt included and able to voice their views and opinions. Their comments included; "If I have any problems, I would tell [registered manager] and I know they would sort them out" and "[Registered manager] is very good and will listen to you."

Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were supported to keep well, by staff maintaining good working relationships with external services and professionals.
- Relatives told us managers and staff communicated well with them, they said they received regular updates about their relatives and any changes to the service delivery.
- We observed the morning staff meeting. There was good communication between staff to ensure everyone was aware of their responsibilities to complete actions for people in order to meet their specific needs.
- Managers and staff established good relationships with partner agencies including community nurses, local authority commissioners and safeguarding teams and worked well with them to meet people's needs.

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

- Relatives told us the provider and managers understood their responsibilities to act in an open and transparent way by being open and honest with people when things went wrong.
- The ratings from the last inspection were clearly displayed at the service.
- Outcomes of complaints and investigations were shared with relevant others.