Londesborough Healthcare Limited

Westwood Park Residential Home

Inspection report

Langholm Close
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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 caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 23 June 2016 and was unannounced. At our last inspection on 4 September 2014, we followed up concerns regarding record keeping from our previous inspection and found the registered provider was now compliant with all the regulations in force at that time.

Westwood Park is a care home, which provides accommodation for 51 older people including some who may be living with a dementia related condition. The home is situated in the town of Beverley. The accommodation is provided over two floors. Seven bedrooms have en-suite facilities. There is a range of communal rooms on the ground floor. On the day of this inspection there were 51 people living at the service.

The registered provider is required to have a registered manager in post and on the day of the inspection there was a manager registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found that robust quality assurance systems were not currently in place and therefore issues of concern in relation to the monitoring of people's weights, the frequency that people fell and the temperature of the medication room had either gone undetected. Record keeping within the service also needed to improve. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager had not informed the CQC of all significant events. This meant we could not check that appropriate action had been taken. This was a breach of Regulation 18 Notification of other incidents, of The (Registration) Regulations 2009.

The service failed to refer people to the falls team following multiple falls. We found the service's policy in relation to falls had not been adhered to; therefore the service had not done all it could to mitigate risk to people using the service. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that one persons health needs were not met. They had experienced a sustained period of weight loss and although we saw that their weight was regularly monitored, no action had been taken to address the weight loss and there had been no contact made with any other professionals in relation to this. This was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can see what action we told the provider to take at the back of the full version of the report.

We found that staff had a good knowledge of how to keep people safe from harm and there were enough staff to meet people's assessed needs. Staff had been employed following appropriate recruitment and selection processes.

Staff had received training in topics the registered provider deemed essential and they had access to supplementary training courses. The registered manager was able to show they had an understanding of Deprivation of Liberty Safeguards (DoLS) and we found the Mental Capacity Act 2005 (MCA) guidelines were being followed.

People had access to adequate food and drinks, but this was not always well recorded by staff. Most people enjoyed the food, although one person told us they did not.

People had their health and social care needs assessed and plans of care were developed to guide staff in how to support people. However, some elements of the care plans required further development. We saw people were encouraged and supported to take part in a range of activities.

There was a complaints procedure in place and people knew how to make a complaint if they were dissatisfied with the service provided.

Staff and people who visited the service told us they found the manager to be supportive and felt able to approach them if they needed to. There were sufficient opportunities for people who used the service and their relatives to express their views about the care and the quality of the service provided.

We observed good interactions between people who used the service and the care staff throughout the inspection. People were treated with respect and dignity, had their independence promoted and were provided with a choice about how their care was delivered.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People who had experienced multiple falls were not always referred to the appropriate health care professional for assessment.

Staff displayed a good understanding of the different types of abuse and could explain how to recognise and respond to signs of abuse to keep people safe from harm.

Is the service effective?

Requires Improvement

The service was not always effective.

People's health needs were not always met. Most people who used the service received, where required, additional treatment from healthcare professionals, however we found one instance where this had not happened.

The manager was able to show they had an understanding of Deprivation of Liberty Safeguards (DoLS) and we found the Mental Capacity Act 2005 (MCA) guidelines were being followed.

People had access to adequate food and drinks, but this was not always well recorded by the staff. Most people enjoyed the food, although one person told us they did not.

Is the service caring?

Good

The service was caring.

We observed good interactions between people who used the service and the care staff throughout the inspection.

People were treated with respect and dignity, had their independence promoted and were provided with a choice about how their care was delivered.

Is the service responsive?

Good

The service was responsive.

People had their health and social care needs assessed and plans of care were developed to guide staff in how to support people. However, some elements of the care plans required further development.

We saw people were encouraged and supported to take part in a range of activities.

There was a complaints procedure in place and people knew how to make a complaint if they were dissatisfied with the service provided.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The service had a quality monitoring system in place; however, it was not effective and failed to identify areas of concern.

The CQC had not been notified of all significant events that occurred at the service. This meant we could not check that appropriate action had been taken.

Staff and people who visited the service told us they found the manager to be supportive and felt able to approach them if they needed to.

There were sufficient opportunities for people who used the service and their relatives to express their views about the care and the quality of the service provided.

Westwood Park Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 23 June 2016 and was unannounced. The inspection team consisted of one adult social care (ASC) inspector 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.

Before this inspection we reviewed the information we held about the service, such as notifications we had received from the registered provider and information we had received from the local authorities that commissioned a service from the home. Notifications are when registered providers send us information about certain changes, events or incidents that occur. We also contacted the local authority safeguarding adults and quality monitoring teams to enquire about any recent involvement they had with the home.

The registered provider was asked to submit a Provider Information Return (PIR) prior to the inspection, as this was a planned inspection. This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. The registered provider submitted their PIR in the agreed timescale.

During the inspection we spoke with three members of staff, the registered manager, the deputy manager, ten people who used the service, one healthcare professional and three people's relative's. We spent time observing the interaction between people who lived at the home, the staff and any visitors.

We looked at all areas of the home, including bedrooms (with people's permission) and office accommodation. We also spent time looking at records, which included the care records for three people,

medication records for seven people, handover records, supervision and training records for three members of staff and quality assurance audits and action plans.

Requires Improvement

Is the service safe?

Our findings

The home had policies and procedures in place to guide staff in safeguarding people from abuse. We saw the registered manager used the local authorities safeguarding tool to decide when they needed to inform the safeguarding team of an incident, accident or an allegation of abuse. We viewed safeguarding records and saw that safeguarding concerns were usually well recorded and submitted to both the local safeguarding team and the Care Quality Commission (CQC) as part of the registered provider's statutory duty to report these types of incidents.

However, we found that an allegation of abuse had been made against a member of staff. We saw this had been fully investigated by the registered manager and that the member of staff was dismissed as a result of the investigation. We found no safeguarding alert in relation to this and no notification had been received by the CQC. A relative we spoke with told us that some of their spouse's jewellery had gone missing. This was investigated by the service and some items of jewellery were found, however, again, we found the appropriate notifications had not been submitted. This was a breach of regulation and has been addressed in the well-led section of this report.

We viewed the homes accident and incidents file and saw that all events were recorded including information on who was involved, the nature of the injury, location in the home, the outcome and whether any healthcare professionals were contacted. A description of what action to reduce any reoccurrence of an incident was documented. However, we saw that a number of people who used the service had suffered multiple falls over a number of months. Although risk assessments had been put in place, referrals to the falls team had not been made at the time these incidents occurred. The local safeguarding team was investigating this matter at the time of the inspection and as a result retrospective referrals to the falls team had been made for each person. We discussed this with the deputy manager who informed us that the services policy is to refer people to the falls team after two falls in any six month period. However, we found this policy had not been adhered to therefore not all had been done to mitigate risk to people using the service.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe. Comments included, "Yes, never had a problem with safety", "Yes, they [Relative] are quite safe", "I have no worries about being safe here", "Yes it's a great place. Good god yes, I feel safe." However, one person using the service told us. "Yes and no. I don't like it when other people come into my room." We discussed this with the registered manager and they explained that the person had informed them of this and they now had an agreement in place to enable the person to have their room locked at night to prevent people from entering. Checks of the person's care file confirmed this.

People who used the service were protected from abuse and avoidable harm by staff who had completed relevant training and knew how to keep people safe. Staff we spoke with demonstrated a good knowledge of safeguarding people and could identify the types and signs of abuse, as well as knowing what to do if they

had any concerns. There was also a whistleblowing policy which told staff how they could raise concerns about any unsafe practice. One member of staff said, "I've never seen anything of concern, if I did I'd speak with the senior or go straight to the manager." Another member of staff said, "I'd speak with the senior person on shift, if I wasn't happy with the response I could contact you [the CQC]."

We saw the service had systems in place to ensure that risks were minimised. Care plans contained risk assessments that were individual to each person's specific needs. This included an assessment of risk for falls, nutritional status, continence, moving and handling, pressure relief and when necessary bed rails. Risk assessments were reviewed on a monthly basis and amended accordingly. We saw Personal Emergency Evacuation Plans (PEEP) were in place for all of the people living at the service. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. This showed the registered manager had taken steps to reduce the level of risk people were exposed to.

We confirmed that checks of the building and equipment were carried out to ensure people's health and safety was protected. We saw documentation and certificates to show that relevant checks had been carried out on the electrical circuits, biomass boiler, fire extinguishers, emergency lighting, passenger lift, stair lift, nurse call system, weighing and all lifting equipment including hoists. We saw that a suitable fire risk assessment was in place and regular checks of the fire alarm were carried out to ensure that it was in safe working order. We also saw that fire drills took place to ensure that staff knew how to respond in the event of an emergency. A member of staff told us, "All of the equipment is safe; if anything breaks we report it and it gets fixed." This showed that the registered provider had taken appropriate steps to protect people who used the service against the risks of unsafe or unsuitable premises.

We asked people who used the service whether they thought there were enough staff on duty during each shift. Comments included, "Yes, staff will have a chat when they have time", "Yes there are plenty of staff", "Yes, staff levels are ok", "There's usually enough staff, sometimes short across mealtimes" and, "There's plenty of staff. Although you can sometimes wait a while for breakfast." One relative told us, "No, not all the time, I can press the buzzer and end up having to go and search for a member of staff." However, another relative told us, "There seems to be plenty of staff about." A member of staff told us, "At times we are busy especially if somebody calls in sick. But we do have time to stop and chat, but this is usually later on in the day, when it settles down." Another said, "Usually we have enough staff and we use agency staff when we are short. It's a good staff team."

We saw from annual appraisals and staff meeting that some staff had indicated they felt over stretched when a 'floating' member of staff was not on duty to support the two care staff working upstairs. We discussed staffing with the registered manager and they told us that they were working towards having a 'floating' member of staff on duty at all times to help alleviate these concerns. However, some staff had left and although they had advertised, interviewed and offered jobs to new care staff, for various reasons they had not remained in employment with the service. They explained that they were continually advertising for carers to ensure they had a pool of staff available to meet the needs of the people using the service. The registered manager told us they do use agency workers when necessary to ensure there is enough staff and they tried where possible to use the same agency staff so they knew the people they cared for.

On the day of this inspection there was the registered manager, assistant deputy manager, a senior carer and six carers on duty. They were supported by an administrator, two domestic staff and a cook. We viewed rotas and saw that there were three staff on shift during the night. Our observations confirmed when there was a full quota of staff on duty there were sufficient levels of staff to meet the needs of people using the service. However, we were told that when staffing levels dropped this increased the pressure on staff,

although people's needs were still met.

We looked at the recruitment records for three staff members. We found the recruitment process was robust and all employment checks had been completed. Application forms were completed, references obtained and checks made with the disclosure and barring service (DBS). The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and ensured that people who used the service were not exposed to staff that were barred from working with vulnerable adults. We also saw that during supervision, staff were required to sign a declaration stating they had not received any criminal convictions, warnings or referrals to the DBS that they have not previously disclosed.

We were told that only the management team and seniors carers were trained in the administration of medication and checks of the training records confirmed this. The service used a monitored dosage system (MDS) with a local pharmacy. This is a monthly measured amount of medication that is provided by the pharmacist in individual packages and divided into the required number of daily doses, as prescribed by the GP. It allows for simple administration of medication at each dosage time without the need for staff to count tablets or decide which ones need to be taken and when.

We observed medication being administered at different times throughout the day and saw that this was carried out in an unobtrusive and respectful manner. We looked at how medicines were managed within the home and checked a selection of medication administration records (MARs). We saw that medicines were obtained in a timely way so that people did not run out of them, administered on time, recorded correctly and disposed of appropriately. We saw that medicines were stored safely in a secure cabinet, or in a locked room, however we noted that the temperature of one of the rooms was regularly above the recommended temperature of 25°C and on the day of this inspection the temperature of the room was recorded at 29°C. We addressed this with the registered manager who immediately ordered an air conditioning unit that could be placed in the room to ensure medicines were stored within the recommended temperature guidelines.

Regular medication audits were completed and this ensured any errors were identified at the earliest opportunity. MAR charts were frequently checked for any gaps or recording errors and the deputy manager told us that this had resulted in a reduction in recording errors by staff. People told us they received their medication on time. One person said, "Yes, it's on time as a rule." Another told us, "Yes, all my medication is on time, I get my tablets."

Requires Improvement

Is the service effective?

Our findings

People's healthcare needs were recorded in their care plans and it was clear when healthcare professionals such as community nurses, dieticians, dentists and opticians had seen them. One person told us, "If I need to see the GP, I just ask the staff and they arrange it" and, "Yes, I can see them whenever I want." Another person said, "Yes I see the chiropodist once every month" and another told us, "The carers call my GP, they came to look at my swollen leg."

We saw people had their dietary needs assessed and plans were put in place to help the service meet these needs. People were weighed on a regular basis and this information was recorded in their care file. We saw that when weight loss was recorded that some people were referred to the GP or Dietician for a full nutritional assessment. However, we could see from records one person had experienced a weight loss equating to 14% of their total body weight between February and April. We saw that a note was made in the care file to monitor the weight loss in March, however weekly weights were not started at this time and despite further weight loss, we saw no referral had been made to the GP or a dietician. We did see that the Speech and language therapist's (SALT) had been previously involved; however, no new referral had been made.

We found that some people using the service had food and fluid charts in place and these recorded the amount and type of food and fluid consumed on a daily basis. However, we saw that these were not always accurately completed. Fluids were not always totalled and there was no information or advice included to indicate how much fluid the person should consume daily and how staff needed to respond if a person's fluid intake fell below a specific level. The food charts we viewed were inconsistent and where there were gaps in recording, it did not include a reason why the person had not eaten a meal. This made it difficult to determine whether a meal had been offered and the person had not eaten it or whether they had eaten and the chart had simply not been completed.

This was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that people who were at risk of developing pressure sores had repositioning charts in place to ensure they were repositioned within a specific timeframe to alleviate pressure on areas of fragile skin. However, we saw that these charts were not accurately completed, did not always contain the required information and on occasions were left blank or recorded that the person had only been turned once. We discussed this with the staff and the registered manager who informed us that the people were turned on a regular basis. However, they acknowledged that the recording of the positional changes needed to improve. We spoke with a community staff nurse and they confirmed they had previously had concerns with regards to the quality of recording on repositioning charts, however, at the time of this inspection there were no concerns in relation to people's pressure sores, which indicated the correct regime was been followed. This has been addressed in the well-led section of this report.

Staff we spoke with told us they had completed an induction and they felt they had the skills to safely and

effectively carry out their roles. One member of staff told us, "We had a home specific induction and did a mixture of online training such as safeguarding and health and safety and also practical training such as moving and handling." Another said, "Yes we did an induction. It was informative, but I prefer face to face training." We looked at the induction for staff and saw it included information regarding the service and contained a checklist of training that was required to be completed within the first six weeks of employment. The registered manager told us that as part of the induction staff had the opportunity to shadow more experienced members of staff before they were included on the rota. The staff we spoke with confirmed this. New starters were now required to complete the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working.

The registered manager explained that training was mostly delivered through e-learning packages but also through face-to-face training for those topics that required 'hands on knowledge' such as moving and handling. We viewed training records and saw that all staff had completed training in the topics the registered provider deemed essential including moving and handling, health and safety, infection prevention and control, safeguarding, first aid and fire safety. We did see that a small number of staff did require refresher training in a few topics, but this had been addressed and deadlines were set for the completion of this training. We saw there were 20 training topics that staff could access in addition to the mandatory training, this included topics such as equality and diversity, communications, dignity and respect and dementia specific training. Not all staff had completed all of the additional training, but they were encouraged by the registered manager to complete as many courses as they could.

Staff told us they were well supported by the management team and that they received regular supervision and appraisals. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to its staff. It is important staff receive regular supervision as this provides an opportunity to discuss people's care needs, identify any training or development opportunities and address any concerns or issues regarding practice. We viewed supervision records and saw that in addition to discussions around rota's, concerns, training, attendance and performance they also included knowledge checks on, for example, where staff would find out about who was at risk of falls, how staff respond to the fire alarm and how they support people using the service to make decisions on a daily basis. We saw that supervisions were a two way process and staff were clearly comfortable raising any concerns.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are 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 were being met. At the time of the inspection there were 13 DoLS authorisations in place and the service was waiting for assessments and approval for several more applications they had submitted.

Staff were able to explain how they approached people who could not consent to a specific care task. One member of staff told us, "I always explain to the resident what I am going to do before I start. I get down to their level, so they can see it is me and I ask them. We know each resident individually and we can tell if they are happy with what we are doing or if they are going to get distressed." We were told that restraint was not used at the service and discussions with staff confirmed this. One member of staff explained, "When people

become aggressive, I make sure they are safe and leave them to calm down. I come back and see them when I think they have settled down. I do not like leaving people but understand that you need to sometimes. When I go back they have usually calmed down so I can then help them."

Most people told us they enjoyed the food and they were offered a choice. Comments included, "The food is great. I get a brilliant choice; I'd like to see somebody try and do better", "I get plenty to eat", "I get a choice. If I wanted something different I would just ask for it", "The food is nice and there is always a choice, but some meals are better than others", "I get plenty of food and drink, more than I need." However, one person said, "The food is ok, it's eatable" and a visiting relative told us, "I don't see much of the food but [Name of relative] doesn't like it much. We bring fruit, biscuits and snacks in to make sure they have enough to eat.

We observed the breakfast, lunch and tea time meals and saw people were given time to eat their meals and there was a relaxed atmosphere. We saw that most people who sat in the dining room were able to eat independently and had access to a range of adapted utensils and plate guards in order to help them eat their food independently. Others who required assistance with eating either received this support in their rooms or in other areas of the home. We saw when people did require assistance or prompting to eat their meals staff sat with them and encouraged them to take an adequate diet.

We saw that hot or cold drinks, biscuits and fruit were offered to people between meals. However, we did note that there were no jugs of water or juice available for people to help themselves. We asked people if they could have a drink when they chose to. People told us, "If you want a drink during the day you have to walk to the kitchen and ask for one. They do bring tea and coffee around at half past ten and then again in the afternoon", "Yes there's plenty to eat and drink. If I want a drink I just ask and staff will bring it" and, "If I want a drink, I just go to the kitchen and ask for it." We discussed the need for people to have access to fluids throughout the day with the registered manager and they told us they would introduce jugs of juice to ensure that people were well hydrated.

Good

Is the service caring?

Our findings

People told us they were cared for by staff who were kind and caring. Comments included, "The staff are very kind, nothing to grumble about there", "The staff are very kind, there's nothing nasty about any of them." "The staff are kind; some more than others" and, "The care is perfect. I can tell the staff really care. I'm really happy here." Other comments included; "I used to like the older staff. They are all very young now, but they are very kind", "The staff speak to you like they are your friends" and, "I have no concerns about the staff, although I get on better with some more than others." A relative told us, "The staff are very nice, attentive and patient."

People who used the service told us they were given a choice about how their care was provided. They told us they could choose what time they got up and what time they went to bed, they were given a choice of meals and we saw they could choose where they sat and whom they spent their time with. Comments included, "There are no restrictions, I can do what I like; I please myself", "I can go out in the garden when I want, it's my choice", "If I want some time to myself I just disappear and go to my room. The staff will know where I am" and "It's our choice, I don't want to be by myself but I'm sure it would be ok if I did" and "I can do what I want, if I want to go for a lie down in the afternoon I just take myself to bed." A member of staff told us, "We always try and give people choices, but if they are confused we also have to make sure they are safe."

People were treated with dignity and respect. One person who used the service told us, "The staff respect me. That's why I stay here; I don't want to go home." Another said, "Yes they do, they treat me as a person." We saw that staff knocked on people's doors before entering, called people by their preferred name and ensured bathroom doors were closed quickly if they needed to enter or exit, so that people were not seen in an undignified situation. During the morning of the inspection one person who used the service entered the corridor dressed only in their underwear. We saw that staff were quick to respond and wrapped the person in a blanket to ensure that they were fully covered before encouraging them to go back to their room to prepare for the day. A relative also told us that their family member was always well turned out, they said, "He is much smarter here and always well turned out with his shirt buttoned up" and, "He was going out and [Member of staff] made sure he wasn't in his tracksuit bottoms and took him to get changed into smarter trousers." This showed that staff promoted people's dignity.

The registered manager told us they had developed links with local voluntary and professional advocacy services. They explained how advocacy services had been used in the service to support the application process for Deprivation of Liberty Safeguards and the advocate services had continued to visit and support the person. Advocates are people who are independent of the service and who support people to make decisions and communicate their wishes. On the day of this inspection we spent time talking to a visiting advocate regarding their role in supporting one of the people using the service.

Staff told us they promoted the independence of people using the service. One member of staff told us, "I ask if people want to wash themselves, even if it's just washing their face. I try not to take over completely." People using the service told us they were trying to remain independent. Comments included, "I try to

remain independent, although I'm slowing down a bit these days", "I still look after all my own financial matters" and, "Yes, I still dress myself." We were also told that two people administered their own medication, although staff regularly checked this to ensure it was taken as prescribed.

Relatives and visitors were welcomed at the home and were free to come and go as they pleased and stay as long as they liked. A relative told us, "We can visit anytime we want, but they prefer it if you don't come at mealtimes."

Discussion with the staff revealed there were no people living at the service with any particular diverse needs in respect of the seven protected characteristics of the Equality Act 2010 that applied to people living there; age, disability, gender, marital status, race, religion and sexual orientation. We were told that some people had religious needs, but these were adequately provided for within people's own family and spiritual circles. We saw no evidence to suggest that anyone that used the service was discriminated against and no one told us anything to contradict this.

Good

Is the service responsive?

Our findings

We saw that pre-admission assessments had been completed by the registered manager prior to people moving to live at the service on either a permanent or a temporary basis. Where possible these were carried out with a relative or representative present to ensure that the information gathered was as accurate as possible. A visiting relative told us, "The admission process was very thorough and the family were all involved." Another said, "Yes, we were involved in the care package and had to sign to say we agreed to it." We also saw that consent was gained to share information, allow physical examination, consult with professionals and to allow the person to be photographed so their picture could be included within their individual care and medication records. A visiting advocate told us they had been involved in the development of the care plan for the person they were supporting. They told us that staff knew the person well and they had good knowledge of people's likes and dislikes.

The care plans we viewed were written in a person centred way and contained information including the person's life history, one page profiles, daily routines and likes and dislikes. This information enabled staff to develop a better understanding of the person they were supporting and helped them to talk about subjects the person was interested in.

We saw that care plans addressed any identified need including, moving and handling, nutrition, falls, medication and personal care. We saw that some people's care plans contained good detail and were reviewed regularly. However, we found that in some people's care plans, areas of need had not been assessed and relevant plans were not present in their file. For example, one person experienced periods of distress, which caused them to display both verbal and physical behaviour that could challenge the service. Despite thorough incident reporting and the implementation of a monitoring log we found that there was no plan in place to advise staff how to effectively support the person during these periods of distress. We also saw that the monitoring log had ended in May with no explanation why this was no longer required. Despite this, staff were still able to explain how they effectively supported the person.

We found that there was a lack of accurate care records in place and have reported on this further in the well-led section of this report

Although the service did not employ a designated activity coordinator, we were told activities at the service were offered on a daily basis. People we spoke with told us that they enjoyed the activities that took place. One person said, "I like reading, walking and crosswords" and ""I like to dance, me and the wife used to do waltz, quickstep and the foxtrot. We have had dance here before, a few people got up and joined in." Other comments included, "I like to do Knitting, reading and puzzles", "I like watching TV, especially the football. They also have daily papers which I read", "There was a good singer on yesterday. They sang country and western", "I like to knit, crochet or I read a book" and, "I go to the church regularly. There was singer in yesterday and my husband came in to watch them with me." One person told us, "I have seen a lovely colouring book, but I have never seen any pens."

A member of staff explained, "We have bible studies and the local church visits every other Friday. We put

afternoon activities on; have a music session on a Friday and a karaoke session that come in from time to time. They do hoopla and bowls, they won a competition last year" and, "People do go out, a few went to the lord mayor's lunch. I just wish we had more time to take people out and about." A relative told us, "They do have activities going on and what's important is they are age appropriate. [Name of person] really enjoys the bowls and they had a singer on a few weeks ago. It's just about getting them involved."

The deputy manager told us that staff were responsible for arranging any activities that took place within the service and indicated this was currently under review. They told us they had plans to develop the number of activities on offer further and hoped to implement a movement to music session in the near future.

The service had a complaints procedure in place and this was displayed in the entrance to the home for visitors and people using the service to see. We saw that written complaints were acknowledged within two working days and responded to in full in 28 days. We looked at the complaints file and saw the last complaint had been submitted in May 2016 and a thorough investigation had taken place and an action plan had been developed to address the issues raised. We saw that all complaints recorded in the complaints file had been fully investigated to the approval of the complainant and their signature had been obtained to indicate they were satisfied with the outcome.

Most people who used the service told us they knew how to complain. Comments included, "I know who to complain to, but I'm not one to moan. If I needed to tell them I would though", "If I needed to complain I would speak with the carer, or go to the manager", "I'd speak to the boss" and, "I know how to complain and I have in the past. I had an issue with a carer but I discussed this with the manager and it all got sorted out."

There were other opportunities for people living in their home and their families or friends to raise concerns or provide feedback to the registered manager. These included residents meetings, relative meetings, and quality assurance surveys. One person who used the service told us, "We have meetings every now and again, I always attend." A relative said, "We have been to meetings and we feel that we are listened to." There was also a number of notice boards that displayed information regarding the home and advertised any upcoming events. These steps ensured that people could have their say about the service and were kept up to date with any events or significant changes.

Requires Improvement

Is the service well-led?

Our findings

Services such as Westwood Park Residential Home that provide health and social care to people are required to inform the CQC of important events that happen in the service. The registered manager had not informed the CQC of all significant events. This meant we could not check that appropriate action had been taken.

This was a breach of Regulation 18. Notification of other incidents, of The (Registration) Regulations 2009.

We saw that a comprehensive quality assurance system had been developed and this included daily, weekly, monthly and annual audit checks, meetings, stakeholder surveys and the analysis of the information collated from these. However, we found that the system was not always effective as issues of concern in relation to the monitoring of people's weights, the frequency that people fell and the temperature of the medication room had gone undetected.

The service kept records on people that used the service, staff and the running of the business that were in line with the requirements of the regulations and we saw that they were appropriately maintained, up to date and securely held. This meant that people's personal and private information remained confidential.

However, some record keeping within the service needed to improve. We saw evidence that care plans, repositioning charts and food and fluid charts were not always accurate or up to date. This meant that staff did not have access to complete and contemporaneous records in respect of each person using the service, which potentially put people at risk of harm.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered provider is required to have a registered manager as a condition of their registration. There was a registered manager in post on the day of this inspection; this meant the registered provider was meeting the conditions of their registration and that there was a level of consistency for people using the service and for staff.

The registered manager told us they had a responsibility to develop the staff team, identify strengths and weaknesses and arrange suitable training for the staff team to ensure they had the skills to effectively perform their role. They explained that the deputy manager had begun the process of registering as manager of the Westwood Park Residential Home with the Care Quality Commission. This had been planned for several months and the deputy manager had a personal development plan in place to ensure that they were ready to take over.

The staff we spoke with told us they felt well supported and could approach the manager with any concerns. One staff member said, "The manager has been very supportive and they have been flexible with my shifts to fit around my family life." Another told us, "All of the management are approachable. They have an open

door policy so we can speak to them at any time." People who used the service told us, "Yes, we can speak to the manager, they are approachable", "Yeah, the manager is alright, I know who they are." A visiting relative told us, "I think the manager is very good, the manager is very nice."

Regular meetings took place for staff, people using the service and their relatives. We saw that staff meetings were held for care staff, night staff, senior care staff and domestic / laundry / kitchen staff on a regular basis. We viewed the minutes of staff and resident meetings and saw that a variety of issues were discussed pertaining to what was relevant at that particular time. The meetings allowed a two-way discussion, provided an opportunity for people to raise any issues, and enabled important information to be shared. This meant that staff and people using the service were kept informed of any issues that may affect them and provided opportunity to discuss any concerns.

We saw that the registered manager had distributed quality assurance surveys to people who used the service, their relatives and friends and to the staff team. Feedback was generally positive. However, where negative feedback was received, we saw this had not been followed up. The registered manager assured us that future issues would be fully investigated.

We discussed the culture of the home. The registered manager told us they were keen to develop a transparent service where all staff could be open and honest about any mistakes they had made. They said, "We need to embrace mistakes and learn from them. Any errors need to be seen as an opportunity to improve and I want the staff to feel confident that they can report any issues at the earliest opportunity." We spoke with a member of care staff and they said, "If I make any mistakes, I tell my senior straight away. We are human and sometime things happen, but if I am honest then my conscience is clear and we can learn from it and move on."

We saw that the registered manager took action to address areas of poor practice. For example, after discovering that some medication was missing in the home, new medication audits were implemented, senior staff were retrained and all involved were emailed outlining the seriousness of the issue and a need to improve.

Relatives we spoke to told us that they were kept up to date with any issues relating to their family member. We saw communication with people's families was accurately recorded in the persons care file. One relative said, "Yes, they phone us and we both visit a lot." Another told us, "They are good, we get the information we need."

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 12 HSCA RA Regulations 2014 Safe care and treatment The registered provider was also not doing all that is reasonably practicable to mitigate the risk to people using the service of repeated falls. Regulation 12 (1)(2)(b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs The provider did not always ensure that people using the service had their nutritional and hydration needs adequately met. Regulation 14 (1)(2)(a)(i)(b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have in place effective systems to assess, monitor and improve the quality and safety of the services provided in the carrying out of the regulated activity. Regulation 17 (1)(2)(a)(b)(c)