

Three Arches Care Ltd

Westthorpe Hall

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Westhorpe Hall is a residential care home providing personal to nine people at the time of our inspection. Some of those people were living with dementia. The service can support up to 21 people.

The service is in a listed building with enclosed gardens. It is located in a rural area and people would require support to access the local community.

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

Staff used personal protective equipment, such as gloves and aprons to prevent the spread of infection. The service had undergone changes to the environment to improve the infection prevention control procedures.

Staff assessed and reduced people's risks as much as possible. There were enough staff to support people with their care and support needs. The provider carried out key recruitment checks on potential new staff before they started work to ensure they were suitable.

People received their medicines and staff knew how these should be given. Checks were in place to ensure that medicines were given safely and stored correctly.

The service was recruiting both a registered manager and a deputy manager. The previous registered manager had not been in the service for very long. The changes in the management structure over the last 12 months had been disruptive to the service and to the morale of staff. The current interim management structure in place had been well received by relatives and most staff, however, was only a short-term arrangement whilst both positions were being recruited to. The service required a period of stability and ongoing support from the provider to embed the improvements which had been made and to support the staff team.

The provider had introduced new ways that people, staff and relatives could give feedback and suggestions anonymously. People were asked their views of the service and action was taken to change any areas that they were not happy with. Concerns were followed up to make sure action was taken to rectify the issues raised

The interim manager and nominated individual had worked closely with stakeholders, including the local authority, safeguarding team and infection control team to improve practice within the service.

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

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 17 November 2020) which was a focused inspection. There was one breach of regulation. The provider completed an action plan to show

what they would do and by when to improve.

We carried out a targeted inspection (published 7 April 2021) to check compliance with the breach of regulation. We found the provider had made the necessary improvement in that area, but we identified another breach of regulation. We did not rate the service on this occasion. The provider completed a further action plan to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe and well-led which contain those requirements.

The ratings from the last comprehensive inspection, published 01 October 2019, for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

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

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 until we return to visit as per our re-inspection 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Westthorpe Hall

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

This inspection was carried out by one 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.

Service and service type

Westthorpe Hall 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; however, they had recently left the service. This meant the provider was legally responsible for how the service is run and for the quality and safety of the care provided. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with six relatives about their experience of the care provided. We spoke with 10 members of staff including the nominated individual, director, interim manager, director, care workers and the chef.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. This including quality assurance records. We also spoke with two professionals who regularly visit the service.

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 now improved to good. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

At our last inspection the provider had failed to robustly assess the risks relating infection control. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- We were assured on this visit that the staff were following national guidance in preventing the spread of infection.
- Management had worked closely with a dedicated infection prevention control (IPC) team from the Local Authority. The service had implemented an action plan which made improvements to areas identified by the IPC team. Following our site visit the IPC team re-visited the service and were satisfied with the changes made. This also included changes to audits to enable management to monitor IPC and cleaning standards within the service.
- Relatives told us that they felt the service was following IPC procedures. One relative told us, "I feel [family member] has been safe as the staff have worn PPE [personal protective equipment] and they have put all the safety measures in place regarding relatives' visits that have needed to be there". Another relative told us, "When I recently visited the home it smelt clean and fresh."
- During our inspection we saw the service was clean and there was no odour. The service was being redecorated and floors and carpets were being replaced.
- A dedicated IPC lead amongst the staff team had undergone specific training to support the service to improve standards. Equipment was purchased, including a new steamer, which steams cleans soft furnishing such as sofa's and curtains.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to protect people from harm. Staff received safeguarding training and were confident they knew who to contact and how to report any concerns they may have.
- All relatives, without exception, told us that they felt their relatives were safe at Westhorpe Hall with the support they received from staff.

Assessing risk, safety monitoring and management

- People were protected from risks associated with their care and support. The interim manager had recently updated people's care records to reflect the current needs and wishes of people living within the service. These records included risk assessments for people's nutritional needs, risk of falling and skin

integrity.

- Relatives and friends had also been contacted to support staff to develop a picture of people's life prior to them moving into the service. This enabled staff to discuss past times and relatives with people. For those people living with dementia, conversations about their past can provide reassurance and a sense of safety.
- A relative told us, "One thing I am impressed with is that the carers are key workers to a few residents, so that they get to know them well and know their specific needs." Another relative said, "I was shown [persons] care plan, I was impressed with it. I could see that they are planning to train staff to support [person]. The home is sharing so much more with me now."
- All care plans included a missing person protocol, which would support the emergency services to locate a person in the event they were to go missing.

Staffing and recruitment

- There were enough staff available to meet people's needs and ensure their safety. At the time of our inspection the staffing levels at Westhorpe Hall had increased following a recent review. Management had introduced a new dependency scoring level, which outlined the minimum amount of staff needed at times throughout the day.
- Staff told us that they felt there were enough staff on duty currently to meet the needs of people living at the service, both in the daytime, and overnight. However, the service had a high number of vacancies, therefore staffing will need to be reviewed if the occupancy levels increase.
- Relatives told us that they felt there were enough staff on duty, and some noticed that staffing levels had increased in recent months. One relative said, "I believe there are enough staff as when I have visited, I have seen plenty of staff around." Another relative said, "[Now] there seems to be an acceptable level of staffing, buzzers were not going off all the time, which used to happen. There was a very calm atmosphere."
- Safe recruitment practices were followed. Pre-employment checks were carried out before staff started work. Staff told us that they had not been able to start work until their employment checks had been completed.

Using medicines safely

- People received their medicines as prescribed. Staff confirmed that they had received training in medicine administration and received a medicine competency assessment and spot checks. Staff told us that they knew the protocol to follow if a medication error occurred.
- Medicines were stored securely in a locked room. The room was clean and clear from any unnecessary clutter. Temperatures were recorded to ensure that medicines were kept at the correct temperature.
- Management carried out a weekly and monthly audit of medicine administration, this enabled them to identify any errors or potential near misses.
- The manager was working with the local GP to improve practice and had identified a new pharmacy to support the service to improve their medicine procedures.

Learning lessons when things go wrong

- Incidents or accidents involving people using the service or staff were managed effectively. Staff recorded these appropriately and the manager analysed the records to identify any themes to reduce the risk of any reoccurrence.
- Analysis of these documents also included a section on 'learning lessons' which was then fed back to the staff team.

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 requires improvement. At this inspection this key question has remained the same. 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.

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

- Audits had been carried out by the interim manager and had fed into a working action plan. Although this shows that improvement has been made in the last 3 months, it has not been sustained over a period of time, for example the two breaches identified during a CQC inspection within the last 9 months.
- The service required a period of stability within its management structure, as there had been a high turnover of management in the last twelve months. Both the registered manager and deputy manager had recently left the service. The service was being managed by an interim manager with the support of the nominated individual and directors.
- The previous registered manager had not been in the service for very long. The changes in the management structure over the last 12 months had been disruptive to the service and to the morale of staff.
- The provider was in the process of recruiting a new registered manager and deputy manager. Once appointed, these new members of staff would be inducted and supported by the interim manager and nominated individual.
- We received mixed feedback from staff regarding the management of the service. However, concerns raised, did not impact on the people's care. Staff assured us that, if anything, care had improved. Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
- Staff were committed to providing good care and support. Staff told us that they would be happy for a relative of theirs to live at the service. One member of staff said, "I think we are quite unique, we are a small care home, and we give real person-centred care."
- All relatives we spoke with told us that they would recommend the service to other people. One relative said, "The staff are all approachable and supportive and the atmosphere in the home is very good. I would recommend the home to other people as it meets [their] 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

- The interim manager had a clear understanding of their responsibility of notifying CQC of reportable events.
- Relatives told us that they were kept informed when incidents or accidents happened. One relative also told us that they were assured that both the CQC and Local Authority were informed of these incidents as well.

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

- Relatives told us that they had recently been invited to attend an online meeting, which management used to explain to everyone the current changes of management within the home. This had been well received by relatives. We were also told that the interim manager had contacted all relatives to introduce themselves and provide an update.
- Relatives knew who to speak to at the service if they had concerns or feedback, and we were told by one relative, "I have never felt uncomfortable raising concerns as the staff listen well."
- The provider had recently introduced new ways to enable people, staff and relatives to provide confidential feedback and suggestions. This included a locked post box on site for people to hand deliver feedback, and an application which people can use on their mobile devices.
- Posters within the service also informed people how to give feedback.

Working in partnership with others

- Management of the service, including the nominated individual and interim manager were currently working closely with the local authority to implement improvements within the service. This included support from the safeguarding team and infection prevention control team.
- Staff and the manager also worked in partnership with other professionals and agencies. This included GPs, social workers, and other health care professionals to ensure that people received joined-up care.