

B Gelfand

West House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

The inspection was completed on the 17, 19 and 20 July 2018 and was unannounced.

This is the second consecutive time the service has been rated 'Requires Improvement.'

West House 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. West House provides accommodation and personal care for up to 26 older people. Some people also have dementia related needs. At the time of the inspection, there were 26 people living at West House.

Prior to the inspection the Care Quality Commission were notified of significant changes to the management team of West House. The registered provider and manager had notified us that they were no longer employed at West House. Following the inspection, the registered provider informed the Care Quality Commission they had applied to us to be formally de-registered as both the registered provider and manager of the service. An internal appointment was made in April 2018 whereby the team leader was successfully promoted to the post of deputy manager. At the time of this inspection the deputy manager was being supported by representatives from another organisation to manage the day-to-day running of the service. The representatives had been asked by West House's shareholders to provide additional support at this time. Therefore, the service did not have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission 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.

The registered provider had not made adequate and necessary improvements to comply with regulatory requirements or to achieve a better-quality rating since our last inspection to the service in October 2017. The quality assurance arrangements had failed to identify the issues we found during this inspection to help drive and make all the necessary improvements. Although the deputy manager was now in day-to-day charge of the service, they had received no formal induction to their role and were finding some aspects of this challenging. This referred specifically to dealing with matters relating to staff, such as persistent staff absence or poor performance, safeguarding concerns and complaints management. The deputy manager confirmed these matters had primarily been dealt with by the previous registered provider. The shareholders representatives advised us that support was being provided to the deputy manager to enable them to undertake their role and to ensure the safety and wellbeing of people using the service.

The arrangements for the safekeeping of people's monies did not protect or safeguard their monetary arrangements. Where incidents had occurred which suggested potential abuse, these were not robustly investigated. The deployment of staff was not always suitable to meet people's needs and this impacted on the quality of care some people received. Improvements were required to ensure staff adopted good infection control practices and minor improvements were required in relation to staff recruitment practices.

Not all staff had received up-to-date mandatory and specialist training; and not all training attained was embedded in staff's everyday practice. Where staff had been appointed to a senior role, they had not received an induction and not all staff had received regular supervision or an appraisal of their overall performance. Improvements were required to ensure people received a more positive dining experience. This referred to them receiving their meals in a timely manner, receiving support that treated them with respect and dignity; and which enabled people to make informed meal choices.

Though some people and those acting on their behalf told us they received a good level of support and were treated with care and kindness, interactions by staff and the way they communicated with people required considerable improvement. Many exchanges were centred primarily on tasks and routines, rather than it being person-led and person-centred. Staff did not always listen to people or respond to non-verbal cues and there was an over reliance on the use of the television. Although a new member of staff had been appointed since our last inspection to undertake social activities and there was an expectation that care staff would also facilitate these, people did not routinely receive opportunities to engage in social activities.

Improvements were required to ensure that people's care plan documentation reflected all their care and support needs and how the care was to be delivered by staff. Compliments and complaints were recorded; however, improvements were needed to show how decisions and outcomes had been reached.

People living at the service confirmed they were kept safe and had no concerns about their safety and wellbeing. Medication arrangements at the service ensured people received their prescribed medication as they should. The service worked together with other organisations to ensure people received coordinated and 'joined-up' care and support. People's healthcare needs were well managed and people had their healthcare needs met. Information available showed that each person who used the service had had their capacity to make decisions assessed. Where people were deprived of their liberty, the registered provider had made appropriate applications to the Local Authority for DoLS assessments to be considered for approval.

We have made recommendations about infection control arrangements, reviewing Mental Capacity Act principles to ensure staff work within these guidelines, end of life care and leisure and social activities.

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 consistently safe.

Arrangements in place did not always protect or safeguard people from abuse or harm.

The deployment of staff was not always appropriate to meet people's needs.

Improvements were needed to ensure safe infection control arrangements were followed by staff.

Medication practices were safe and ensured people received their prescribed medication.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Improvements were required to ensure the dining experience for people was positive.

Not all staff had achieved up-to-date mandatory or specialist training. Staff promoted to a more senior role had not received an induction. Improvements were also required to ensure staff received formal supervision and an annual appraisal of their overall performance.

The Mental Capacity Act 2005 and Deprivation of Liberty Safeguards principles were being applied.

People's healthcare needs were met and people were supported to have access to a variety of healthcare professionals and services as required.

Is the service caring?

Requires Improvement ●

The service was not consistently caring.

Whilst some aspects of care by staff was seen to be good, other arrangements were not as effective as they should be and this impacted on the delivery of good quality care.

People were not always treated with respect and dignity by staff.

People and their relatives were positive about the care and support provided at the service by staff. People told us staff were caring. Staff demonstrated an understanding and awareness of how to support people to maintain their independence.

Is the service responsive?

The service was not consistently responsive.

Although some people's care plans provided sufficient detail, others were not as fully reflective or accurate of people's care and support needs as they should be and improvements were required.

People were not always supported to participate in a range of social activities.

People using the service and those acting on their behalf were confident and able to raise concerns. Compliments and complaints were logged but how decisions and outcomes had been reached were not clear.

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led.

Although quality assurance arrangements were in place, required improvements had not been made or sustained to demonstrate the service was always being run in the best interests of people using the service.

Requires Improvement ●

West House

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 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 the 17, 19 and 20 July 2018 and was unannounced. The inspection team consisted of one inspector and an assistant inspector. On the 17 July 2018 the inspectors were accompanied by an expert by experience. An expert by experience is a person who has personal experience of caring for older people and people living with dementia.

We reviewed information that we held about the service such as safeguarding information and notifications. Notifications are the events happening in the service that the provider is required to tell us about. We used this information to plan what areas we were going to focus on during our inspection.

We used the Short Observational Framework for inspection [SOFI]. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 12 people using the service, three visiting relatives, three members of care staff, the person responsible for facilitating social activities, the deputy manager and two representatives from another organisation who had been requested by West House's shareholders to support the deputy manager. We reviewed six people's care files and four staff recruitment and support records. We also looked at a sample of the service's quality assurance systems, the registered provider's arrangements for managing medication, staff training records, staff duty rotas and complaint and compliment records.

Is the service safe?

Our findings

Safe was rated as 'Requires Improvement' at our last inspection on the 2 and 3 October 2017. At this inspection, we found that safe remained rated as 'Requires Improvement.'

Prior to the inspection the registered provider made us aware of an incident whereby one person had sustained an injury whilst being assisted by two members of staff when having their moving and handling needs provided. The above was not raised or considered as a safeguarding concern and although the incident had occurred on 10 April 2018, the Care Quality Commission was not notified by the then registered provider until 8 July 2018. Though the registered provider had initiated and completed an investigation, the subsequent findings and report were not robust and it was unclear how outcomes had been reached. For example, staff statements suggested the person had been anxious and distressed throughout the day and prior to the incident occurring. There was no evidence to indicate the person's daily care or behavioural records had been reviewed by the registered provider as part of their investigation. Had this been considered they would have found no evidence to demonstrate the person had been anxious or distressed as stated by staff. This did not provide an assurance to demonstrate information available to the registered provider had been fully explored and accurately reflected the outcomes. Following the incident consideration had not been given to providing either member of staff with updated moving and handling training to assure themselves they remained competent when providing manual handling support for people using the service.

A review of six people's money was checked as part of this inspection. The deputy manager told us the registered provider was responsible for overseeing people's finances. We found the registered provider's arrangements for the safekeeping of people's monies was not appropriate, and did not protect or safeguarded people's monetary arrangements. Receipts were not always available for all expenditure and not all monetary balances were accurate. Because of the above, the service was requested to raise a safeguarding alert to the Care Quality Commission and Local Authority.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's and relative's comments about staffing levels at the service were variable. One person told us, "At night they [staff] come quite quickly, but during the day I can have a long wait. They're [staff] not always very apologetic when they eventually come, I need two staff so then they have to go off to get someone else." Another person told us at 11.00 a.m., "What's the time? I'm still waiting to be washed and changed, that's not unusual." A third person told us, "I get up at 7.00 a.m., if I don't get up that early, I have to wait till about 11.00 a.m., because they're so busy." One relative stated, "I always think they could do with one or two more staff. [Relative] rings me sometimes to say they are wet and they are waiting for staff to come. I find that upsetting." Five people using the service told us they did not receive regular showers or baths and they attributed this to insufficient staff being available to provide the necessary support. We reviewed the care records for three of the five people and found there was limited evidence to show they had been offered or provided with a shower or bath in line with their personal preferences. One person told us, "I have asked lots

of times, but I've given up asking now."

Observation throughout the inspection showed the deployment of staff was not always suitable to meet people's needs. On the first morning of inspection 10 people living at West House were noted to be seated within the main lounge on the ground floor. A member of staff who was initially located within the main lounge left, asked the person responsible for maintenance to provide staff cover. The maintenance person was observed to be left within the lounge for a timed period of 30 minutes. During this time there was a verbal altercation between two people. Although the maintenance person dealt with this incident, it was not appropriate for them to be put in this position and potentially placed people at risk of harm.

Although staffing levels as told to us were being maintained, on the first day of inspection, people who remained in their bedroom at lunchtime did not receive their lunchtime meal and/or assistance from staff until 1.20/1.25 p.m. Whereas other people who remained within the main lounge received their lunch between 12.30 and 12.50 p.m. This also happened at teatime and people who remained in their bedroom at teatime had still not received their teatime meal and/or assistance from staff at 6.20 p.m. We discussed this with the deputy manager and found this had improved on the second day of inspection.

Where people used their call alarm facility to summon staff assistance, this was not always provided in a timely manner and demonstrated staff were not as responsive to people's needs as they should be. For example, the call alarm facility for one person was not answered by staff for over 11 minutes, despite several staff repeatedly looking at the 'call alarm board.' Inspectors had to intervene by bringing this to the deputy manager's attention, whereby they instructed staff to attend to the person.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A senior member of staff confirmed that one person had developed a small pressure ulcer to their hip, however on review of their care plan information relating to this and the on-going treatment to be provided by staff, had not been recorded. The same person's care plan had not been updated since September 2017. Following an incident in April 2018 whereby one person had had an accident whilst having their manual handling needs met by staff, their manual handling assessment had not been updated or reviewed to reflect their changing needs and how these were to be met. One person's care records stated they had been referred to the local community falls prevention service. Accident and incident records showed between 1 January 2018 and June 2018 this person had experienced seven falls/slips. While the person's care records deemed them to be at 'high risk' of falls, no information was recorded detailing the steps to be taken to prevent or reduce falls in the future from occurring and the support to be provided by staff. The above was discussed with the deputy manager. They confirmed they were aware that some people's care plans had not been updated as frequently as they should and continued improvements were required to ensure record keeping was more robust.

Staff understood their basic responsibilities for maintaining appropriate standards of cleanliness and hygiene; and following food safety guidance. However, there was a risk that people were not always protected by the prevention and control of infection. Inspectors were not told at the earliest opportunity by staff of an outbreak of infection at West House and not all staff spoken with were aware of those affected. Following a visit by a Health Protection Agency team member, six people living at West House and one member of staff were diagnosed as having contracted an infectious disease. Whilst people using the service and staff did not need to be isolated, good infection control practices were required by staff. This referred specifically to staff washing their hands, using sanitiser gel, wearing gloves and aprons. Our observations found that not all staff wore gloves or aprons, washed their hands or used sanitiser gel between providing

support from one person to another. This meant there was a potential risk that measures in place were not as robust as they should be to stop the infection from spreading. Training information provided showed not all staff had attained up-to-date infection control training.

We recommend that the service review current guidance from the Department of Health about the prevention and control of infections in care homes to ensure they are meeting best practice guidance.

We discussed safety with people using the service. They told us they had no concerns and felt safe living at West House. One person told us, "I've never felt so safe in all my life." Another person told us, "Yes, I do feel safe." Staff demonstrated a satisfactory understanding and awareness of the different types of abuse, how to respond appropriately where abuse was suspected and how to escalate any concerns about a person's safety to the management team and external agencies, such as the Local Authority and Care Quality Commission. Staff told us they would not hesitate to raise a safeguarding alert if they suspected abuse and were confident the deputy manager would take their concerns seriously and take the appropriate action.

Staff recruitment records for four members of staff were viewed. Most relevant checks had been completed before a new member of staff started working at the service. For example, an application form had been completed, written references relating to an applicant's previous employment was evident, proof of an applicant's identity had been sought and a criminal record check with the Disclosure and Barring Service [DBS] had been undertaken. Information was recorded as part of good practice procedures relating to the interview to demonstrate the outcome of the discussion and the rationale for the appointment. However, minor improvements were required as only one reference had been received for two members of staff, one member of staff's DBS received after they commenced employment and the reason for leaving employment was not always recorded. Representatives who were supporting the deputy manager at the time of our inspection confirmed they were aware of the above and were currently reviewing all staff files.

Since our last inspection to the service, an electronic medication management system had been introduced. We looked at the Medication Administration Records [MAR] for eight out of 26 people living at the service. These provided an account of medicines used and demonstrated that people were given their medicines as prescribed. Where two people had not received one of their specific medicines for several days, evidence available showed all reasonable efforts had been made by the service to chase this up with the GP surgery and pharmacy. Our observations showed that people received their medication in a timely manner as the medication rounds were evenly spaced out throughout the day to ensure that people did not receive their medication too close together or too late. All staff who administered medication had attained up-to-date medication training and had their competency assessed.

Is the service effective?

Our findings

Effective was rated as 'Requires Improvement' at our last inspection on the 2 and 3 October 2017. At this inspection, we found that effective remained rated as 'Requires Improvement.'

A copy of the staff training plan was requested and representatives who were supporting the deputy manager confirmed this was accurate and up-to-date. The staff training plan confirmed that not all staff employed at the service had achieved up-to-date mandatory training in line with the organisation's expectations. This referred specifically to health and safety, fire safety, equality and diversity, infection control, safeguarding and manual handling.

Additional training relating to peoples' specific medical conditions had been completed for a limited number of staff, for example, emergency first aid, pressure ulcer management and catheter care. Although our observations showed some staff were effectively able to apply their learning, others were not and improvements were required. For example, one member of staff was seen on two separate occasions to place their hand under a person's armpit when assisting them to mobilise. Not all staff appeared to recognise their practice relating to interactions, exchanges and communication with people using the service was not always appropriate or effective. These exchanges, particularly for people living with dementia were primarily routine and task led. This referred specifically to the provision of drinks, supporting people to eat their meals and assisting people with their personal care and comfort needs.

Staff newly employed since our last inspection to the service had received an 'in-house' orientation induction. As all staff newly employed had already achieved a National Vocational Qualification [NVQ] or Qualification and Credit Framework [QCF], there was no expectation required for them to complete the Skills for Care 'Care Certificate' or an equivalent. The 'Care Certificate' is a set of standards that social care and health workers should adhere to in their daily working life. However, where staff had been promoted to a more senior role, an induction to this role had not been provided by the registered provider. The deputy manager had at our last inspection to the service in October 2017 been a senior carer. They were promoted by the registered provider to team leader in December 2017 and deputy manager in April 2018. The deputy manager confirmed they had not received an induction to their role or a job description depicting their areas of responsibility and what was required as the deputy manager. The deputy manager stated they had not always felt supported or valued by the registered provider in this role and although doing their utmost to ensure people using the service were safe, were finding some elements of their role as deputy manager challenging.

Although staff told us they felt supported and valued by the deputy manager, staff confirmed and records showed they had not received regular supervision in line with the registered provider's expectations since our last inspection in October 2017. Records available showed the deputy manager had last received formal supervision in December 2017. Another member of staff had only received two formal supervisions within the preceding 12 months. Where discussions had been held as part of formal supervision arrangements and which suggested follow-up action was required, information to demonstrate this was not always available. One member of staff's supervision referred to them struggling with hourly checks, whilst also trying to

complete people's personal care. No information was recorded as to the support to be provided and how this was to be monitored. Where staff had been employed at the service longer than 12 months, annual appraisals of a member of staff's overall performance for the preceding year had not been conducted.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We observed the mealtime experience and found that improvements were needed to ensure people's experience was positive. As already stated, on the first day of inspection people who remained in bed and required assistance by staff to eat and drink received their meals considerably later than everyone else. This was discussed with the deputy manager and on the second day of inspection this had improved and people received their meals at a more appropriate time. Where some people required support from staff to eat and drink, staff did not always do this in a respectful and dignified way. Some members of staff were observed to stand up whilst assisting the person to eat and drink rather than sitting beside them.

Not all people were able to communicate their specific wishes and preferences relating to the meal choices available, particularly people living with dementia. No pictorial aids were available to enable people to make an informed meal choice and staff did not make the effort to find an alternative way to enable this to happen, such as physically showing each plated meal choice and asking the person to choose their preferred option. Furthermore, people were asked for their next meal choice soon after they had just eaten. On the second day of inspection a member of staff was noted to ask people in the main communal lounge what they would like to eat for lunch. The time was 8.45 a.m. and some people were still eating their breakfast. One person was overheard to say out loud, "Oh, for goodness sake, we've only just had breakfast, how do I know what I want for lunch?" The member of staff continued their quest to ask people what they would like to eat for lunch, without any thought or consideration to what had just been voiced. Consideration should be given to look at how this can be managed for the future.

The meals provided looked appetising and people's comments about the quality of food were positive. Comments included, "The meals are tasty and enjoyable." and, "The meals are very nice as always." However, the menu on the first day of inspection had not been amended to consider the extreme weather conditions and people were still served soup as a starter despite the very hot weather. Though people were provided with drinks throughout the day, people were not regularly offered a choice. People were not given the opportunity to wash their hands before the lunchtime and teatime meals, wet wipes were not offered by staff to enable people to clean their hands and people were not provided with serviettes to wipe their hands or mouths. People were noted to look for a serviette and as this was not available some people used their clothing to wipe the excess food from their mouths and hands. This did not ensure people's dignity would be maintained.

People had their needs assessed in relation to their physical, mental, emotional and spiritual care and wellbeing. This was to ensure their care and support needs were delivered in line with legislation and nationally recognised evidence based guidance. Appropriate steps had been undertaken by the service, to ensure where appropriate, people were supported to have their varied and diverse needs met.

People told us their healthcare needs were met and they received appropriate support from staff. One person told us they had been to hospital on numerous occasions. They further stated, "They [staff] notice if I am not well and call a doctor if needed." Another person told us they experienced extreme anxiety on occasions. They stated, "Staff here keep an eye on me. [Deputy Manager's Name] came with me to the doctor, that meant a lot to me, so they could listen for me and help me to talk about how I'm doing." Care records showed that people's healthcare needs were recorded, including evidence of staff interventions and

the outcomes of healthcare appointments.

The Mental Capacity Act 2005 [MCA] provides a legal framework for making 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 the mental capacity to take 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 authorisation 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.

Not all staff were able to demonstrate a good knowledge and understanding of MCA and Deprivation of Liberty Safeguards (DoLS). Staff did not always apply the MCA principles in practice, for example obtaining consent before providing care and support or always giving people choice. Information available showed that each person who used the service had had their capacity to make decisions assessed. Where people were deprived of their liberty, the registered provider had made appropriate applications to the Local Authority for DoLS assessments to be considered for approval.

We recommend that the service review current guidance relating to MCA principles to ensure they are meeting best practice guidance.

Is the service caring?

Our findings

Caring was rated as 'Requires Improvement' at our last inspection on the 2 and 3 October 2017. At this inspection, we found that caring remained rated as 'Requires Improvement.'

People's comments about the care and support provided was variable. Several staff were seen to speak to people in a kind and compassionate manner but conversations were often short-lived. Where positive comments were told to us these included, "When I first arrived here I was in a very bad place. They've [staff] gradually encouraged and helped me. I feel so much better now, "Staff keep an eye on me, I know they love me, they try to make me laugh" and, "They've [staff] been marvellous to me here. The staff are very caring, I've blossomed in here, they've changed my life." A relative told us, "[Relative] has been improving since they came here. I would say they are happier now than they used to be."

Although the above was positive, our observations throughout the inspection did not always demonstrate people received a caring service that was respectful and treated them with dignity. Not all comments by people using the service were positive. People did not always feel that staff employed at the service knew their care needs or had the time to speak to them. Comments included, "They're [staff] not very respectful in the way they treat you. They don't talk, just rush to get out quickly. They're not rough, but they rush me. I'd like them to know more about me, to have time for a chat," "I like talking to people, but they have no time to do that" and, "There's always new staff here, they don't know how I like things done and I'm always having to tell them. Today I had sugar put in my coffee, it was horrible. The way they look after me is different every day, it just depends who comes up. I don't feel I get a choice about it."

We found staff were more focused on tasks and some of the support provided was inconsistent and not always respectful. Most interactions by staff were centred primarily on tasks, such as providing mid-morning and mid-afternoon refreshments and providing personal care to meet people's comfort needs. On the first day of inspection one person made several attempts to stand up from their comfortable chair but was repeatedly told to 'sit down' by staff over a four-hour period. On review of this person's care plan there was no obvious reason why the person could and should not mobilise, other than they required the assistance of one member of staff. This was discussed with the deputy manager and on the second day of inspection the person was observed to be assisted to mobilise within the service throughout the day.

Our observations showed that staff did not always actively listen to people and what they had to say. On the second day of inspection one person became anxious and distressed; telling staff they were cold and wanting a specific item of underwear to wear. For 35 minutes the person's request was ignored by staff and one member of staff kept telling the person they did not need the item as it was not something they wore and were dismissive of the person's request. The latter was incorrect and inspectors intervened, bringing the matter to a senior member of staff's and the deputy manager's attention. Once the person received a cardigan and an item of underwear the person became visibly calmer and relaxed.

Staff encouraged people to do as much as they could for themselves according to their individual abilities and strengths. We observed some people being able to eat independently and people told us they could

maintain some aspects of their personal care without and/or limited staff support.

One relative told us that although they lived abroad they could stay in close contact with the service by means of a 'Care' computer application. They stated, "I can see what [name of relative] has had for lunch, how staff think they are and what sort of mood they are in. I find it so helpful." Relatives confirmed that a computer application which could be used on a mobile device or tablet computer had been forwarded to them so they could access their member of family's care plan and associated records. This showed measures were in place to actively involve relatives about their member of family's care and support needs.

People were supported to maintain relationships with others. People's relatives and those acting on their behalf visited at any time. Staff told us that people's friends and family were welcome at all times. Relatives confirmed there were no restrictions when they visited and they were always made to feel welcome.

Is the service responsive?

Our findings

Responsive was rated as 'Requires Improvement' at our last inspection on the 2 and 3 October 2017. At this inspection, we found that responsive remained rated as 'Requires Improvement.'

Suitable arrangements were in place to assess the needs of people prior to admission to the service and they and their relatives were involved in this process. This ensured the service could meet the person's needs and provide sufficient information to inform the person's initial care plan. An electronic care planning system was in place and each person using the service had a care plan setting out their care and support needs and how these would be met by staff. However, improvements were required to ensure information relating to people's care and support needs and the delivery of care to be provided by staff was recorded in sufficient detail and remained accurate and up-to-date.

A senior member of staff told us there were seven people at West House who were assessed as being at the end of their life. We found that the needs of these people approaching the end of their life and relating to their end of life care needs and preferences had not been recorded. The care plan provided no evidence to suggest a discussion had been held with the person or those acting on their behalf to consider their preferences regarding the type of care they would wish to receive and where they wished to be cared for at the end of their life. Information relating to an individual's pain management arrangements and the care to be provided to provide comfort and dignity for the person nearing the end of their life was not completed and it was unclear from the records viewed if this impacted on people's quality of life. This remained outstanding from our previous inspection in October 2017.

We recommend that the service review current guidance relating to end of life care to ensure they are meeting best practice guidance.

Although the above records required improvement, we did not find or observe any impact on people's care during our inspection. These were records based issues that needed to be addressed to ensure that risks to people were managed as robustly as possible and staff had the most up-to-date information available to provide a good level of care and support.

At the time of the inspection a new member of staff had been newly appointed at West House to facilitate and assist people to take part in a programme of social activities. This person confirmed they were employed for 40 hours per week, Monday to Friday and at weekends the expectation was that care staff would facilitate social activities. They told us people liked to play bingo, ball games, have hand massages and manicures and an external entertainer visited the service every two weeks. Additionally, they told us they regularly visited people who remained in their bedroom either by choice or who had complex physical care needs. People's comments relating to social activities provided were variable. Positively, one person told us, "Sometimes, they'll [staff] take me out for a walk, I look forward to that." A second person stated, "[Activity Coordinator's Name] comes into my room to read the newspaper on a regular basis. I really appreciate them doing that, it keeps me in touch with what's going on and it's someone to talk to." Where comments were less favourable these included, "I have a newspaper every day, but that is the only thing to

do whilst I'm in bed. I do find it boring sometimes" and, "I'd like to be in the garden, but they're [staff] too busy to take me out. I need two people to help me. I get a bit fed up with the activities if I'm honest. The exercises this morning was a bit boring, I'd like some quizzes, something to keep my brain alive."

On the first day of inspection a small number of people seated within the main communal lounge participated in a group exercise session. In the afternoon some people were offered the opportunity to have a hand massage or manicure. In between these times the atmosphere within the communal lounge was quiet with little conversation or engagement between staff and people using the service. On the second day of inspection three people were given a manicure by a member of staff. No other social activities were initiated or offered by staff and the activities coordinator spent most of the day in the kitchen as the chef was on annual leave. At all other times there was an over reliance on the television, but most people did not appear particularly interested in watching this. This meant people living at West House did not always have the opportunity to participate in social and leisure activities.

We recommend that the service review current guidance relating to the importance of providing leisure and social activities to ensure they are meeting best practice guidance.

People told us if they had any concerns they would discuss these in the first instance with a family member or with staff on duty. Relatives stated they felt able to express their views about the service and in their opinion, they would be listened to. Complaint records showed there had been three complaints since our last inspection in October 2017. We found not all complaints were listed within the service's complaint log, though a record of each complaint was maintained. However, evidence to support the registered provider's investigation and demonstrate how decisions and outcomes had been reached, were not apparent and therefore we could not be assured of the robustness of these arrangements to ensure these had been dealt with effectively.

A record of compliments was maintained to evidence the service's achievements. One comment included, "The management team are friendly, helpful and understanding." Moreover, a new member of staff commented they had observed other team members providing kindness and compassion to people using the service and that the service had a warm and welcoming atmosphere. They further stated that they were proud to work at West House.

Is the service well-led?

Our findings

Well-led was rated as 'Requires Improvement' at our last inspection on the 2 and 3 October 2017. At this inspection, we found that well-led remained rated as 'Requires Improvement.'

Prior to the inspection the Care Quality Commission were notified of significant changes to the management team of West House. The registered provider and manager had notified us that they were no longer employed at West House. Following the inspection, the registered provider informed the Care Quality Commission they had applied to us to be formally de-registered as both the registered provider and manager of the service. An internal appointment was made in April 2018 whereby the team leader was successfully promoted to the post of deputy manager. At the time of this inspection the deputy manager was being supported by representatives from another organisation to manage the day-to-day running of the service. The representatives had been asked by West House's shareholders to provide additional support at this time.

People's and relatives' comments about the management of the service was variable. Positive comments included, "[name of registered manager and deputy manager] are very good. I think they do a good job. One of them is normally around if we need to talk about something" and, "I know this isn't really the right home for me, but if I had a choice I'd want to stay here, it's a wonderful home and they've [staff] worked hard to get me settled here." Where comments were less than favourable, these included, "I'd give them seven out of 10 because some of them [staff] do try, but I'm not really happy here. I'd rather be somewhere else" and, "I'd only give them six out of 10. I'm very vocal when things aren't right but things don't really change as a result."

An external audit of the service continued to be commissioned by the previous registered provider to review the service's performance against the domains of 'Safe', 'Effective', 'Caring', 'Responsive' and 'Well-Led'. Audit reports for 15 November 2017, 14 March 2018, 2 May 2018 and 28 June 2018 were viewed and these showed that the overall judgement rating by the external auditor was 'Requires Improvement'. An action plan was in place and this identified where improvements had been addressed and where improvements were still required. Specifically, 25 actions were identified where the 'status' was either 'partially met' or required action.

Our findings at this inspection demonstrated the previous registered provider had not made the required improvements to achieve compliance with regulatory requirements or to attain a better-quality rating above 'Requires Improvement'. Specifically, robust arrangements were not in place to safeguard people from abuse and harm and the deployment of staff was not always responsive to meet people's needs and this impacted on the quality of care they received. Not all staff had up-to-date mandatory training and improvements were still required for specialist training opportunities to be provided for most staff employed at the service. For example, at our last inspection the registered provider told us 'end of life care' training would be sourced for staff; at this inspection only two members of staff had received this training. Sufficient progress had not been made to ensure all staff received formal supervision and an annual appraisal of their overall performance and improvements highlighted in October 2017 had not been maintained.

Observations of staffs practice showed this had deteriorated since our last inspection and demonstrated not all senior members of staff were an effective role model when supporting care staff.

The above was discussed with the newly appointed deputy manager. Despite not having received a formal induction to their role or a job description identifying their specific roles and responsibility, it was evident they were doing their utmost to try and manage the service, but were finding it to be a challenge. The latter referred specifically to dealing with matters relating to staff, such as persistent staff absence or poor performance, safeguarding concerns and complaints management. However, it was noted that the matters highlighted as part of this inspection had primarily been dealt with by the previous registered provider. The shareholders representatives advised us that support was being provided to the deputy manager to enable them to undertake their role and to ensure the safety and wellbeing of people using the service.

Staff meetings had been held to give staff the opportunity to express their views and opinions on the day-to-day running and quality of the service and minutes of the meetings confirmed this. Although a record had been maintained, where matters were highlighted for action or monitoring, it was not always possible to determine how these were to be or had been monitored and the issues addressed. For example, meetings held in June 2018 highlighted people's call alarms were not being responded to by staff as promptly as they should be, hourly checks on people not completed and better staff engagement with people were required. No information was recorded detailing how this was to be monitored and addressed.

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

Meetings were held for people using the service and those acting on their behalf. Minutes of meetings held were readily available and confirmed what we were told. This showed that people using the service and those acting on their behalf were encouraged to have a 'voice' and to express their views about the service. Evidence showed the service had listened to people's requests, for example, providing more egg and chips on the menu, providing a better selection of drinks and providing a 'quiet' communal lounge.

Arrangements were in place to gather, document and evaluate information about the quality and safety of the care and support the service provided, through the completion of audits, feedback from people who use the service or those acting on their behalf, compliments and complaints. Checks of equipment and utilities were being undertaken at regular intervals, such as fire safety systems and equipment and hoists being checked to ensure they were safe and operating effectively.

The views of people who used the service and those acting on their behalf had been sought in September 2017 and a report compiled in November 2017. Although only a small number of responses were received, in general the comments were positive.

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 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Arrangements were not effective to ensure robust procedures were in place to protect people using the service or to ensure their monetary arrangements were safeguarded.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance People who use services were not supported by the arrangements to assess and monitor the quality of service provided. The arrangements in place were not effective in identifying where improvements were required.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The deployment of staff must be suitable to meet people's needs at all times. Improvements were required to ensure staff receive a robust induction, training is embedded in their everyday practice and staff receive regular supervision and an appraisal.