

Bupa Care Homes (GL) Limited

Westcombe Park Nursing Home

Inspection report

112a Westcombe Park Road
Blackheath
London
SE3 7RZ
Tel: 0203 468 4768
Website: www.bupa.co.uk

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Inadequate



Is the service effective?

Requires improvement



Overall summary

We carried out a comprehensive inspection of this service on 7, 8 and 11 May 2015. Several breaches of legal requirements were found. We took enforcement action and served a warning notice in respect of the more serious breaches of regulations. We carried out this unannounced inspection on 11 August 2015 to check that the more serious breaches of the regulations where we had taken enforcement action and served a warning notice had been addressed. These breaches related to risk of unsafe care and treatment in respect of the safe management of medicines and identifying and managing individual risks to people. Other breaches of legal requirements that were also found at the inspection on 7, 8 and 11 May 2015 will be followed up at a later date.

This report only covers our findings in relation to the focused inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Westcombe Park' on our website at www.cqc.org.uk.

Westcombe Park Nursing Home accommodates up to 51 people who have nursing or residential care needs. On the day of our inspection there were 41 people using the service. There was a registered manager in place. 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 and associated Regulations about how the service is run

Summary of findings

At this inspection we found that improvements had been made to the management of medicines. Records had been updated to show any allergies people had to medicines and competency assessments had been completed for those staff administering medicines to ensure they were competent in this role. Arrangements for the safe storage of some medicines had been improved.

However the arrangements for some people to self-administer their medicines were not always safely organised or monitored and there was a risk of possible harm. This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014). CQC is considering the appropriate regulatory response to resolve the problems we found in respect of this regulation. These concerns were discussed with the registered manager and some steps were taken to address some of the issues at the inspection.

Individual risks to people were now clearly identified and regularly monitored. People told us they always had their call bells in reach and that staff came promptly when they called them. People were referred to health professionals such as dieticians or tissue viability nurses if required. Advice from health professionals was included in the care plan. Records to manage and track wound care healing were completed. However some records to monitor and reduce risk such as re-positional charts or food and fluid intake were not consistently completed by staff. The provider had already identified this problem and was addressing this as part of an action plan for records as a result of our comprehensive inspection in May 2015. We will follow up and check on this at the next inspection.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe. While improvements had been made to the management, storage and administration of medicines; the arrangements for people who administered their own medicines were not always safe or in line with the provider's policy and there were potential risks.

Individual risks to people were now identified and regularly monitored. People were referred to health professionals such as tissue viability nurses if required. Records to manage and track wound care were completed but some records to monitor and reduce risk such as re-positional charts were not consistently completed by staff. The provider had already identified this problem and was addressing staff completion of records as part of an action plan that we will follow up at the next inspection.

Inadequate



Is the service effective?

The service was not always effective. There were other areas of this key question which the provider had been asked to take action following our inspection in May 2015. We did not look at these during this inspection as we focused on the most serious breaches we had found. These issues will be followed up at our next inspection.

At this inspection people's nutritional needs were assessed and any risks identified. Plans were put in place to reduce risk. People's weight was regularly monitored and referrals were made to dieticians and other health professionals. Records of people's fluid and food intake were not consistently completed but the provider was addressing this as part of an action plan that we will follow up at the next inspection.

Requires improvement



Westcombe Park Nursing 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 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. to follow up on enforcement action we had taken at the previous inspection on

This was a focused inspection after enforcement action we had taken and was carried out to check that improvements to meet legal requirements, for the more serious breaches of regulations, at our comprehensive inspection on 7, 8 and 11 May 2015 had been made. We inspected the service against part of two of the five questions we ask about services: is the service safe and is the service effective. This

is because the service was not meeting legal requirements in relation to those questions at the last inspection. We will inspect the other breaches of regulations from the May inspection at a later date.

This inspection was an unannounced inspection carried out by two inspectors and took place on 11 August 2015. Before the inspection we looked at the information we held about the service including information from any notifications they had sent us. We also asked the local authority commissioning the service and the safeguarding team for their views of the service.

During the inspection we spoke with six people who use the service, one visitor, one visiting health professional, two nurses, the deputy manager and registered manager. Following the inspection we spoke with one health professional to ask their views about the service. We looked around the service and looked at the risk assessments for eleven people as well as records related to the running of the service such as call bell response checks, policies and medicines administration records.

Is the service safe?

Our findings

At our inspection on 7, 8 and 11 May 2015 we found breaches of legal requirements in respect of safe care and treatment for the unsafe management of medicines and because risks to people not always being identified or steps taken to reduce risks. We took enforcement action and served a warning notice to require the provider to comply with this regulation by 10 July 2015.

At this inspection we found that while most issues in relation to the safe management of medicines had been addressed, we found continued concerns in relation to some arrangements where people managed their own medicines. The provider's own policy was not being followed and the arrangements in place posed a potential risk. For one person there was no record that self-administration had been agreed by the visiting GP in line with the provider's policy and no agreement signed by the person concerned; to confirm their agreement or awareness of the arrangement and expectations. We were told the person's capacity to consent to self-medication fluctuated but there were no measures in place to make sure this was managed safely. Regular checks were not in place in line with the provider's policy to ensure that medicines were being safely stored or self-administered in line with the provider's requirements. We could not be sure the person had received the correct amount of medicines as prescribed. Some of these issues had been identified in a care plan audit carried out by the provider in June 2015 but they had not been rectified. In addition the provider's own policy for self-administration of medicines was dated January 2011 and although due for renewal 2012, there was no updated copy. The manager told us the 2011 policy was the latest version of the policy and we saw it referred to forms that the manager said were no longer used.

This was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014). CQC is considering the appropriate regulatory response to resolve the problems we found in respect of this regulation.

We discussed our findings with the registered manager who took some action on the day to address the risk in consultation with the people concerned and health professionals. However we have not been able to monitor this and check that all necessary action has been taken.

People told us they received their medicines at the right time. One person told us "I have no complaints; They always bring my medicines to me." Medicines including controlled drugs were now stored safely and in line with legal requirements. Medicines were administered safely. We observed a medicines round and saw that medicines were safely administered and staff checked that people had taken their medicines and gave them time to do so without rushing. Photographs to help identify people to new or agency staff and details of any allergies were displayed in line with NICE guidance to reduce risk from inappropriate medicines being administered. Competency checks had been carried out on staff who administered medicines to monitor their ability to do so safely. Staff were aware of what to do if there was a medicines error. We saw evidence of a medicines incident report following a recent medicine error. The GP had been consulted and the manager explained a full review of the incident would take place which involved the member of staff concerned and an action plan of how to prevent further incidents. If staff required further refresher training this was arranged.

People were able to summon help in an emergency or when they needed to. At the last inspection we had found some people without access to a call bell to summon staff help if needed. At this inspection we checked each floor of the service and saw that people had access to their call bell. Five people we spoke with told us that staff ensured they had their call bell at all times and that they did not have to wait long for staff to assist when they pressed the bell. One person told us "Staff always make sure I have my bell." Another person said "Staff do come when you press the bell." New call bells had been purchased since the last inspection for some rooms where they had not been working at the last inspection. We checked two call bells with people's permission and staff responded promptly. We saw that the maintenance person carried out daily checks on the call bells and any issues noted were dealt with that day. New pagers for staff had been obtained since the last inspection so that staff were aware if someone needed support where ever they were in the building. The manager carried out a check of call bell response times and any calls not responded to within 4 minutes were discussed at a daily meeting; to establish the reasons and understand any patterns that needed to be addressed.

At the last inspection In May 2015 we had found that individual risks to people were not always identified or plans put in place to reduce risks. At this inspection we

Is the service safe?

looked at people's care records and found that individual risks to people such as risk of falls or risk to skin integrity had been assessed and were monitored and reviewed at monthly intervals in line with the provider's policy to reduce possible risks for people. For example where people were at risk of falling out of bed we saw this had been identified in risk assessments and relevant equipment assessed and identified to reduce the risk of falls. We tracked the care provided to people and saw that the equipment they had reflected what was written in their records. Manual handling risk assessments had been completed to guide staff on how to safely transfer people who needed support to transfer or reposition. Guidance was also provided on the safe use of wheelchairs for each person. One person told us "Staff do check that I am safe in the wheelchair. They do look out for me."

Health professionals told us they felt there had been some improvements at the service. One health professional said they had no concerns about the care other than frequent changes of staff made it difficult as staff did not always know people well.

Risk assessments for people's skin integrity were up to date and had been reviewed regularly. Where needed the advice of specialist tissue viability nurses or podiatrists had been

sought and there was a clear plan of care for any wounds which included recommendations on repositioning people to reduce risk of undue pressure on any particular area of the body. Photographs had been taken to monitor the wound and wound care charts and body maps to help track the progress of healing were mostly filled in and completed in accordance with the care plan with one recent exception. This was addressed and completed at the inspection by the nurse. Positional charts to evidence that people were repositioned according to the care plan were not always consistently completed for two people. The manager and deputy manager told us they were aware of this and had been working on achieving consistency from all staff in these areas. At the time of this inspection they were working through their action plan for the requirement we had made at the May inspection in respect of a lack of accurate records. They told us that a small number of staff were not consistently completing these records despite several reminders. They showed us a letter dated 28 July 2015 sent to staff where it was identified that records were not being completed adequately. The letter advised that disciplinary process would be started if these records were found not completed again. We will be checking progress with records at our next inspection.

Is the service effective?

Our findings

Following our inspection on 7, 8 and 11 May 2015 we took enforcement action and served a warning notice as we found a breach of legal requirements in respect of safe care and treatment as people were not always protected from the risk of malnutrition and dehydration as this risk had not always been identified or monitored. At this inspection we found these risks were now effectively identified and assessed. Risk assessments were completed and reviewed monthly and these were up to date. People were weighed on a monthly or more frequent basis if needed. The provider had now purchased a new set of hoisting scales to enable effective weight monitoring of people's weight for those people unable to use other scales. Where people had lost weight or had difficulty swallowing they had been referred to a dietician or the speech and language team and we saw their recommendations were included in updated care plans. Where people had medical conditions such as diabetes we saw this was monitored effectively and recorded clearly.

Where people needed specialist feeding regimes their care was clearly documented and detailed and they had support from dietitians. A health professional had identified an issue with cleanliness for people who required specialised feeding regimes at times and the deputy manager told us this had been discussed and training was now organised for nursing staff to help improve this issue later that month.

However records to monitor risk required improvement and were not always consistently completed. For one person who had gained weight in recent weeks their food and fluid intake had not always been recorded consistently. It had also not always been recorded separately to easily identify their intake or signed by a nurse to evidence that they were monitoring their needs. We were aware these issues had been picked up by the manager and deputy manager and action was being taken to address this with the relevant staff.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Care and treatment was not always provided in a safe way for service users. Medicines were not always safely managed. Regulation 12 (2)(g)