

Westlands Care Home Limited

# Westlands Retirement Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

The inspection took place on 5 February 2018 and was unannounced.

Westlands Retirement Home is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Westlands Retirement Home accommodates up to 51 people some of whom may be living with dementia across two linked units. On the day of the inspection, 42 people were accommodated.

We carried out an unannounced comprehensive inspection of this service on 12, 13 and 14 July 2017. Breaches of legal requirements were found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Westlands Retirement Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

At the last inspection on 12,13 and 14 July 2017, we asked the provider to take action to make improvements in relation to safe care and treatment, medicines, premises and equipment and governance, and these actions had been completed.

This is the second time the service has been rated Requires Improvement. Although the requirements of the breaches had been met, we were unable to change the ratings for the key questions of safe and well-led to good as further work had to be completed and changes embedded within staffs practice. The manager had already undertaken a number of actions in areas such as medicines, but was aware that it would take further time for all of the required improvements to be completed.

The provider had appointed a new manager, who had applied to the Care Quality Commission to become the registered manager for the service. 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.

Processes were in place to ensure staff could recognise when to alert healthcare services about potential risks to people. People's fluid requirements were identified, their intake monitored and appropriate action taken to prevent dehydration. Equipment safety checks had been completed.

Staff's competency to administer medicines had been assessed and relevant guidance was in place. The dating of topical creams and drinks thickeners by staff upon opening required improvement. People were

receiving their medicines safely, but further time was required for the improvements the manager was making in this area to become consistent staff practice.

Processes were in place to monitor and improve the service and feedback from professionals had been acted upon. However, some audits required further improvement in order to make them fully effective such as the infection control and staff file audits. More time was needed for the manager to be able to demonstrate that audits had driven consistent improvements in the service over time.

People were safeguarded from the risk of abuse. The manager understood their responsibilities and took the correct action to safeguard people.

Sufficient staff were deployed to provide people's care. Pre-employment checks had been completed, but this area required improvement to ensure all information was available and verified.

Aspects of the cleanliness of the service required attention. The manager took action following the inspection to address this and they were recruiting additional cleaning and maintenance staff. More time was needed for the provider to be able to demonstrate that the required standards of cleanliness were being maintained.

Lessons were learnt when incidents and accidents occurred. Learning was shared with the team and relevant agencies and safeguards and plans were put in place to avoid where possible the reoccurrence of these happening in the future.

There were clear aims and objectives to improve the service. Staff felt the manager listened to and supported them. Staff did not always carry out their tasks to the best of their ability; the manager was aware of this and was addressing this to improve the service for people. The new manager had addressed the 'priority' areas that needed to be actioned for peoples' safety and appreciated that it was going to take further time to address all of the issues facing the service.

People and staff were involved in the development of the service through both meetings and feedback. People were encouraged to take part in decisions about their care and support, and their views were listened to.

The service had made improvements with regards to strengthening their inter-agency working. A GP held a regular clinic in the service and there was communication and joint working with the provider's pharmacy and Social Services.

## 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 consistently safe.

Systems, processes and practices were in place to safeguard people from the risk of abuse.

Risks to people were assessed and their safety monitored and managed. Equipment safety checks had been completed as required.

People were receiving their medicines safely, but further time was required for the improvements the manager was making to become embedded in practice.

There were sufficient staff to meet peoples' needs. Staff pre-employment checks had been completed, but this area required improvement to ensure all information was available as required.

Improvements were required to both the amount and quality of the standard of the cleaning of the service.

Lessons were learnt when incidents and accidents occurred.

**Requires Improvement** ●

### Is the service well-led?

The service was not consistently well-led.

There were clear aims and objectives to improve the service.

The new manager had addressed the priority areas for people and understood their responsibilities and regulatory requirements.

People and staff were involved in the development of the service through both meetings and feedback.

More time was needed for the provider to be able to demonstrate that audits had driven consistent improvements in the service over time.

The service has made improvements with regards to strengthening their inter agency working.

**Requires Improvement** ●

# Westlands Retirement Home

## **Detailed findings**

### Background to this inspection

We undertook an unannounced focused inspection of Westlands Retirement Home on 5 February 2018. This inspection was done to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection of 12, 13 and 14 July 2017 had been made. The team inspected the service against two of the five questions we ask about services: is the service safe and is the service well led. This is because the service was not meeting some legal requirements.

No risks, concerns or significant improvement were identified in the remaining key questions through our on-going monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these key questions were included in calculating the overall rating in this inspection.

The inspection was undertaken by three inspectors 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. The expert by experience had experience of caring for older people.

Prior to the inspection, we spoke with a GP and a pharmacist about the service. We also received written feedback from the local Social Service's team manager. All reported that overall there had been improvements in the service since our last inspection. During the inspection, we spoke with 12 people. We spoke with the deputy manager, five care staff, a team leader, the care co-ordinator, the administrator, the laundry person, the head chef, the kitchen assistant and the manager.

We reviewed records, which included four people's care plans, four staff recruitment records and records relating to the management of the service.

# Is the service safe?

## Our findings

We inspected this key question to follow up the concerns found during our previous inspection of 12, 13 and 14 July 2017, when the service was found not to be delivering safe care to people in relation to their hydration or medicine needs and that the premises were not always safe. These were breaches of Regulations 12 and 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The requirements of these two regulations have now been met.

People told us they felt safe within the service, they said they received their medicines safely and felt staffing numbers were adequate to meet their needs.

People had grab packs in the event they required hospital admission to ensure relevant documents were provided to healthcare services about the person at the time of their admission. There was now a protocol to ensure staff could identify potential risks to people that needed to be escalated to healthcare services and when for people's safety. Staff had access to recognised guidance to enable them to pass on the correct information to healthcare services.

A Social Services team manager told us improvements had been noted in relation to how people's fluid intake was monitored and recorded. Staff were observed to ensure across the course of the inspection that people had ready access to drinks. People now had individualised fluid targets and those at risk had their fluid intake recorded on a fluid chart. Processes were in place to identify and take appropriate actions where people's fluid intake fell below their target. Records demonstrated people's GPs had been informed of any concerns about their fluid intake.

Risks to people had been assessed in relation to: their mobility, risk of falling, skin care, choking, weight loss, behaviours and the number of staff required to support them. Where risks had been identified, measures had been taken to mitigate them. Risks to people were kept under regular review to ensure they remained relevant to the person's needs.

The provider had taken action to ensure that all of the required equipment and safety checks had been completed as required for people's safety. The gas cooker, which had two defective burners at the last inspection had been replaced during the recent kitchen refurbishment.

A GP and the pharmacist told us they had no concerns about the management of people's medicines. Staff who administered medicines had received training and had their competency to do so assessed. Staff updated their training following any medicines errors. Staff had access to an up to date medicines policy and relevant guidance for their information.

Processes were in place to ensure the safe ordering, storage and disposal of medicines. Guidance was in place for those medicines people took 'as required' to ensure staff knew when and how to administer them. Records were in place to monitor the amount of boxed medicines, so the service could account for medicines held. Stocks of the two medicines we checked tallied with records.

People's topical creams charts provided administration guidance for staff and were consistently completed. Staff had been provided with topical creams training, to ensure they understood how to apply them and the importance of recording their application. Three of the six topical creams containers we checked were not dated with their date of opening to ensure they were used within a safe timeframe. The manager was already aware of this issue and told us they had just appointed a staff 'Creams champion' to take the lead in this area, including ensuring staff dated containers when opened.

Staff found an unidentified tablet on a lounge floor during the inspection, which they correctly reported. We also saw staff failed to ensure a soluble tablet was completely dissolved before they offered it to the person, to ensure it was administered correctly. We spoke to the manager about these incidents and they informed us they would address the issues with the staff concerned who would be required to undertake further medication training and a further medicines competency assessment. The manager took prompt action in response to these incidents for people's safety.

Thickening powder for people's drinks was no longer stored in people's bedrooms. However, in one unit it was stored in a communal area, although not at a height people could generally reach. During the inspection, this was moved to a secure area. We saw the date of opening was not noted on thickeners, although not all thickeners state a date of when the product should be used by once opened. Staff had not followed good practice and noted the opening date, in order to ensure they could account for how long it had been in use. This was brought to the manager's attention for them to action. People were receiving their medicines safely, but further time was required for the improvements the manager was making to become embedded in staff practices.

A Social Services team manager told us that the service had completed the actions required following a previous safeguarding investigation for people's safety. Records showed staff had undertaken safeguarding training, six staff needed to update or renew their training in this area and following the inspection evidence was provided that this had been booked for these staff as required for people's safety. Staff had access to up to date guidance. Staff spoken with understood their responsibilities but the knowledge of some staff would benefit from being developed further.

We noted that staff were not always present in the communal areas, as per the provider's aim stated in their falls guidance. We observed an altercation between two people when staff were absent, which we reported to staff and to the manager. The manager informed us, it was the first time the person had been physically aggressive towards others, although they experienced verbal outbursts, which some people reported to us could be disruptive. A dialogue was already taking place with authorities to arrange one to one staff support for this person at higher risk periods. The manager also arranged an urgent staff team meeting to reiterate the importance of monitoring the communal areas. The manager took the correct action to safeguard people and raised a safeguarding alert with the local authority and notified CQC of this incident as required.

The manager told us there were nine staff rostered across the service for the morning, eight for the afternoon and four at night, staff rosters confirmed this level of staffing. Some staff expressed the view that more staff were required due to the complexities of people's needs and a professional confirmed some people had quite complex needs. However, there was no evidence that people's care needs were not being met within the current staffing numbers; records documented the care people had received. A third of the total care staff team of 31 were senior staff, three of whom were rostered to lead the day shift and one at night, all of whom either held or were undertaking a professional qualification in social care. There was an adequate level of staffing and staff were led on shifts by a suitably qualified senior team.

The manager's staff file audit of September 2017 had identified that a staff member needed to provide proof

of their right to work in the UK, this was still not on their file, but was obtained during the inspection. The manager was taking action to obtain a second reference where they had identified a staff member only had one reference. Two of the staff whose files we reviewed were supplied by a long-term staffing agency. The provider had accepted the evidence of the recruitment checks completed by the agency without carrying out any further checks, for example on the Disclosure and Barring Service (DBS) number provided. The DBS helps employers make safer recruitment decisions. The provider had not followed good practice and reviewed the DBS certificate for themselves in order to check the applicant's identity and that the correct level of check had been completed. The provider has provided evidence that they had since decided to obtain their own DBS checks for these staff and risk assessments were in place. Pre-employment checks had been completed, but this area required improvement to ensure all information was available and verified.

Staff had undertaken infection control training, five staff needed to update or renew this training and following the inspection evidence was provided that this had been booked. There were plentiful supplies of personal protective equipment which staff were observed to wear. Hand wash was not available in one shared toilet. This was brought to the manager's attention and they were taking action to address this for people.

The communal areas of the service and bedrooms had been cleaned to an adequate standard. However, some areas of the service, which were cleaned by day and night care staff, were not adequately cleaned and processes to schedule and monitor the quality of their cleaning required improvement. In particular, the utility room was untidy and dirty and the kitchenette on the purple unit required cleaning. We also found people's toiletries in bathrooms, which could have been an infection control risk. Following the inspection the manager provided photographic evidence to demonstrate these areas had since been thoroughly cleaned and tidied. They have also informed us that they would be taking over responsibility for completing checks to ensure these standards would be maintained.

The manager had already identified that the allocated cleaning and maintenance hours for the service were not sufficient to ensure that all aspects of the environment were consistently clean and hygienic. They had already advertised for an additional part-time cleaner and maintenance person. Infection control was an area that required improvement to ensure adequate cleaning of the service and sufficient oversight.

In the event of an incident or accident there was good evidence of lessons being learnt and processes being put in place in response. The manager told us that there was an incident where a person fell in the garden; changes had been made to the garden to avoid this happening again. Where people had experienced a fall there was evidence of post falls checks being carried out for the person's welfare. Incidents were shared with the team in staff meetings so that staff were made aware of the incident, knew what subsequent learning needed to take place and the required changes to people's care.

## Is the service well-led?

### Our findings

We inspected this key question to follow up the concerns found during our previous inspection on 12, 13 and 14 July 2017, when the service was found not to be effectively assessing, monitoring and improving the quality and safety of the service provided, or acting on external feedback received. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The requirements of this regulation have now been met.

Although people appeared to know where to take any issues, they were not clear who the manager was or who was in charge. Their comments included, "No idea. It's always somebody different" and "I don't know, you see so many."

The manager had produced a quality policy stating how they would measure quality, and an annual audit schedule, which audited all aspects of the service against regulatory requirements. Audits in relation to consent to treatment, co-operation with other providers, requirements relating to workers and supporting workers had been completed in January 2018. Where issues had been identified, such as the need for a new staff recruitment policy and the need to improve staff's understanding of the Mental Capacity Act 2005, there were plans and timescales in place for their completion. Staff were now auditing medicines monthly. The manager had ensured that actions required from the pharmacist's last audit had been completed. The issue of dating medicine bottles and boxes had been raised with staff on 7 December 2017 and further action had been taken in January 2018 with the appointment of the topical creams Champion. Infection control was audited by the manager in September 2017 and laundry in November 2017, resulting in the advertisement for additional cleaning and maintenance staff. Call bell audits had been introduced to monitor the length of time staff took to respond to calls, the manager told us any issues were identified with staff but these needed to be documented. The provider had commenced a quarterly audit of the service, which was comprehensive and reviewed all aspects of service delivery. Areas identified for improvement such as the need to update the safeguarding and restraint policies had been completed to ensure there was up to date guidance for staff.

The provider's pharmacist was satisfied with the works undertaken by the service to improve the management of people's medicines. The manager provided evidence that since our last inspection the fire service had inspected the service and served an improvement notice, requiring some actions to be undertaken for people's safety. They were able to demonstrate that the actions required had either been completed or were booked to ensure the requirements of the notice were met prior to the fire service's re-inspection of the service. The provider was therefore able to demonstrate they had acted upon feedback from relevant persons to improve the service.

There was evidence that processes were now in place to monitor and improve the service, feedback from professionals had been acted upon and the requirements of the regulation had been met. However, some audits required further improvement to make them fully effective such as the infection control and staff file audits. It will take further time for the provider to be able to demonstrate that audits have consistently driven improvements in the service over time.

Following the last inspection, the provider has appointed a new experienced manager to the service who commenced their role in September 2017. They had applied to CQC to become the registered manager for the service and their application is being processed. There had already formed a strong professional relationship with the deputy manager and there was a clear demarcation of roles and responsibilities.

The manager had since their appointment made 45 service improvements. These included areas such as: medicines, dehydration, meeting the fire regulations, revising the audit schedule, commencing audits of the service, producing a business continuity plan and reviewing policies. In addition to this they had introduced new menus, ensured regular staff supervisions, introduced more regular staff training, were building relations with healthcare professionals, had introduced a weekly GP clinic and facilitated staff development. The manager had addressed the 'priority' areas that needed to be addressed for people's safety and appreciated that it was going to take further time to address all of the issues facing the service.

Although the new manager had only been in post for a short period, they had a good understanding of staff's strengths and the areas where they required either further support or performance management. They had identified that although there were many responsible staff there was still a culture of complacency amongst some staff, which had resulted in some work not being completed to the required standard, such as night cleaning, staff not always ensuring that areas such as the laundry and staff room were always secured, to ensure people could not access any hazardous substances and staff not reporting all maintenance issues. For example, there was a maintenance book for staff to document any work required but they had not noted that a person's bath panel required attention, which was both a health and safety and infection control risk, or other maintenance issues. These issues had been raised with staff at meetings and further checks were planned but this area required improvement to ensure all staff felt positive and proud to work for the organisation.

The manager and the deputy manager told us they completed observations of staff practice and walk rounds of the service. However, apart from observations of the mealtime experience they had not documented these, which would have provided written evidence that they had taken place and evidence of any resulting actions completed for people.

The manager held quarterly residents meetings which were minuted. People had the opportunity to provide their feedback and suggest ideas, for example, changes to food menus and activities. People also had an opportunity to raise any concerns they had at these meetings. Staff had regular meetings where any issues were raised with regard to performance and updates of any changes in the service or with the people who used the service. The manager had not carried out any feedback questionnaires since being appointed but has planned to start these this month. This would provide more feedback and enable the service to continue to make positive changes to meet people's needs. There had been no formal written complaints since the manager started but there was evidence that one verbal complaint had been made as noted in the staff meeting minutes. Although this had been discussed, it should have been logged. We brought this to the manager's attention for them to action.

Professionals reported that working relationships between the service and external agencies had improved with the arrival of the new manager. Improvements in working relationships with external agencies had led to more effective working processes for example; closer liaison with the GP practice and the pharmacy had led to a decrease in the amount of people's boxed medicines held by the service, so less time was now required to check this stock for people. GPs from one of the two surgeries people were registered with now held a weekly clinic at the service. Processes to provide information to the GP practices about people had been refined to make them more effective. A professional informed us that overall there had been positive improvements with the new manager but that communication from some staff was an area that could be

improved further to ensure it was always fully effective for people.

The manager told us they had also formed a link with a local voluntary group in order to secure funding for 'dementia dolls' which are specifically designed for people living with dementia and which can be of therapeutic benefit. Once these were purchased, it was hoped they would be of benefit for people.