Three Arches Care Ltd

Westhorpe Hall

Inspection report

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17 February 2021
04 March 2021

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Ratings

Overall rating for this service	Inspected but not rated

Is the service safe?	**Inspected but not rated**

Summary of findings

Overall summary

About the service
Westhorpe Hall is a residential care home providing personal care to up to 21 older people in one adapted building. On the first day of our inspection there were 13 people using the service, some living with dementia.

People's experience of using this service and what we found
On the first day of our inspection on 17 February 2021, we undertook an inspection to check if the provider's systems relating to infection control were effective. This was following concerns raised by other professionals. We identified areas for improvement and told the management team what we had found. The provider was responsive to our suggestions for improvement and took swift action to address the shortfalls identified. The provider updated us following the first visit on the improvements made and planned. The improvements were ongoing, and all were not yet fully implemented and embedded in practice. Despite the improvements made, we were concerned the provider had not independently identified the shortfalls and taken action, we have identified a breach of regulation relating to infection control.

Other professionals provided feedback to us (Care Quality Commission) and the provider regarding their concerns, such as staffing levels in the service. We inspected the service again on 4 March 2021, to check the staffing levels and if people were receiving safe care.

We found the provider had taken action to improve the shortfalls we, and other professionals had identified. Increased monitoring and support from senior management was in place to assist the service to independently identify shortfalls and introduce systems to improve.

We found the provider had increased the staffing levels. The registered manager and provider were monitoring and assessing the numbers of staff required and the ways in which staff were deployed to ensure they could keep people safe and meet their needs.

At our last inspection, published November 2020, we had found a breach in regulation relating to medicines management. We also checked improvements had been made in this area. Systems had been reviewed and updated in relation to the safe management of medicines. This assisted the management team to identify risks and take action to reduce them.

There were systems in place to assess the risks to people in their daily living and guidance provided to staff in how to reduce these risks. One person told us they felt safe and said, "I am safer here than anywhere else."

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 17 November 2020) and there was a breach of regulation relating to the safe management of medicines. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulation relating to medicines. However, a further breach was identified relating to infection control.

Why we inspected
The targeted inspection was prompted in part due to concerns received about medicines, infection control, staffing and safe care. A decision was made for us to inspect and examine those risks. The overall rating for the service has not changed following this targeted inspection and remains requires improvement.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We found several improvements had been made by the second visit of our inspection. These improvements had recently been made and were not yet fully implemented and embedded in practice. Please see the safe sections of this full report.

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

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We have identified a breach of regulation in relation to infection control at this inspection.

You can see what action we have asked the provider to take at the end of this full report.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inspected but not rated

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Westhorpe Hall

Detailed findings

Background to this inspection

The inspection
This was a targeted inspection to check on specific concerns we had about infection control, staffing, medicines and safe care.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was undertaken by one inspector, who visited the service on 17 February 2021 and returned on 4 March 2021.

Service and service type
Westhorpe Hall is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced. We did not tell the provider we would be visiting the service on both days.

What we did before the inspection
The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

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

During the inspection
The inspection activity started on 17 February 2021 and ended on 8 March 2021. We undertook two visits to the service on 17 February 2021 and on 4 March 2021. On the other days we reviewed records remotely, sought clarification from the provider and received feedback from the local authority.

We spoke with one person who used the service about their experience of the care provided. We spoke with eleven members of staff including the provider's assistant director of adult and community services, registered manager, assistant manager, training manager, and care, domestic and catering staff. Two of these staff were spoken with on the telephone. We observed the interactions between staff and people using the service.

We reviewed a range of records. This included medication records, the full care plans of two people and sections of another person's care plan. A variety of records relating to the management of the service, including policies and procedures were reviewed as well as staff training, staff recruitment and audits.

After the inspection
We continued to seek clarification from the provider to validate evidence found.

Inspected but not rated

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

Preventing and controlling infection

● On the first visit of our inspection, we identified areas in the service which needed improvement regarding infection control. Following our visit, the provider updated us on the immediate actions they had taken to address the shortfalls. On our second visit we checked the improvements we had been told about. We saw new radiator covers had been installed to ensure they could be cleaned effectively, free standing toilet roll holders had been purchased and hand sanitisers which were previously in limited areas were now in people's bedrooms. They were also around the service for easy access for staff. A new carpet cleaner had been purchased and we saw a plan for refurbishment which included the replacement of stained carpets in March 2021.

● The provider had identified an issue with their staff around the appropriate use of personal protective equipment (PPE). Records showed where staff had failed to wear PPE appropriately, they were advised of their responsibilities and were monitored.

Despite the provider taking action relating to the shortfalls we had found and no people had been harmed, systems relating to infection control were not robust enough to ensure people were fully protected, which placed people at risk of harm. This was a repeat breach of regulation 12 (Safe care and treatment) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was meeting shielding and social distancing rules.
● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was accessing testing for people using the service and staff.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured that the provider's infection prevention and control policy was up to date.

Staffing and recruitment

● Following our first visit to the service, we received concerns about the staffing levels in the service. On the second day of our inspection we found the provider had taken swift action following feedback from other professionals and increased the staffing levels to reduce the risks of people not having their needs met in a timely way.

● Staff were positive about the improvements made. One person who used the service told us the staff were busy, but if they needed assistance this was provided.

● The provider had used a dependency tool to calculate the numbers of staff needed, this had not been

robust enough to ensure there were adequate numbers of staff. The registered manager told us they were assessing and monitoring all shifts to ensure there were enough numbers of staff to respond to people's requests for assistance, this included at night.
● Records showed the recruitment of staff was done in a safe way. This included checks on the prospective staff to reduce the risks of unsuitable staff working in the service.

Assessing risk, safety monitoring and management
● We had received concerns about the safe care provided to people. This had been fed back to the provider and to us by other professionals. We found the provider had taken action following the concerns raised. This included ordering and obtaining new mobility equipment. Increased monitoring by the management team and the provider assisted them to be more proactive in independently identifying shortfalls and taking action to reduce risks. The improvements were ongoing and not yet fully implemented and embedded in practice.
● People's care records had recently been reviewed and updated. The records identified how the risks in people's daily living were assessed and guided staff on how the risks were reduced. This included risks associated with behaviours others may find challenging, moving and handling, nutrition, falls and pressure ulcers.
● Falls and incidents were being monitored and analysed for potential patterns and actions taken to reduce future risks. The falls policy and procedure guided staff in actions they should take if a person had fallen, this included if a person had a potential head injury and were taking specific medicines.
● Fire safety records showed checks were undertaken and the registered manager told us they had a fire drill booked for the day after our second inspection visit. Hoists and portable electrical equipment were being checked to ensure they were safe and fit for purpose.

Using medicines safely

At our last inspection the provider had failed to ensure people were protected against the risks associated with medicines management. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12 relating to medicines management. However, not all the improvements were fully implemented, and the improvements made needed to be sustained and embedded in practice.

● The provider had reviewed and updated their medicines procedure and auditing and monitoring systems. The first audits using the new system had been used in February 2021. The audit assisted the management team to identify any shortfalls in administration, recording, storage, disposal and ordering medicines. This was a new system and needed to be sustained and embedded in practice.
● Records showed people received their medicines as prescribed. There had been a recent medicines error, which was swiftly identified by the staff and actions taken to reduce the risks to the person using the service.
● Staff who were responsible for administering medicines received training in this area. The management team had started undertaking up to date competency observations and discussions with staff to reduce the risks of shortfalls. Plans were in place to ensure all staff who administered medicines had their competency checked to ensure they used their knowledge and skills to improve practice.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Systems relating to infection control were not robust enough to ensure people were fully protected, which placed people at risk of harm. Regulation 12 (1) (2) (h).