Westholme Clinic Limited

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Inspection report

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Overall summary

At the February 2015 inspection, breaches of legal requirements were found in six areas and we took enforcement action with regard to three of them. Warning notices were issued in respect of care and welfare of people, management of medicines and assessing and monitoring the quality of service provision, which were to be met by 4 April 2015.

We undertook this focused inspection to confirm that the service now met legal requirements as identified in the warning notices. 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 Westholme Clinic on our website at www.cqc.org.uk.

The service provides personal and nursing care for older people living with dementia and other mental health conditions. It is registered to accommodate up to 55 people and 35 people lived there at the time of our inspection. We were informed there had been changes to the management of the service. The registered manager, who was also the nominated individual, had resigned. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers and nominated individuals, 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. A new manager had been appointed who was in day to day control of operations but had not yet registered with CQC.

We found that the warning notices had been met and that the provider was meeting legal requirements. We also observed improvements in the cleanliness and the decoration of the home, and saw that some furniture and equipment had been replaced.

Improvements had been made to people's care and treatment records, particularly with regard to pressure area care and the treatment of people who have diabetes. Staff had clear guidance to follow to ensure people's needs in these areas were met. We were also shown how the manager intended to redesign care plans to ensure they were more person centred and more appropriate for people living with dementia. However, we were unable to make judgements on them as they had not yet been fully implemented.

Improvements were made with regard to how medicines were managed. The manner in which medicines had been stored, recorded and administered had been improved. The treatment room was better organised so that medicines could be safely and securely stored.

Summary of findings

Records we looked at were up to date, in order and well kept. A system had been introduced where medicines were no longer left unattended when they were being administered.

A system for assessing and monitoring the quality of the service has also been introduced. This included weekly and monthly audits of the management of the service to ensure it was safe and met the needs of people. People, relatives and visitors told us that the newly appointed manager had a positive impact on the home and was responsible for leading the improvements that have been made.

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?

Risk assessments had been put in place to ensure people were protected from the risks of harm.

Appropriate arrangements had been put in place for the storing, administering, recording and disposing of medicines

We could not improve the rating for 'safe' from 'inadequate' because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Inadequate

Is the service effective?

We found improvements had been made so that people received more effective care for assessed needs. For example we saw broken equipment identified at our last inspection had been replaced. Risk assessments for this equipment along with pressure care risk assessments and care plans for people nursed in bed had also been put in place.

We could not improve the rating for 'effective' from 'requires improvement' because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires improvement

Is the service well-led?

We found improvements had been made so that people and their relatives' views were sought by the provider.

A system had been put in place in order to learn from accidents and incidents and this information could be used to drive improvement.

Systems had been put in place for auditing and monitoring the development of care plans and for overseeing the administration of medicines.

We could not improve the rating for 'well led' from 'inadequate' because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Inadequate

Westholme Clinic Limited

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.

We undertook an unannounced focused inspection of Westholme Clinic on 13 May 2015. This inspection was carried out to check that improvements to meet legal requirements, identified in warning notices served after our comprehensive inspection on 3 and 10 February 2015, had been made. The team inspected the service against three of the five questions we ask about services: Is the service safe? Is the service effective? Is the service well led? This is because the service was not meeting some legal requirements.'

Before the visit we examined the previous inspection reports, the warning notices that had been served and notifications we had received. A notification is information about important events which the provider is required to tell us about by law. We also examined the action plan that the provider had returned after our last inspection.

The inspection was undertaken by two inspectors and an inspection manager.

During our inspection we spoke with three people who lived at Westholme Clinic, three relatives, four members of staff and a vicar who visited regularly. Following our visit we contacted other stakeholders, including a visiting GP and chiropodist, and one person's financial representative.

Most people living at the home were unable to tell us about their experience of the service because they had difficulty with verbal communication. We used the Short Observational Framework for Inspection (SOFI) over lunch time. SOFI is a way of observing care to help us understand the experience of people who could not talk to us. We also carried out general observations of the care provided to people.

We reviewed records relating to the management of the home including the provider's quality assurance records, medication and nursing care records records of five people, and the minutes of meetings which has taken place between the provider and people, their relatives and staff.

Inadequate

Is the service safe?

Our findings

At the comprehensive inspection of 3 and 10 February 2015 we found the service was not safe. We served a warning notice on the provider as appropriate arrangements were not in place for storing, administering, recording and disposing of medicines. The provider was required to take appropriate action by 4 April 2015.

At this inspection we found that the warning notice had been met. Relatives and visitors we spoke with told us they were satisfied medicines had been administered safely. One visitor told us they were not involved in this but had observed their friend have their medicine with no concerns. A relative told us that a new medicine trolley had been purchased. They also said, "It is noticeable the improvements that have been made. They wear red tabards to show they are giving out the medicines." They also said they had noted there was a quicker response to the GP being called out. Another visitor told us they had been appointed as their friend's Power of Attorney (POA). A POA is someone, who can be a relative or friend, who has been legally appointed to act in the best interests of someone who is no capable of doing so themselves. They told us, "I was consulted about his medication. He was taken off them as they were no longer needed."

We observed the nurse on duty administer medicines at lunch time. Two members of staff had been allocated the task, the nurse on duty and a care assistant who had received training. They were identified by red tabards which were worn to alert people not to disturb them during this period. They checked records to make sure the medicine and the dose were given to the correct person at the right time. The medicine was put in a container and taken to the person by a care assistant, along with a glass of water. The care assistant waited until the person had taken the medicine before returning to the nurse. The nurse remained by the medicine trolley and observed the medicine being given. Once the medicine had been taken the nurse recorded this in the Medication Administration Record (MAR) sheet. After lunch the trolley was locked up securely.

We discussed the administration of medicine with the nurse after lunch. They confirmed they knew how the administration of medicines should be recorded and how they should be stored safely. We also talked about pain management and pain relief. They told us, "I will give pain killers if the person is in pain. If they are not able to say, I can tell this by their expression or their body language. I will record the time and the dosage of medicine given. I will also record if it has been effective."

The acting manager had carried out an audit on the core competencies of all staff involved in the administering medicines to ensure they were able to carry out the task safely. This included all the registered nurses employed at Westholme Clinic, plus eight identified care assistants who were considered capable of completing this task. The acting manager informed us she intended to carry out regular spot checks to determine competencies plus further audits on a three monthly basis.

We were shown where medicines were stored. Improvements had been made to the storage area to ensure there was sufficient space to store medicines appropriately. A suitable, working thermometer had also been provided. The manager demonstrated that the room temperature was checked routinely to ensure medicines were stored at correct temperatures. We were informed unwanted and unused medicines had been returned to the dispensing pharmacy for disposal. One box of medicine was awaiting collection. The contents had been individually listed to ensure there was a detailed record of medicines to be disposed of in this way.

MAR sheets were up to date and recorded when medicines had been ordered and received. They also detailed that people had received their medicines safely and as prescribed. Controlled Drugs (CD) currently in use had also been appropriately stored and recorded. These are medicines which have been identified under legislation as requiring more careful management and storage. For example, two witnesses had signed records when this medicine had been administered. Medicines were stored in a way which required access by using two separate keys. This meant that medicines had been stored securely and in line with legal requirements.

Requires improvement

Is the service effective?

Our findings

At the comprehensive inspection of 3 and 10 February 2015 we found the service was not effective. We served a warning notice on the provider as appropriate arrangements were not in place to ensure each person using the service was protected against the risks of receiving care and treatment that was inappropriate or unsafe. This was with particular regard to the care and treatment of people who were at risk of pressure wounds and of people diagnosed with diabetes. The provider was required to take appropriate action by 4 April 2015.

At this inspection we found that the warning notice had been met. People and relatives we spoke with told us they were very happy with the care provided. One person told us, "It's lovely here. There are lovely staff; they look after you."

A relative said, "There have been huge changes recently. The atmosphere is different, it is a huge improvement." We asked about the care provided to their relative who was cared for in bed. They said, "There are charts in his room. The staff sign them to say they have turned my relative every one and a half hours. He has been provided with a new mattress and a new bed." They also told us they had observed that, "The staff were task orientated, but in the past month they haven't been. I have no concerns about the care provided, I am very happy."

A person's friend told us, "This is a relaxed friendly environment. Everybody greets you. The staff here understand what each person needs. My friend's personal care needs have been met. The staff dress him in his preferred style. They understand him and his routine; this is not imposed. The staff always ask me about my friend's preferences and his life history. I have been asked to be involved in writing his care plan and have shared his preferences and have discussed his end of life plan with staff".

We also spoke with a vicar who visits the home two or three times a week and spends time talking to the residents and supporting them with activities and individual interests. He told us, "There has been an improvement within the home. The physical appearance of the building is now better." He also said, "Staff are here because they want to care for people. When I have observed the support offered to people, the staff give attention to how people feel on different days; they listen and respond to what people want."

We carried out a SOFI for a period of 35 minutes over lunch during which four people were observed. People were offered choices of food and drinks. Music was playing in the background. People enjoyed this; they were observed moving and tapping in rhythm to the music. Throughout this observation we noted lunchtime appeared task focussed with little interaction between staff and residents other than to offer their meal, a drink and to give medicines. We shared our observations with the acting manager who accepted that further improvements were required to ensure mealtimes were a more enjoyable and social occasion.

Care plans we looked at included detailed information for staff to follow with regard to ensuring care provided has met the individual needs in terms of nutrition, diabetes, pressure area and wound care. For example, one care plan included advice and guidance from the Speech and Language Therapist (SALT) for staff to follow to reduce the risk of choking where the person can no longer swallow. This included directions to use thickeners, to use a teaspoon to give food to a person and to ensure they have sufficient time to swallow before the next spoonful is offered. A second care plan included directions to follow to manage a diabetic condition safely. This provided information with regard to diet required, the medicines the person was taking, how often blood sugar levels should be tested and how to recognise signs of hypoglycaemic incidents. A third care plan documented the treatment of wounds and evaluation of the healing process. It included details of how often the wound should be cleaned and the dressing changed together with observations of the health of the skin in the surrounding area. This meant that nursing staff had clear guidance to follow to ensure the treatment required had been consistent and in line with current good practice.

When we visited individual bedrooms we saw that, where the person was being cared for in bed, a folder had been produced where staff were expected to record caring interventions. This included repositioning charts, fluid intake and output charts and checks to pressure relieving mattresses to ensure they were at the correct setting. We noted that individual care plans advised that, where

Requires improvement

Is the service effective?

necessary, repositioning was required two hourly. However, records in people's bedrooms we looked at indicated that this was not always so. For example, there were gaps of three and four hours when no interventions had been recorded. We also noted that fluid intake and output was not routinely totalled up in order to determine if each person was receiving adequate hydration. Although we found that there had been no significant impact as a result of these recording gaps, we fed this back to the manager who confirmed she ensure the correct information was recorded in line with best practice.

Staff on duty demonstrated they understood the individual needs of people and what they were expected to do to ensure the care provided was effective. When asked about the nutritional needs of an identified person a member of staff told us, "This person has difficulty swallowing. We must ensure are in an upright position before we help them. We must give them no more than a teaspoonful and a time. We must give them a liquidised diet." They also explained to us the care provided to an identified person who is cared for in bed. They told us, "This person has had pressure sores. We must be very careful and we must elevate their foot. Also we must make sure they are repositioned every two hours." The nurse on duty explained what they must do with regard to the treatment of pressure sores and also the treatment provided to a person with diabetes. "One person has had several pressure wounds, all but one is now healed. We are still treating one which is nearly healed; there is a scab formed over it. We change the dressing only when it becomes soiled. The dressing is there to cover and protect the scab." We talked about the treatment of diabetes. We were told, "We test some people's blood sugars weekly. If the reading is higher than normal we notify the local GP surgery who will advise us what to do. Some people are on tablets, such as Metformin. It is important we keep a check on their nutritional intake and keep a check on their skin condition." We were informed that, as a result of such routine checks, there had been no further incidence of pressure wounds despite the potential risk of recurrence.

Inadequate

Is the service well-led?

Our findings

At the comprehensive inspection of 3 and 10 February 2015 we found the service was not effective. We served a warning notice on the provider as appropriate arrangements were not in place to assess and monitor the quality of the service provision. The provider was required to take appropriate action by 4 April 2015.

At this inspection we found that the warning notice had been met. Relatives we spoke with knew who the current manager was. They felt able to approach them with any problems they had. A relative told us they considered the style of management was, "open door management." They also told us that the manager had, "done a huge amount" since our last inspection. Another relative told us, "There have been huge improvements to the service. We had an evening here where the manager and the owner shared the findings of your last report. The provider apologised to us. I have every confidence that the necessary improvements will be made."

The manager was present when we arrived. They notified a representative of the provider of our visit, who arrived shortly afterwards. We were informed of the changes that had been made to the day to day management of Westholme Clinic since our last inspection. The manager informed us they had not yet registered with us, but were aware they were required to do so. The manager also explained that they believed it was important to change the culture of the service to ensure the improvements that had begun became fully embedded in care and nursing practices. To assist with this, the manager had instigated daily meetings with all staff to discuss what needed to be done and how it should be done. The manager told us they had begun to mentor each nurse in order to show them how to look at records, care and nursing practice with a critical eye. They had also used themselves as a role model in terms of providing good quality care so that care staff and nursing staff knew and understood what was expected of them.

Meetings had been arranged with people, their relatives and the staff in order to communicate information related to the running of the service. They also provided an opportunity for people to ask any questions or discuss any ideas they may have to improve the service. We were shown copies of minutes of meetings that had been held since we last visited. They demonstrated that the findings of our last inspection had been discussed openly together with the action plans that had been drawn up to make the required improvements. It also provided people with an opportunity to discuss and to provide their views on the improvements that had already been made so that they may be included when further work is undertaken.

Quality assurance systems had been put in place since we last visited. This included routine checks of the environment, cleaning audits, equipment safety checks and maintenance checks. There was also evidence that falls, accidents and incidents, and risk of cross infection had been audited. This meant the manager had a means of determining if there were any patterns to such incidents, which could be learned from. Audits on the administration, storage and recording of medicines had commenced along with competency audits for staff with regard to their skills and knowledge when administering medicines. In addition audits of care plans had been put in place to ensure they included all the information required, and that they were regularly reviewed and updated to reflect the current needs of people. The processes that had been put in place meant that the manager was able to identify the key areas of risk within the service that required attention. For example, documents we examined demonstrated that a comprehensive check had been made of the entire premises on a room by room basis. It identified what equipment was available (such as beds, hoists, bedrail, furniture, fittings) the state of the equipment, and if it needed to be replaced. It also identified the cleanliness and the condition of the decoration of each room. We were also shown records of meetings between the provider and the manager that demonstrated action plans had been discussed and agreed to make improvements would be made in a timely way. The manager showed us records that demonstrated the improvements that had been made and also what was still required. From discussions with people, relatives, visitors and staff, and from our own observations we found that improvements had been made since we last visited.