

Western Park Leicester Limited

Western Park View Nursing 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

About the service

Western Park View Nursing Home provides personal and nursing care for up to 60 older people. At the time of the inspection there were 50 people in residence. The service was purpose built and has communal rooms and bedrooms on both the ground and first floor.

People's experience of using this service and what we found

People were at potential risk of the spread of infections. Improvements were needed to the maintenance and systems of practice in the laundry area and auditing of the environment needed to improve to ensure they were robust and effective.

People's records assessing potential risk were not always completed accurately. The management team had not worked consistently to ensure all staff working within different areas of the service completed records well. We have recommended that the provider implements assessments tools reflective of good practice guidance, which are completed and reviewed by staff who have had training in their use.

The service had a 'visiting pod' which would provide independent access for family members to visit their relatives. All visitors to the service would be required to wear personal protective equipment (PPE). Staff were seen to be wearing PPE appropriately. Both people and staff were routinely tested for COVID, consistent with government guidance.

Staff were aware of their responsibilities in reporting concerns to safeguard people. Medication was managed safely. There were enough staff to meet people's needs and checks were carried out as part of staff recruitment. Staff undertook training in topics related to the promotion of people's safety, health and welfare. Staff were knowledgeable about their role in reporting concerns, both internally and externally.

People and staff views were sought and were considered as part of managerial meetings to develop the service. The manager had comprehensively responded to whistleblowing concerns and had liaised effectively with staff and with the Care Quality Commission.

Plans for improvement had been identified, these were kept under review by the area manager who regular visited and met with the manager and staff.

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

Rating at last inspection

The last rating for this service was Good (published 16 September 2019)

Why we inspected

We received concerns in relation to the quality of care people received due to staff shortages. As a result, we

undertook a focused inspection to review the key questions of Safe and Well-led only.

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 reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from Good to Requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Western Park View Nursing Home 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 will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to infection control measures to reduce the spread of infection at this inspection.

Please see the action we have told the provider to take at the end of this report.

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Western Park View Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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 carried out by two inspectors.

The service did not have a manager registered with the Care Quality Commission (CQC). This meant that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Service and service type

Western Park View Nursing Home 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.

Notice of inspection

We gave the service a short notice period of the inspection. We telephoned and spoke with the manager and informed them of our inspection five minutes prior to entering the service. This was to help the service and us manage the risks associated with COVID-19.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who commission the service for some people who use the service. We used all this information to plan our 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.

During the inspection

We spoke with a person using the service. We spoke with the manager and deputy manager, four members of staff which included a nurse, laundry and domestic assistant.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, quality assurance records, records detailing the outcome of investigations in response to whistleblowing concerns and records and analysis of consultation with people and staff.

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 Good. At this inspection this key question has now deteriorated to Requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- People were placed at risk of acquiring an infectious disease. The service had experienced an outbreak of COVID-19 and government guidance had not been followed to minimise the risk of further outbreaks. For example, flooring and walls in the laundry area were not sealed to enable effective cleaning, and items of laundry were stored on the floor increasing the risk of the transferring of infection.
- An infection control audit had been undertaken; however, it did not include all areas of the service or provide enough guidance to complete the audit well.
- Cleaning schedules were not detailed to ensure some areas were cleaned and potential risks reduced.

This was a 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 using PPE effectively and safely. A person told us, "Staff wash hands as they come in and have antibacterial gel, they carry round with them."
- 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.

Assessing risk, safety monitoring and management

- The quality and accuracy of the information recorded within people's risk assessments and care plans were not consistent throughout the service, this put people at potential risk of receiving unsafe care. For example, a person's risk assessment for falls had been completed with incorrect information related to the person's age. This meant the calculation of the risk score which determined the level of risk was flawed.
- Risk assessment tools used to assess the level of potential risk to people did not provide guidance or information as to how they were to be completed. This meant some had not been completed accurately or well.

We recommend the provider implements tools used to assess people's needs, including the assessment of risk, reflective of good practice guidance and are completed and reviewed by staff who have received guidance and training in their use.

- Assessments which had been completed accurately, provided clear information as to how people's safety was to be maintained. For example, the use of specialist mattresses to provide pressure relief to promote healthy skin and prevent development of pressure sores.
- People were involved in decisions about potential risks and their wishes and views respected. For example, a person had chosen not to follow advice provided by a health care professional and continued to eat a diet of their choosing.

Systems and processes to safeguard people from the risk of abuse

- Staff had been trained in safeguarding procedures and they knew what action to take to protect people from harm and abuse, and knew who to raise concerns with, which included external organisations.
- The manager raised safeguarding concerns in line with local safeguarding protocols and worked with the local authority to safeguarding people and keep them safe.

Staffing and recruitment

- There were enough staff who had the right skills and experience to keep people safe and meet their needs. This included additional staff, funded by commissioners to meet individual needs.
- A person told us, "Staff are good they come quickly, they are efficient and nice. If they are busy, they can't come quickly but they explain and return." Staff spoken with told us there were enough staff to meet people's needs.
- Staff underwent a robust recruitment process. Staff records included all required information, to evidence their suitability to work with people, which included a Disclosure and Barring Service check (DBS). The DBS assists employers to make safe recruitment decisions by ensuring the suitability of individuals to care for people.
- Records were in place to evidence nursing staff were registered with the Nursing and Midwifery Council (NMC).

Using medicines safely

- People were supported with their medicines in a safe and timely way. People's support plans detailed the prescribed medicine and the reason for its prescription, which included clear guidance how to use 'as required' medicines. For example, to reduce people's anxiety when they became anxious or to control pain.
- Staff who administered medication undertook medicines training, and had their competency regularly checked. We observed staff administering some people being given their medication, staff were kind, and unhurried in their approach.
- A person told us, "Staff do my tablets, I don't want to bother, the staff have my medicines, but I keep my own creams."

Learning lessons when things go wrong

- Incidents and accidents were recorded and follow up actions documented. External agencies were informed, and guidance sought. For example, referrals were made to health care practitioners who identified any changes needed to reduce further incidents occurring.
- Lessons learnt in response to incidents and accidents were discussed in meetings involving managerial, nursing and care staff to improve safety and learning.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service did not have a registered manager. The recently appointed manager had taken up their role in January 2021 having previously been the deputy manager. The manager informed us of their intention to apply for registration to the Care Quality Commission (CQC).
- The management team had not worked consistently, which had led to inconsistencies in how people's records were completed. The manager informed us a plan of action had been put into place to bring about improvement.
- Systems to audit the service did not consistently identify shortfalls in the service and bring about improvement. For example, auditing of the environment had not identified improvements were needed to improve reduce the risk of infection.
- Staff performance was monitored through quality monitoring, including the auditing of records, staff supervision and observed practice. Where shortfalls in performance were identified the providers policies and procedures were followed.
- The provider had a business continuity plan in place, which detailed how people's needs were to be met in the event of an emergency. A COVID-19 contingency plan had been developed in response to the pandemic, which outlined the provider's actions to ensure essential care continued to be provided.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff supervisions and meetings were held to share information and ensure good practice. For example, a group supervision had taken place to reflect on and promote people's safety by adopting and understanding good moving and handling techniques.
- Positive feedback was received by CQC about the recently appointed manager. The feedback referenced the positive working atmosphere and praised the manager for the time spent with people and staff, and their compassionate and caring approach.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The regional manager and manager of the service were open and honest in their communication with people, staff and outside agencies. They had responded to requests by CQC for information in response to whistleblowing concerns and had investigated the concerns in full and shared the outcome.

- The management team understood their role and responsibilities. Notifiable incidents were reported to the CQC and other agencies.
- No incidents had met the criteria under the duty of candour. The duty of candour requires providers to be open and honest with people when things go wrong with their care, giving people support, and providing truthful information and a written apology.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Systems and practices supported an open culture. The manager, in response to whistleblowing concerns received by CQC, had consulted with staff to seek their views through meetings and surveys. For example, staff views had been sought on staffing levels at the service and comments received had been acknowledged in writing by the area manager.
- People's views and those of staff were sought through regular meetings and the use of surveys. Information through meetings and surveys was analysed and an action plan developed to bring about improvement. For example, changes were being introduced to improve people's dining experience.

Continuous learning and improving care

- A systematic approach of routine auditing had been implemented that was kept under review by the area manager.
- Regular meetings were held between the area manager and management team to discuss and keep under review any feedback received and to monitor the progress of improvement plans.

Working in partnership with others

- Staff worked with other health and social care professionals to ensure people's needs were met.
- The management team had kept in contact, sharing information with external agencies including the local authority, the Clinical Commissioning Group and family members throughout the COVID-19 pandemic.

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 Maintenance of the laundry environment required improvement. Holes in the wall required repair and painting, plinths supporting appliances required painting, and the grout of tiles cleaning. Laundry systems needed to improve to ensure dirty laundry was not placed on the floor.