

Groundstyle Limited

Weston House

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

Weston House is a residential care home providing personal care to up to 33 people. The service provides support to adults with mental health conditions. At the time of our inspection there were 27 people living in the home. People lived in 1 adapted building which consisted of 2 floors and a range of communal areas for people to enjoy.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

Infection prevention and control was not effective throughout the building which meant people were at risk of catching and spreading infections. Quality checks were not always effective in identifying risks such as cleanliness and environmental safety.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice. People's medicines protocols did not always contain enough information for staff. People's care plans and risk assessments were not always accurate and kept up-to-date, however, they were person-centred. Staff recruitment processes were not always robust.

Staff knew how to keep people safe from abuse and lessons were being learned when things went wrong. Staff knew people well. People, staff and relatives felt positive about the home management. Staff worked in partnership with other organisations.

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 2 April 2020) and there were breaches of regulation. 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 not been made and the provider remained in breach of regulations. This service has been rated requires improvement for the last 2 consecutive inspections.

Why we inspected

We received concerns in relation to people's care and safety. As a result, we undertook a focused inspection

to review the key questions of safe and well-led.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remains requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this report.

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

The manager was responsive to feedback and addressed some of the environmental risks swiftly.

You can read the report from our last comprehensive inspection, by selecting the 'All inspection reports and timeline' link for Weston House on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to environmental safety, cleanliness, governance and oversight at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

<p>Is the service safe?</p> <p>The service was not always safe.</p> <p>Details are in our safe findings below.</p>	<p>Requires Improvement ●</p>
<p>Is the service well-led?</p> <p>The service was not always well-led.</p> <p>Details are in our well-led findings below.</p>	<p>Requires Improvement ●</p>

Weston House

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 Health and Social Care Act 2008.

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 2 inspectors and an Expert by Experience who made telephone calls to relatives after the inspection visit.

An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Weston House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Weston House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the CQC to manage the service.

Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager had been in post

for about 7 months and had submitted an application to register. We are currently assessing this application.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 13 December 2023 and ended on 9 January 2024. We visited the service on 13 December 2023.

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 and professionals who work with the service. The provider did not complete the required Provider Information Return (PIR). This is information providers are required to send us annually with key information about the service, what it does well and improvements they plan to make. Please see the well-led section of the inspection report for more details. We used all this information to plan our inspection.

During the inspection

We spent time in communal areas observing the care and support people received to understand the experiences of people unable to speak with us about this. We spoke with 6 people. An Expert by Experience spoke with 3 relatives over the telephone after the home visit. We spoke with 12 staff including the manager, senior care staff, care staff, cook, and domestic staff. We spoke with a consultant who was supporting the home to identify and make improvements. We reviewed a variety of records. This included 3 people's care folders and multiple medicine records. We looked at 4 staff recruitment files. We continued to review information after the inspection relating to the management of the service, including quality audits and policies and procedures.



Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained 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.

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

Preventing and controlling infection

- The provider had not identified and managed the risk of infection to people living in the home.
- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- Cleaning rotas for the kitchen were not in place. We observed areas requiring attention in the kitchen, including rust to doors, damage to the serving trolley and dust on the pantry floor. Hygiene and cleaning practices meant people were at risk of infection. Although, relatives told us they felt the home was clean.
- We were not assured that the provider was preventing visitors from catching and spreading infections. There was no hand soap in the visitors toilet when we visited the home, communal chairs were visibly dirty and touch point cleaning was not observed while we were visiting the home.
- We were not assured that the provider was supporting people living at the service to minimise the spread of infection. For example, we observed rusty equipment and fixtures in the communal bathroom. This made it difficult for effective cleaning to be carried out. We saw mould in 1 person's own ensuite shower room which could impact on the person's health and well-being. The manager told us of the planned work which was due to start in January to renovate the communal bathroom.

We found no evidence people had been harmed. However, due to the hygiene and cleanliness concerns identified and a lack of oversight from the manager and provider, this placed people at risk of harm. This was a continued 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 admitting people safely to the service.
- We were assured that the provider was using Personal Protective Equipment effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- 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.

We have also signposted the provider to resources to develop their approach.

Assessing risk, safety monitoring and management

- Environmental checks were not always effective in identifying risks. For example, although radiator covers were in place, there were large gaps which could be accessible to people. This meant people were at risk of scalds and burns from hot surfaces. The manager was responsive to our feedback and told us the maintenance person would address this swiftly. We will assess the effectiveness of actions taken when we next inspect.
- Some people did not have accurate and up-to-date care plans and risk assessments in place. For example, 1 person's care plan and risk assessment lacked details around signs and symptoms in relation to Parkinson's. This meant this person was at risk of staff not being aware of or acting swiftly to reduce the risks to the person. The manager was responsive to our feedback and updated care plans and risk assessments to include relevant health conditions.
- Staff had a good understanding of people's risks which matched their care plans and staff told us how they keep people safe.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- Mental capacity assessments were not decision-specific and lacked detail. This meant that people were not fully supported in line with the MCA in making their own decisions as far as possible. However, we saw there was some consideration of people's capacity despite the provider's processes not following the MCA principles.
- Applications had been sent to request DoLS authorisations where appropriate to ensure people were legally deprived of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- Staff recruitment processes were not always robust.
- We found a lack of audit trail when staff references had not been received.
- Staff health screening was not seen in staff recruitment files.
- The provider did not have processes in place when potential employees were known to the manager. The manager was receptive to our feedback and explained they would consider how to manage this in future. We will assess the effectiveness of actions taken when we next inspect.
- DBS checks were being completed. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. However, it was not clear if details in the original DBS check had been seen. This meant the provider may not have been aware of all risks on the original document.

Using medicines safely

- Medicines were not always safely managed.
- We identified some stock discrepancies at the time of the inspection. The manager advised they would investigate and resolve the errors and would check all staff were competent again by doing their competency checks.
- 1 person's 'when required' protocol did not have information about them managing their own inhaler while in the community. The same person's medicine information needed updating after a change in 1 of their medicines. This placed them at risk of harm if they were not to receive all prescribed medicines appropriately.
- Relatives felt medicines were generally well managed. One relative told us, "I do not know the name of medicines but [person] gets them when needed and can speak to a doctor." While another relative told us, "Medicines are good but if there is a slight slip up, they have phoned me straight away."
- Trained staff administered medicines and told us they had competency checks. One staff member told us, "The last time I was observed it was [previous registered manager's name] who did mine. I do some of the staff."
- The manager had completed regular audits to monitor medicines and addressed any errors identified.

Learning lessons when things go wrong

- The provider was learning when things went wrong. A consultant was supporting the home in identifying areas of concern and adding theses to an action plan to address. The manager was working towards completion of this plan, however, there were many areas requiring actions.

Systems and processes to safeguard people from the risk of abuse

- Staff understood how to keep people safe from the risk of abuse.
- Relatives felt people were safe. One relative told us, "[Person] feels safe, if there is an issue, they [staff] call me."
- Staff told us about the different types of abuse and had system to report any concerns within the home. They told us they felt confident the manager would listen and act. One staff member told us how the manager had resolved concerns regarding restrictions being placed on people over their cigarettes.
- Staff were aware of local safeguarding procedures and felt able to raise concerns with the nominated individual if needed. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Visiting in care homes

People were able to have visitors and there were no restrictions around visiting. Relatives told us they were able to visit.

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 our last inspection we rated this key question requires improvement. The rating for this key question has remained 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

At our last inspection the provider had failed effectively monitor the quality of the service provided. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Quality checks and systems were not always effective.
- Some environmental checks were not in place to monitor the cleanliness of the kitchen and bathrooms.
- Checks had not identified large gaps in radiator covers as well as an unlocked cupboard containing pipework. This meant people were at risk of accessing hot surfaces and potentially scalding or burning themselves. The manager was responsive to our feedback and requested the maintenance person address the radiator concerns as well as making sure the unlocked cupboard was locked. We will assess the effectiveness of actions taken when we next inspect.
- Some peoples' 'when required' medicine protocols lacked details for staff to follow to ensure medicines were effective for the person.
- The provider had not completed their Provider Information Return to provide CQC with information about what is happening in the service. This is sent to services annually and providers are required to complete and return this to CQC.

Governance systems were not robust enough to demonstrate oversight of the service to make sure people were safe. This placed people at risk of harm. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2002 (Regulated Activities) Regulations 2014.

At our last inspection the provider had failed to notify CQC of the outcome of DoLS applications as required by law. This was a breach of regulation 18 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 18.

- The manager was notifying CQC of events going on in the service in line with requirements.
- The manager had submitted their application to register with CQC and this was being reviewed at the time

of the inspection. It is a requirement for this home to have a registered manager in post.

- The CQC rating was being displayed as required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People, relatives and staff were involved in the service and their equality characteristics considered.
- Staff we spoke with were positive about the manager and nominated individual and felt supported. Staff told us they had supervision and a team meeting held by the manager when they joined the service. Staff told us the nominated individual visited the home regularly and was very supportive too. One staff member told us, "I love it here. I wouldn't be here if I didn't."
- People's care plans were person-centred and contained information about their personal beliefs and preferences. One staff member told us, "[Manager's name] has done an amazing job with care plans. There is a lot of information [in them] and things to try. There was very little information in the care plans before. I can look on [the electronic system] – we have got information at our fingertips now."
- The manager was making improvements and changes were being shared with staff through handovers and supervisions.

Working in partnership with others

- Staff worked in partnership with other services and organisations.
- Referrals were made to other professionals when required and staff followed their recommendations.

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

- Management promoted an open and inclusive culture among people, relatives and staff.
- Relatives knew who the manager was and felt they would be listened to if they raised a concern.
- The manager understood their responsibility in relation to duty of candour and being open and honest around accidents and incidents. We saw this was included in their action plan to analyse and learn lessons from accidents and incidents and share the learning with the staff. We will assess the effectiveness of this when we next inspect.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations 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 The provider had failed to ensure effective infection control and prevention was implemented throughout the service.

The enforcement action we took:

Warning Notice served.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The governance systems in place were not always effective in monitoring and mitigating risks to people. A lack of provider oversight has meant that the quality and effectiveness of the audits were not reviewed and did not always drive improvements for people.

The enforcement action we took:

Warning Notice Served.