

Parkcare Homes (No.2) Limited

Westbury Lodge

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

Westbury Lodge is a residential care home providing personal care to 8 people at the time of the inspection. The service can support up to 8 people with a learning disability or support needs relating to their mental health. The service is located in a residential area of Westbury, with access to local services and train station.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support

Medicines were not managed safely, and staff did not keep accurate records relating medicines. This meant the provider could not be sure whether people were supported to take their prescribed medicines.

The service did not make sure people received support in a safe and hygienic environment. The home was not clean. Cleaning schedules were in place, but staff had not completed them. This increased the risk that people would be harmed as a result of poor infection control practices.

There were enough staff to meet people's needs. The provider had taken action to address staff shortages through use of temporary agency staff. The agency staff had been working at the service on a long-term basis and provided consistent support for people.

Most staff demonstrated a good understanding of the risk management plans and the actions they needed to take to keep people safe. We identified one member of staff who was unclear of the support a person needed to manage the risk of choking. The staff member was provided with additional guidance from senior staff on the day of the inspection and further training was planned.

Feedback from health and social care professionals highlighted staff having a good understanding of people's needs and actions to keep people safe.

Right Care

We used the 'Talking Mats' communication system with 1 person, who indicated they were happy living at Westbury Lodge. Another person told us they felt safe at Westbury Lodge and staff treated them well. The person said they knew how to raise concerns with the registered manager and were confident concerns would be addressed.

We observed people interacting with staff in a confident and comfortable way. People appeared at ease in the presence of staff.

People were supported to maintain contact with their family and friends. Relatives reported they could visit without restrictions, and staff supported people to keep in contact with them through phone calls.

Right culture

The provider had systems to assess and monitor the quality of the service being provided. However, where shortfalls were identified, actions to improve the service were not always maintained and embedded in practice.

We observed staff working in ways that responded to what people were communicating to them.

Health and social care professionals who had contact with the service told us the service promoted a person-centred culture, and worked with them to meet people's needs.

Staff told us they felt listened to and valued by the registered manager.

People were supported to be active members of their community and participate in local activities.

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 1 May 2021).

Why we inspected

We received concerns in relation to the way people were treated and the culture of the staff team. 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 have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report. 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 changed from good to requires improvement. This is based on the findings at this inspection.

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

Enforcement

We have identified breaches of regulations in relation to safe care and treatment and premises and equipment at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

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 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.

Is the service safe?

The services 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 ●

Westbury Lodge

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

Two inspectors and an assistant inspector carried out the inspection.

Service and service type

Westbury Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (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 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 a registered manager in post.

Notice of inspection

This inspection was unannounced. The first visit of the inspection was completed out of office hours, in the evening.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We communicated with 8 people who used the service and 2 relatives about their experience of the care provided.

We are improving how we hear people's experience and views on services, when they have limited verbal communication. We have trained some CQC team members to use a symbol-based communication tool. We checked that this was a suitable communication method and that people were happy to use it with us. We did this by reading their care and communication plans and speaking to staff or relatives and the person themselves. In this report, we used this communication tool with 1 person to tell us their experience.

We spoke with 11 members of staff including the registered manager, regional director and 9 support workers.

We reviewed a range of records. This included 4 people's care records and 4 medication records. We looked at 2 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We received feedback from 3 relatives and 7 health and social care professionals who regularly visit the service.

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 changed 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.

Using medicines safely

- Medicines were not managed safely. Staff did not keep accurate records of the support they provided for people to take their medicines.
- The medicines administration record for the 4 week period starting 27 March 2023 contained 78 gaps. This meant staff had not recorded whether they had supported people to take their prescribed medicines.
- The majority of the gaps were for medicated creams and it was not possible for the provider to tell whether people had received this medicine. Four of the gaps were for tablets where the balance indicated the person had probably been supported to take the medicine. For one of the gaps the balance indicated the person had not received their medicine.

We found no evidence that people had been harmed. However, systems were either not in place or robust enough to ensure medicines were managed safely. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider's quality assurance team had identified shortfalls in the medicines management systems the day before the inspection. They had issued a 'Safety Huddle' document, to ensure all staff were aware of the shortfalls and action taken to address them. The registered manager was planning additional training and observation of staff to ensure they were competent to support people with medicines.

Preventing and controlling infection

- The service was dirty and the systems to maintain standards of hygiene were not effective. This increased the risk of an infection outbreak in the service.
- Some bedrooms had dirty sinks, toilets, floors and a strong smell of urine. A radiator cover in a toilet room was chipped, exposing porous surfaces. The shower room had areas of black mould on the walls and a shower mat. The shower head had a build-up of limescale. The lounge had a large amount of debris on the floor and the sofa was dirty, with a smell of urine. Kitchen chairs had dried food debris on them and there were a large number of cigarette ends outside the kitchen door.
- Cleaning schedules were in place but had not been completed by staff. There was no record of bathroom or lounge cleaning checks being completed on 3 of the days in the week before the inspection.

We found no evidence that people had been harmed. However, systems were either not in place or robust enough to ensure hygiene standards were maintained. This placed people at risk of harm. This was a breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities)

Regulations 2014.

- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were supported to maintain contact with their family and friends. Relatives reported they could visit without restrictions, and staff supported people to keep in contact with them through phone calls.

Assessing risk, safety monitoring and management

- Risk assessments were in place to support people to be as independent as possible. They balanced protecting people with supporting them to maintain their independence. Examples included support for people to manage the risks relating to health conditions, to manage risks related to mobility and support for people during periods of distress.
- Risk assessments and management plans had been reviewed and updated as people's needs changed. People and their representatives had been involved in these reviews.
- Most staff demonstrated a good understanding of the risk management plans and the actions they needed to take to keep people safe. We identified one member of staff who was unclear of the support a person needed to manage the risk of choking. The staff member was provided with additional guidance from senior staff on the day of the inspection.
- Feedback from health and social care professionals highlighted staff having a good understanding of people's needs and actions to keep people safe. Comments included, "They really get to know the residents and provide person centred care."

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)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- There were enough staff to meet people's needs. People told us staff were available to provide support when they needed it. Staff told us there were enough of them on each shift to meet people's needs safely.
- The provider had taken action to address staff shortages through use of temporary agency staff. The agency staff had been working at the service on a long term basis and provided consistent support for people. Agency staff told us they had received a very good induction when they first worked in the home and

demonstrated a good understanding of people's needs.

- Staff had been thoroughly checked before they worked in the service. This included a criminal record check, references from previous employers and confirmation of their right to work in the UK.

Systems and processes to safeguard people from the risk of abuse

- We used the 'Talking Mats' communication system with 1 person, who told us they were happy living at Westbury Lodge. Another person told us they felt safe at Westbury Lodge and staff treated them well, adding "I like them, they are good people." We observed other people interacting with staff in a confident and comfortable way. People appeared at ease in the presence of staff.
- The service had safeguarding systems in place and staff had received regular training. Staff we spoke with had a good understanding of what to do to make sure people were protected from abuse. Information was available on notice boards to inform staff how they could raise any concerns.
- Staff were confident the management team would take action to keep people safe if they raised any concerns. Staff were also aware how to raise concerns directly with external agencies if they needed to.
- The service had worked with the local authority to investigate safeguarding issues when concerns had been raised.

Learning lessons when things go wrong

- Systems were in place for staff to report accidents and incidents. Staff were aware of these and their responsibilities to report such events.
- Staff took part in reflective practice where necessary following incidents. This was used to reflect on what had happened and assess whether different actions would have resulted in better outcomes for people.
- Accidents and incidents were reviewed by the management team, to ensure appropriate actions had been taken.

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 changed 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 care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider had systems to assess and monitor the quality of the service being provided. However, where shortfalls were identified, actions to improve the service were not always maintained and embedded in practice.
- An infection control audit in October 2022 identified areas of the home required cleaning. It was reported action had been taken to resolve this. During the inspection we found the improvements had not been sustained.
- There was a registered manager in post and the service was overseen by a regional operations director. The deputy manager post at the service had been vacant for six months, which had increased the workload of the registered manager. The registered manager said they were in the process of recruiting a deputy manager.
- The registered manager and regional operations director were receptive to feedback provided during the inspection and expressed a commitment to make the required improvements.

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

- The registered manager had promoted a person-centred approach in the service. This was evidenced through the content of staff meetings, support sessions for staff and the training staff received. During the inspection we observed staff responding in a person-centred way to one person who felt unwell and another person who had sustained an injury. Staff supported people to express their symptoms and ensured they received appropriate medical care.
- Staff reported the registered manager was focused on ensuring people received a good service.
- Health and social care professionals who had contact with the service told us the service promoted a person centred culture. Comments included, "I think that they are person centred and know the people that live there, including their likes and dislikes, extremely well."
- The registered manager had a good understanding of their responsibilities under the duty of candour.

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

- The service involved people and others effectively in a meaningful way. The registered manager responded to issues raised and let people know what action they had taken. One person told us "[The

registered manager] listens to my concerns and responds to me." A relative told us, "I feel able to raise issues with [the registered manager] if needed and confident they will resolve them."

- Staff told us they felt listened to and valued by the registered manager.
- People were supported to be active members of their community and participate in local activities.

Working in partnership with others

- The registered manager had worked with health and social care professionals to improve people's access to services. This included supporting people to access health services they had historically found distressing.
- Feedback from professionals included, "They are not afraid to contact our team for support when they need it and I have had some of good experiences working collaboratively with them" and "My last input with Westbury Lodge was very positive. I worked alongside the team and the local GP. There was a lot of planning that went into this including mental capacity, best interest and determining the least restrictive approach. Westbury Lodge were considerate and thoughtful of the needs of the individual and proactively worked in conjunction with [other professionals] around this."

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 The provider had not ensured there was an accurate record of the medicines people had been supported to take. Regulation 12 (1) (2) (g).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The provider had not ensured the premises was maintained in a clean and hygienic state. Regulation 15 (1) (2).