West House Carehome Limited

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Inspection report

West House
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Chester Le Street
County Durham
DH2 3AA

Tel: 01913871533

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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
West House Care Home Limited is a care home which provides nursing and residential care for up to 26 people. The service supports older people. People are supported in one adapted building. At the time of this inspection 26 people were using the service.

People's experience of using this service and what we found
Care plans were not always in place or updated in relation to known risks to people. Fire safety systems were not always effective. The premises needed redecoration and repair. Audits had not always identified issues with medicine records. We had not always been notified about events at the service as required. Governance systems had not identified or addressed the issues we found during our visit.

Medicines were managed safely. Effective infection prevention and control systems were in place. People were safeguarded from abuse. Staffing levels were monitored and staff safely recruited.

People spoke positively about the leadership of the manager and said communication from the provider was good. Systems were in place to obtain and act on feedback. The manager was developing positive working relationships with external professionals.

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 18 July 2018).

Why we inspected
We were concerned that the service was failing to notify us of required matters. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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.

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 West House Care Home Limited 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 good governance and notifications 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 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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our safe findings below.

West House Care Home Limited

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
An inspector and an Expert by Experience carried out this inspection. 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
West House Care Home Limited 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 provider 24 hours' notice of the inspection. This allowed the provider time to let people know we would be contacting them for feedback and provide us with records for review as part of the inspection.

What we did before the inspection
We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are reports about changes, events or incidents the provider is legally obliged to send

us within required timescales. 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 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 used all of this information to plan our inspection.

During the inspection
We spoke with five people and five relatives about their experience of the care provided over the telephone.

We reviewed a range of records. This included four people's care records and four medication records. We spoke with seven members of staff, including the manager, nursing, domestic and care staff.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance and medicine records.

Requires Improvement

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.

Assessing risk, safety monitoring and management
• Care plans were not always in place or updated in relation to known risks to people. The manager said these were under review and additional training had been arranged.
• Fire safety systems were not always effective. For example, fire extinguishers had not been serviced as required. We saw action was taken to address these issues during our inspection.
• Some communal areas needed redecoration and repair. The provider sent us their plans for completing this following our visit.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

• Required test and safety certificates were either in place or were being arranged.

Using medicines safely
• Systems were in place for the safe administration of most medicines. However, there were some gaps in medicine administration records with no evidence that action had been taken to investigate why. The manager said this would be reviewed immediately.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

• Medicines were safely and securely stored.

Preventing and controlling infection
• 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.
• 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.

We have also signposted the provider to resources to develop their approach to promoting safety through the layout and hygiene practices of the premises.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong
• Systems were in place to protect people from abuse. Staff said they would not hesitate to report any concerns they had.
• Accidents and incidents were monitored to see if lessons could be learnt to keep people safe.

Staffing and recruitment
• Staffing levels were monitored to ensure there were enough staff to provide safe support. One person said, "There's always staff somewhere about."
• The provider's recruitment process minimised the risk of unsuitable staff being employed. This included Disclosure and Barring Service checks and obtaining references.

Requires Improvement

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 provider had not notified us of all relevant events at the service as required.

This was a breach of Regulation 16 of the Care Quality Commission (Registration) Regulations 2009.

• The manager joined the service in June 2020 and had not applied for registration with the Care Quality Commission by the time of our inspection. This is a ratings limiter for the well-led key question.
• The manager and provider carried out a range of audits but these had either not identified the issues we found at this inspection or failed to address them. These issues included ensuring required notifications were made, that care plans were updated effectively and that the environment was decorated and maintained appropriately.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate the service was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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
• People, relatives and staff spoke positively about the leadership of the manager. One relative said, "She's dedicated and has a plan about where she wants the home to go."
• We received feedback that communication with the service was good, and people and relatives were updated on any changes.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• The manager was reviewing systems for obtaining feedback and had begun by sending out questionnaires to people and relatives. People said the manager was approachable.
• Staff said they were asked for feedback and were confident this would be acted on. One member of staff said there was, "constant communication."

Continuous learning and improving care; Working in partnership with others

• The manager had developed positive working relationships with a wide range of external professionals.

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 17 HSCA RA Regulations 2014 Good governance Quality assurance systems did not effectively assess, monitor and improve the quality and safety of the service. Regulation 17(2)(a) and (b)

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 16 Registration Regulations 2009 Notification of death of a person who uses services The provider failed as required to notify the Commission without delay of the death of service users whilst services were being provided in the carrying on of a regulated activity or which has, or may have, resulted from the carrying on of a regulated activity. Regulation 16

The enforcement action we took:

We issued a fixed penalty notice. The provider accepted a fixed penalty and paid this in full.