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West Cotes Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	Inspected but not rated
Is the service responsive?	Inspected but not rated
Is the service well-led?	Inspected but not rated

Summary of findings

Overall summary

About the service

West Cotes Residential Care Home is a residential care home. It was providing personal care to 13 people aged 65 and over when we visited the home. The service can support up to 17 people in one adapted building.

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

People were not always protected from the risk of infection. Staff did not adhere to national guidelines and good practice in the use of personal protective equipment. This increased the risk of infection spreading in the home.

The audits in place to monitor the quality of care provided were not effective in driving improvements in the care people received. Medicines were not managed safely and environmental risks to people had not been fully identified.

Care plans had been developed to support staff in providing safe care for people. However, some had information and risk assessments about specific areas of care missing.

There were enough staff to meet people's needs. Staff training had been delayed due to COVID 19, but the registered manager had identified online training for staff to complete instead. Staff knew how to keep people safe from abuse and were confident to raise concerns with the registered manager or external agencies.

The registered manager was approachable and had gathered the views of people using the service and their relatives to identify areas for improvement. People and their relatives knew how to raise a complaint and would feel confident to do so if needed.

People's ability to access information was recorded and information was available in different formats.

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

Rating at last inspection

This service was registered with us on 7 January 2020 and this is the first inspection.

The last rating for the service under the previous provider was Inadequate, published on 8 November 2019.

Why we inspected

This was a planned inspection based on the previous provider's rating.

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 coronavirus and other infection outbreaks effectively.

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 the infection control practices in the home and the oversight and governance in the home at this inspection. Please see the action we have told the provider to take at the end of this report.

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?

We did not rate this service as it is a newly registered service and we did not inspect all domains.

Details are in our safe findings below.

Inspected but not rated

Is the service responsive?

We did not rate this service as it is a newly registered service and we did not inspect all domains.

Details are in our responsive findings below.

Inspected but not rated

Is the service well-led?

We did not rate this service as it is a newly registered service and we did not inspect all domains.

Details are in our well-led findings below.

Inspected but not rated

West Cotes Residential Care 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 team consisted of two inspectors.

Service and service type

West Cotes Residential 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we wanted to gather information from the home before the inspection so we could minimise our time at the service in line with our policies during the COVID pandemic.

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 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 two people who used the service and the registered manager. We also spoke with two members of staff and three relatives on the telephone after we had visited the home.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at a variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. We have not rated this service as we have only looked at two domains.

Preventing and controlling infection

- We observed staff were not using personal protective equipment as described in national guidance. For example, we observed a member of staff remove their mask to speak with a person. The staff did not maintain social distancing which meant there was a risk of cross infection.
- Throughout the day we observed staff not wearing masks correctly. For example, staff had masks under their chin at times. This is contrary to national guidance and best practice to limit the spread of infection.
- At lunchtime we observed staff wore cloth aprons rather than disposable aprons. This meant aprons could not be changed regularly in order to limit the risk of cross infection. We observed a member of staff remove a cloth apron and place it onto a kitchen work surface causing a cross infection risk.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to protect people from the risk of infection. This placed people at risk of harm. This was a breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe Care and Treatment.

Using medicines safely

- Staff did not always work in line with the provider's policy on the safe management of medicines. Five people were self-administering some of their medicines. Risk assessments to see if they could manage their medicines safely had not been completed. This meant there was a risk people would not receive their medicines as prescribed.
- Where people were prescribed medicines to be taken 'as required' protocols were not always in place. This meant there was a lack of guidance for staff to ensure medicines were offered and administered in a consistent manner.
- Staff did not follow safe practice or the provider's policies and training when recording and administering medicines. A member of staff administered a medicine to a person and left the medicine with them. The member of staff recorded on the medicine chart that the medicine had been given but had not observed the person taking the medicine.

Assessing risk, safety monitoring and management

- Care plans had identified some risks to people and the care staff needed to provide to keep people safe. For example, care plans recorded how staff could keep people safe from falls.
- However, some risks had not been identified. One person required oxygen therapy and had no risk assessment or care plan in place to support staff to provide safe care. This put the person at risk of not receiving appropriate and safe care.
- Environmental risks had also not always been identified. Radiators and portable heaters in people's

bedrooms were not covered. This meant there was a risk of people burning themselves against these hot surfaces. The registered manager told us they were in the process of putting these in place.

- We observed staff supporting people to mobilise. Staff supported people at their own pace and according to their care plans.

Staffing and recruitment

- The registered manager told us they were fully recruited and did not have to use bank and agency staff to cover shifts. During the inspection we saw no evidence of people waiting for care or of staff being unable to respond to people's needs.
- When the provider took over the home, they identified that staff lacked training in some areas. They had plans in place to provide training but some face to face training had been delayed. However, the registered manager sourced online training for staff and provided guidance and support to improve staff's skills.
- People told us staff responded promptly, one person told us, "If I need anything, I just have to press the button and they're here." A relative told us that the staff were kind and caring. They said, "The staff chat with [my relative] and they enjoy it."

Systems and processes to safeguard people from the risk of abuse

- Relatives told us they felt their loved ones were safe at the home. One relative said, "They are definitely safe, was originally in an upstairs room and their mobility has decreased and so staff have moved them downstairs." Another relative told us, "I feel she is safe. I don't worry about her there."
- Staff had received training in how to keep people safe from abuse. They were clear on their responsibility to raise concerns and information available in the office supported them to raise concerns with external agencies.
- The provider had a whistleblowing policy in place and staff were aware they could use this to raise concerns under the whistle blowing protections.

Learning lessons when things go wrong

- Incidents were identified, recorded and action taken to keep people safe. The registered manager ensured that all accidents and incidents were recorded. This allowed the manager to monitor the action taken to keep individuals safe. For example, records showed care plans had been reviewed following incidents.
- The registered manager monitored the trends in areas such as falls and pressure care. This allowed them to identify if there were any patterns which could be addressed through a change in people's care plans.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. We have not rated this service as we have only looked at two domains.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Since taking over the service the provider had reviewed and updated the care plans of people living at the home. People and their relatives told us they had been involved in planning their care needs. One relative told us, "I did go with [my relative] to meet the new manager. We sat and chatted for a little while. There was no need to change anything."
- We found that some areas of care were not fully documented. For example, one person in the home required oxygen. There was no care plan in place to support staff to identify when oxygen was needed and for how long it should be used.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans noted people's individual communication needs. For example, if they needed glasses or used a hearing aid. We saw quality surveys had been provided in words and pictures so that people could access them more easily. Signs around the building to guide people also used words and pictures.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- On the day of inspection, we did not see staff engaging in any leisure activities with people. People we spoke with said they did not take part in activities currently. A member of staff had recently been appointed to provide regular in-house activities had not been provided for people.
- Relatives confirmed that people were able to choose whether to engage in activities. One relative told us, "[My relative] stays in their bedroom, but that is their choice. They have a nice room with a balcony and sea view. They prefer to be up there." Another relative told us, "[Staff] want to do the best for [my relative] and encourage want them to get out of their room but they do not want to come out. They will get stressed and distressed if they have to leave their room. They are comfortable in there."
- Care plans included information about people's life history and people's likes and dislikes. We observed staff speaking with people about their past life and about family members. Arrangements had been made to maintain contact with relatives and friends in line with social distancing and current guidance.

Improving care quality in response to complaints or concerns

- No formal complaints had been recorded since our last inspection. People we spoke with and their relatives told us they would be confident in raising any concerns they had. One relative said, "Would feel happy raising any complaints with the manager." Another relative told us, "I would feel confident to raise a complaint."

End of life care and support

- At the time of the inspection no one was receiving end of life care. Care plans included information about people's preferences at the end of their life and in the event of their death.

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.

This is the first inspection for this newly registered service. We have not rated this service as we have only looked at two domains.

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

- The provider was not ensuring that staff were working in line with their policies. For example, staff were not following the medicine policy and guidelines. Medicines were not administered in a safe way in line with the policy and risk assessments for self-administration of medicines had not been completed. Staff and managers were not following the national guidance for the use of PPE.
- The audits used to monitor the quality of care were not effective at highlighting concerns and driving improvements. 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. The general audit for August 2020 had identified that all radiators were covered, and we found that this was not the case. The audits for medicines and infection control had not identified or ensured that action was taken to rectify the concerns we found during the inspection.
- There was a registered manager for the home. The registered manager was also responsible for another of the provider's services and was not at the home every day. A member of staff had been appointed as deputy manager in order to ensure consistent oversight of the home. However, given the concerns we found when we inspected, it was clear these arrangements had not ensured that people had received safe, high quality care.
- There was a lack of awareness of the seriousness of the concerns we found. The registered manager told us they were unaware of the detail of some of the issues which had been raised under the previous provider. This meant they had not fully recognised all the improvements needed to ensure the care provided was safe.

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 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good Governance.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives told us that they knew the registered manager and they found them approachable. They also spoke highly of the staff and the deputy manager. One relative told us, "They now have a new deputy manager who is very good and has been very helpful. The staff are all very kind."
- People and their relatives had been sent a survey when the new provider took over to gather their views on

what was good with the service and what needed improving. The registered manager was using this information to help enhance the quality of care provided.

- Staff were also complementary about the registered manager and deputy manager. They told us they found them to be approachable and supportive. Staff felt confident about raising any concerns or areas for improvement that they identified.

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 and their relatives told us that the provider was open and honest about the care and needs of people in the home. One relative said, "If Mum is unwell, they will ring." Another relative told us the staff had kept them informed when their relative had developed pressure areas and needed bed rest.

Working in partnership with others

- The registered manager told us they worked collaboratively with the local GP practices and pharmacy. They also engaged with the local neighbourhood team. The neighbourhood team has involvement from health (NHS, your doctor) social care, voluntary organisations and charities. This ensures everyone will work together to find solutions to health and wellbeing challenges.

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 did not ensure staff were working in line with the latest IPC guidance. Regulation 12, (1)(2)(h)

The enforcement action we took:

We issued the provider with a warning notice.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not monitored the quality of care and had not ensured staff worked in line with the provider's policy. Regulation 17, section (1)(2) (a)(b)(c)

The enforcement action we took:

We issued the provider with a warning notice.