

Bupa Care Homes (GL) Limited

Westcombe Park Nursing Home

Inspection report

112a Westcombe Park Road
Blackheath
London
SE3 7RZ
Tel: 0203 468 4768
Website: www.bupa.co.uk

Date of inspection visit: 07, 08 and 11 May 2015
Date of publication: 26/06/2015

Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Inadequate



Is the service effective?

Requires Improvement



Is the service caring?

Requires Improvement



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

This inspection took place on 7, 8 and 11 May 2015 and was unannounced. At the last inspection on 11 June 2014 we found the provider met all the regulations we inspected. Westcombe Park Nursing Home accommodates up to 51 people who have nursing or residential care needs.

There was a registered manager in place. A registered manager is a person who has registered with the Care

Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. The manager was new to the service and had started work there in September 2014. An extensive refurbishment programme had started as the new manager arrived and this had been recently completed.

Summary of findings

We found breaches in regulations as risks to people were not always identified and necessary actions were not always taken to reduce risk. Some people did not have access to a call bell and risk assessments were not always up to date. Plans were not always in place to reduce risk. We also had concerns that medicines were not stored securely or safely at all times. This put people at risk of unsafe care. CQC has taken enforcement action to resolve the problems we found in respect of this regulation. You can see the enforcement action we have taken at the back of the full version of this report.

We also found breaches in legal requirements for respecting people's privacy as staff did not always knock on people's doors before they entered. A further breach of regulation was identified because the provider had not always followed the Mental Capacity Act 2005 and Deprivation of Liberties Safeguards by ensuring people gave decision specific consent or by making applications for authorisations under the Deprivation of Liberty Safeguards for people's protection. Care plans were not up to date and did not always reflect people's current needs. Written guidance for staff on how to provide effective care and support to people was not available in all cases. We identified concerns about the way the quality of the service was monitored. You can see the action we have asked the provider to take at the back of the full version of this report.

The provider had their own action plan in place from January 2015 to address many but not all of the areas we identified. However the provider had not made sufficient progress against some areas that impacted on people's care.

We heard consistently from people and staff that they felt there were not enough staff at all times. We have made a recommendation that the provider reviews the staffing levels across the service in line with people's dependency needs.

Care plans did not demonstrate people's involvement in their care but we saw the provider was moving to a new system of care documentation that would make this clearer.

People told us they felt safe and we observed that staff engaged with people in a caring manner. Staff were knowledgeable in recognising signs of abuse and the associated reporting procedures. There were safe recruitment procedures in place and safety checks were made on equipment used at the service. People told us they liked the changes to the premises that had been made at the service. The service was clean and had appropriate infection control procedures in place.

Plans were in place to ensure staff training was up to date and that staff received the support they needed in their roles. People had access to relevant health care professionals when needed. The manager had made improvements to the activities offered at the service and was making links with the local community. There was a complaints procedure in place and forms to make a complaint were readily available.

People told us they thought the service was well run and organised. They told us the manager and deputy manager were visible around the service and they felt they could go to them with any concerns. We found the manager and deputy manager had made some improvements to some aspects of the service. However we had mixed feedback about the management of the service from staff.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Risks to people were not always identified across a range of different areas and plans were not in place to reduce these risks. Medicines were not always stored or administered safely.

People told us they felt safe. Staff were aware of signs of abuse and what action they should take if they needed to report any concerns. Checks were carried out on equipment to reduce risk and there were arrangements to deal with emergencies.

The service was clean and had been recently refurbished. Infection control procedures were in place to reduce risks of infection to people. Appropriate checks were carried out on staff before they started work at the service.

Inadequate



Is the service effective?

The service was not always effective.

Risk of malnutrition and dehydration was not always regularly monitored and plans were not in place to reduce risk. People told us they had enough to eat and drink and that they had a choice of what to eat and where to have their meals.

Staff had received training on the requirements of the Mental Capacity Act 2005 code of practice and Deprivation of Liberty Safeguards but people's capacity to consent to some specific decisions was not always assessed. Appropriate referrals had not always been made for Deprivation of Liberty authorisations.

Supervision arrangements for some staff had not been consistent. However the manager and deputy were working to address this. Staff received mandatory training in areas specific to the people they supported and training was updated.

People had access to a wide range of healthcare services to ensure their health needs were met.

Requires Improvement



Is the service caring?

The service was not always caring.

People told us some staff did not always treat them with respect and dignity. We observed staff entered people's rooms without knocking.

We also observed other staff treated people with care and consideration and people enjoyed their company.

Requires Improvement



Summary of findings

We saw that people were provided with information about the service. People said they discussed their care needs with staff although their care plan did not evidence any involvement. The manager told us they were introducing new care records that would record people's involvement.

Is the service responsive?

The service was not always responsive.

People's records were not always updated to ensure there was an accurate up to date record of their care to guide staff.

Some improvement had been made to the level of activities available to people, since the last inspection, and links had been made with a local school in the community. However some people told us there was not enough to do at the weekends.

The complaints procedure was accessible and easy to follow. People knew how to complain and some people told us they were confident the manager would address their concerns. Regular relatives and residents meetings were held.

Requires Improvement



Is the service well-led?

The service was not consistently well led.

There was a system of checks to monitor the quality of the service and these included checks by the provider. There was an action plan from January 2015 to address issues that had been identified about the service. However while these had identified many of the concerns we found little progress had been made in some areas to improve the quality of the service.

People's views about the service were sought but with regard to some areas there was some evidence that these were not always consistently used to further improvements.

There were mixed views about the new manager. People thought they were making changes for the better. Some staff felt the change in manager was bringing improvements to the service and that they were approachable and listened to their views. Other staff members told us they did not feel valued in their role.

There were regular meetings with groups of staff to try to aid communication and to ensure consistency was maintained within the service.

Requires Improvement



Westcombe Park Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 07, 08 and 11 May 2015 and was unannounced. There were three inspectors, a specialist advisor for the first day of the inspection and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection we looked at the information we held about the service including information from any notifications they had sent us. We also asked the local authority commissioning the service and the safeguarding team for their views of the service.

We spoke with 15 people who use the service, four relatives, four nurses, six care staff, including a member of night staff, the activities organiser, two domestic staff, a maintenance staff member, two catering staff and two reception staff. We also spoke with the deputy manager, registered manager and area manager for the service. Following the inspection we spoke with three health professionals who visit the service.

We looked around the building and looked at twelve records of people who used the service, six staff recruitment and training records. We also looked at records related to the management of the service such as staff rotas, policies and minutes of meetings.

Is the service safe?

Our findings

Risks to the health and safety of people at the service were not always identified, assessed or action taken to reduce the likelihood of them occurring. For example three people who required nursing care did not have call bells in their rooms. In a further six rooms call bells were not accessible to people who were either in bed or sitting in a chair. We told the manager about this during the inspection. The manager told us some bells were not working following the recent refurbishment; however she was not able to explain which rooms were without working call bells and neither were staff when we asked. There were no risk assessments in place related to these rooms to identify possible risks to people or to identify people who may not have capacity to use a call bell and what steps might be needed to ensure they could access the support they needed at the time they needed it.

We looked at the call bell response times between 01 May 2015 and 05 May 2015. On 01 May 2015 and 02 May 2015, a small number of calls had a response time delay of eight minutes or more. This rose to 21 percent delay on 04 May 2015 and 23 per cent 05 May 2015. This meant people's needs were not promptly responded to.

There was no manual handling risk assessment in place for one person, to assess any risks of transfer to and from a wheelchair or to guide staff on the most appropriate means of reducing any risk. Staff were unaware if this person needed the use of a wheelchair strap for their own safety and the person's care plan provided no guidance on this. There was no falls risk assessment in place for another person whose daily record showed they had previously had a fall from bed. We observed the bed had been lowered but a crash mat to reduce the risk of injury from a fall was not in the correct place in their room. There was no information or guidance for staff about this person's care needs when they were in bed.

Risk assessments for the use of bed rails were not always in place. One person had a risk assessment that stated they required bed rails. We observed this person in bed without bed rails in place to protect them from the risk of falling. People's risk assessments were not always completed in line with the provider's monthly requirements. For example two people's risk to skin integrity had not been reassessed since September 2014 and November 2014 and both people were previously identified as high risk. We found

repositioning records were kept but they were not always completed regularly to evidence that steps were taken to reduce risk. Some risk assessments for one person had not been fully completed and the risk level therefore not calculated or properly identified. Body maps and photographs were not consistently used to track progress with wound healing and identifying further risks to people.

This was in breach of regulation 12 (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014). CQC is considering the appropriate regularity response to resolve the problems we found in respect of this regulation. We will report on action we have taken in respect of this breach when it is complete.

Other risks to people were identified and monitored. There were plans to deal with a range of emergencies. Staff had received regular fire training and knew how to respond in the event of a fire and had taken part in fire drills. There were personalised emergency evacuation plans for people which were easily accessible in an emergency. Staff knew what to do in response to a medical emergency.

There was a business contingency plan for emergencies which included contact numbers for emergency services. However we found the fire risk assessment had last been completed in 2012 and there had been some changes to the lay out of the building recently which were not covered in the risk assessment. The manager told us they had requested a new fire risk assessment be completed and this had been booked for later in the month.

There were checks on equipment carried out such as electrical items, fire equipment, hoists and bed rails to ensure that people were protected from the risk of unsafe equipment. A maintenance worker was employed to carry out regular maintenance work at the service.

Medicines were not always safely managed. We looked at the medicines administration at the service. Medicines were stored at the correct temperatures and these were monitored. However not all medicines were stored safely and storage of controlled drugs (CD's) did not follow legal requirements. Medicines were not always safely administered. We observed medicines being given to a person using the service and the staff member did not stay to check the medicines were safely administered. There was a risk people may not receive their medicines successfully or that they could be dropped and picked up

Is the service safe?

by another person. Arrangements for the safe storage of medicines were not in place where people had been assessed as able to manage their own medicines in line with best practice.

We found that there were gaps in the medicines administration records (MAR) for three people between 4 May 2015 and 07 May 2015. There was a risk that people may not have their medicines at the right time and in the right way. Photographs were not always kept on people's MAR records to identify them to new staff or bank staff. There was therefore a risk medicines would not be administered to the right person. Some MAR were hand written and had not been signed and checked by a second member of staff to confirm a correct entry in line with best practice. Records of allergies were also missing from people's MAR records and there was a risk people could receive medicines that they were allergic to. We discussed these issues with the registered manager and the allergy records had been amended by the second day of inspection.

There were no audits of medicines available to show that checks had been carried out to identify any problems with the management of medicines. The manager told us they had done visual audits but not recorded these. These visual checks had not identified the concerns we found. There were no audits available from the period before the manager started work at the service. No external audits were carried out to help the provider identify where improvements could be made.

These issues were in breach of regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014). CQC is considering the appropriate regularity response to resolve the problems we found in respect of this regulation. We will report on action we have taken in respect of this breach when it is complete.

People told us they usually got their medicines on time. There were policies to guide staff on safe administration, as required medicines, storage and disposal of medicines and guidance on the reporting of medicine errors. Staff told us they had received training on administering medicines which was confirmed in the training records. The deputy manager had started to complete medicines competency checks for those staff who administered medicines.

We received some mixed feedback about whether there were enough staff to support people. Most people told us

they thought there were not enough staff available. People told us they sometimes had to wait to get up in the morning as they needed two staff members to support them and staff were busy giving other people care or their care was interrupted while staff answered call bells for other people. One person told us "One night, soon after I came in here, I pushed my call bell ten times before someone came." Another person explained "Sometimes if there's a shortage of staff I don't get washed at the right time." A third person said "Sometimes they only have one nurse and one carer; if someone's off they have to share a carer with the floor below." A fourth person commented "Staff are kind but there aren't enough of them and it has been like that for a long time." A fifth person remarked "When you call them they come quickly. They are trying their best. They could do with a few more staff." CQC had received a complaint about staffing levels in November 2014 which they had raised with the manager at the time, who had given reassurances about staffing levels.

Two people told us they thought there were enough staff. One person said "There are some nice carers and nurses here. They come quickly when I ring the bell." Another person commented "There are enough staff to help me when I need them." However we identified concerns with staffing levels.

Staff told us that the staffing levels were not always what they were supposed to be due to sickness and holidays and sometimes there was a care worker less or a nurse working between two floors. During the inspection we found that on one floor there was a care worker less than the agreed staffing level on two days and no nurse in the morning of the third day of inspection. The deputy manager covered the nurse duties that morning. Our observations were that staff were busy and it was sometimes difficult to find a member of staff on a floor.

We spoke with the manager about the feedback we had received. They told us they did not think there were problems with staffing levels and that they were trying to get staff to work across floors rather than remain on one level so they were familiar with everyone's needs at the service. They said there were also some vacancies that they were trying to recruit too and there could be a problem covering sickness at short notice. They had stopped using agency staff to try and improve consistency and had a bank of regular staff they could use although at very short notice

Is the service safe?

this could be a problem. They told us staffing levels were based on the needs of people at the service. However we were told no recent dependency assessment had been completed.

We recommend that the provider review the staffing levels across the service to ensure that people's needs can be safely met.

People told us they felt safe and that staff were mostly caring; although people said some staff were better than others at making them feel relaxed. Staff were knowledgeable in recognising signs of abuse and knew how to report any concerns. There had been three safeguarding alerts raised since the last inspection which related to concerns about pressure area care. These were being investigated at the time of the inspection. The manager had cooperated with the safeguarding investigations and with the local authority and had kept CQC informed.

Recruitment checks were carried out before staff started working at the home. This helped protect people from the risk of inappropriate or unsafe care. The manager told us

the provider had their own recruitment department and policy. We looked at the records for six members of staff and found that the necessary checks had been completed before staff commenced work.

People were cared for in a clean and pleasant environment. People told us they liked the changes to the service and they felt the décor had improved although it had been noisy and difficult when the work was in progress. The home had recently undergone a major refurbishment. We saw the provider had an infection control policy which was last reviewed in December 2006 and we were told this was in the process of being reviewed. We saw there was a detailed cleaning schedule which was followed by the housekeeping team. The head housekeeper told us they performed spot checks and completed daily cleaning checklists for all areas of the home.

We found clinical waste was correctly disposed of by a clinical waste contractor. However, we noted the sluice rooms did not have locks on the doors. This meant people who used the service may have had access to rooms which contained infected materials. The manager told us the provider was aware of this issue and had plans to address this matter now the refurbishment was completed.

Is the service effective?

Our findings

People's capacity and rights to make decisions about their care and treatment were not always assessed in line with Mental Capacity Act 2005 (MCA 2005). The manager told us that most people at Westcombe Park had capacity to make decisions. However, there were two people whose records showed they may not have capacity to make some decisions and there were no decision specific capacity assessments. For one other person there was a mental capacity assessment but it did not record the specific decision that was being assessed. This was not in line with current guidance and the law. There was no evidence of any best interests meetings recorded in relation to specific decisions about care or treatment for example regarding the use of bed rails to prevent injury.

Applications for authorisation for Deprivation of Liberty Safeguards (DoLS) were not always made where it was appropriate. These safeguards are considered where it might be necessary to restrict a person's freedom to protect them from harm where they are unable to make decisions for themselves. One application had been made and successfully granted. However applications for authorisations had not been made for two people whose care plans said they lacked capacity and for whom bed rails were in use for their safety.

The front door of the home was key coded for security reasons. This meant people could not leave without the help of a member of staff and so their rights could be restricted. We observed one person walk towards the front door wanting to leave while we were there. They were distracted away by reception staff concerned for their safety. However the manager had not considered whether an application to the local authority should be made regarding these possible restrictions, where people lacked capacity to make a decision about leaving in line with the Supreme Court Judgement of March 2014.

Two people who had capacity to make decisions about their care, as recorded in their care plans, told us they wanted their bed rails up for reassurance from falling. They said staff had informed them this was against the law. This was incorrect and meant their rights and wishes may not be respected. We spoke with the registered manager about this and they agreed to address this issue immediately.

Staff had received training on the Mental Capacity Act but when we asked them about this they seemed unclear about their responsibilities with regard to the law. The manager told us that there was no provider refresher training requirement for Mental Capacity training. This meant staff knowledge on how to follow legal requirements in respect of mental capacity may not be up to date or may not be refreshed regularly.

There was a risk people's rights in respect of decision making were not always upheld and there was evidence that the provider had not always acted in line with the requirements of the Mental Capacity Act (2005) Code of Practice and Deprivation of Liberty safeguards. This was in breach of regulation 11(1) (3) of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).

People told us that staff asked for their consent before they provided care and we observed this to happen. One person said "Staff do ask before they do anything to help me." For example staff checked that people gave consent to the support they offered in helping them mobilise or with personal care.

People told us they thought the staff were suitably knowledgeable and skilled to carry out their roles. One person said "Staff know what they are doing here and how to look after us." Staff told us they received regular training and this was refreshed. One staff member told us "We are always having training here." During the inspection some staff attended dementia awareness training which had recently been arranged by the manager. We looked at training records and noted some staff training was out of date for example five staff members safeguarding training was overdue and four staff members due but we saw that the dates for training had been booked for the beginning of June. We were told this would bring all staff training up to date.

Staff had received an annual appraisal in 2014 but supervision frequency required improvement to ensure staff received appropriate support. Staff told us they received supervision but records were incomplete and were difficult to locate. There were no records of supervision being given to care staff since September 2014. Supervision and appraisals for staff for 2015 had been identified in the provider's audit of the service as areas needing action. We saw this had been started with nurses' supervision underway and plans were in place to ensure care staff received regular supervision.

Is the service effective?

New staff had a period of training and shadowing to help them learn about their role before they worked independently. However there was no record kept of their progress on their readiness to work alone or if there were any issues identified during the shadowing period. The manager told us they were introducing this following the inspection.

People were not always protected from the risk of malnutrition and dehydration as adequate records were not maintained. For three people identified as being at risk of malnutrition and dehydration, food and fluid charts were not fully completed and there was no evidence these were checked by a nurse and any action taken. For example one person had just one entry each day on their fluid chart, with a total fluid intake well below the recommended daily intake.

There was no record of a recent risk assessment for nutritional and hydration risk for one person who required specialised feeding support. The risk assessment for two people, one of whom was diabetic, had not been completed since June 2014 and November 2014 respectively. This was not in line with the provider's requirements for monthly risk assessments to monitor risk. Two people's eating and drinking care plan did not record they were diabetic or include any discussion with the person about how to best to support them. This was also the case for one person on a specialised feeding regime. We found one person had lost 10kgs of weight since the beginning of the year. However there was no record to show this weight loss had been identified as a possible risk or a referral made to a dietician.

Risks to people's health and safety were not properly identified or action taken to reduce these risks. This was in breach of regulation 12(1) (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities Regulations

2014). CQC is considering the appropriate regularity response to resolve the problems we found in respect of this regulation. We will report on action we have taken in respect of this breach when it is complete.

People told us they had enough to eat and drink and that they had a choice of what to eat and where to have their meals. We observed that most people chose to eat in their rooms. We heard mixed views about the food ranging from "The food here is fine," and "I am happy with the food there is plenty," to "The food is not very good, always the same, I do not like it." People told us there was always plenty to drink and they were also provided with fresh fruit and snacks every day. One person told us "They are very good at bringing you a cup of tea and a biscuit." Kitchen staff were aware of people's dietary needs and allergies as well as people's nutritional and cultural needs. Some people were on fortified diets to help maintain their weight.

We observed how people were being supported and cared for at lunchtime. Some people required support with eating and some ate independently. The atmosphere in the dining room was quiet and unrushed and there was adequate staff to assist people when required. People had adapted cutlery or crockery where needed to help them maintain independence.

People told us they saw the dentist, doctor or chiropodist when they needed to and we saw records were made of their advice. These included the dentist, GP, podiatrist and dietician and members of a local rapid response team. We spoke with three visiting health professionals who said there was some difficulty in finding staff to discuss people's care. They told us staff were caring but some staff were less open to their advice than others and there had been some issues with record completion. One professional told us they felt the record keeping had improved recently.

Is the service caring?

Our findings

Most people told us they were happy with how staff cared for them. One person told us “The carers are wonderful”. Another person said, “They’re very helpful”, and a third commented “The staff are friendly and caring.” Another person remarked “The staff are absolutely charming and delightful, though perhaps there’s not enough of them.” Relatives also confirmed this. One relative said, “They are very caring, I have no concerns.” However five people told us that some staff could be abrupt and rude on occasions.

Staff were able to describe ways in which they respected people’s privacy and dignity, such as closing people’s doors while they provided personal care and checking they were happy with the support they provided. However throughout the inspection we observed some members of staff walked into people’s bedrooms without knocking on the door. Three people we spoke with told us that some staff regularly did not knock or wait for a response before they entered their room although other staff did do so.

People were not always treated with dignity and respect and their privacy was not always respected. This was in breach of regulation 10(2) (a) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

We raised these issues with the registered manager and area manager who agreed to investigate the concerns. The manager told us that she had identified this issue and with the deputy was trying to address this through a visible presence around the service and identifying this problem when it occurred. However it remained an issue at the inspection.

We observed some warm and sensitive communication between people and the staff on every floor; for example as they were supported to move between floors or when they were provided with drinks. Staff spoke respectfully with people and listened to their wishes and requests. They told us that they were offered people choice about how their care was provided and people we spoke with confirmed that this was the case. They described how if someone refused personal care or support they would return later to ask them again.

We saw that people were well-dressed, and looked clean and comfortable. People told us they could have a shower or bath when they wished. The deputy manager told us they had introduced a system for staff to record the kind of personal care given to people to ensure people’s wishes in respect of this were kept. We saw this was being completed.

Staff were able to provide some information about people’s individual needs or preferences. For example one staff member told us who preferred to be up early and who liked a later start to their day. They knew which activities some people enjoyed. This meant they had developed good relationships with the people they supported that respected people’s preferences. However two staff members were not always familiar with people’s individual needs. One staff member was not sure about someone’s medical condition and another staff member was not sure how another person liked to spend their time.

People were provided with information about the service. Notice boards displayed activities, details of chaplaincy visits, information about safeguarding and details of how to make a complaint. People told us they could express their views about their care and support needs to the staff. The manager told us they had just introduced a keyworker and named nurse system so that people could develop a closer link with particular staff so that the service could respond to people’s changing needs and preferences.

People’s likes and dislikes were recorded in their care plans to inform staff although these were missing from two care plans we looked at and had not all been recently updated. It was not always clear that people or their relatives had been involved in the setting up or review of people’s care plans. This had already been identified by the provider and we saw that new care planning documentation was in the process of being introduced in the home and that care plans would be written with the involvement of the person receiving care and support and or their relatives if this was appropriate.

Is the service responsive?

Our findings

People had a plan of their assessed care and support needs that included their preferences. However these care plans were not up to date and may not therefore have reflected their current needs and preferences. The manager told us people had an assessment of their needs before they came to Westcombe Park to ensure that staff could provide the right care and support. Care plans were in the process of being transferred into a new care document system that the area manager told us would make information more easily accessible; these had been started in April 2015.

We looked at both the old and new care plans and found the 12 plans we looked at were not fully up to date; while updates had been added in some places most plans for care had not been revised since February 2013. Some evaluations had been completed and daily notes had been recorded by staff and visits by health professionals but people's needs had not been reviewed and care plans changed to reflect their current needs.

One person did not have a written plan of their care and support needs at all. We asked staff about this and they were unable to locate it. We saw from the daily notes that staff assisted them with personal care but there was no accurate record to guide staff about their needs. There was no evidence of a pre-assessment of their needs to ensure their needs could be met. Another person spoke limited English but their communication care plan had not been completed and there was no record of this in their care plan. The person's cultural and religious needs had not been recorded to ensure staff were aware of how they might meet these. This plan had not been updated since February 2015. We saw their mobility care plan recorded in February 2015 stated they preferred to be in bed throughout the day. However staff told us this person enjoyed sitting in their wheelchair for periods and we observed this to be the case. Their care plan had not been updated to reflect the changes in their care and support.

There was no record to confirm the reasons for change in someone's catheter care equipment in October 2014 since the care had been agreed with the GP in March 2014. There was no record of a further visit by the GP to discuss these changes. One person had a dietary plan from the speech and language team but the care plan had not been updated to reflect this. One person's wound care plan

described their preferences for activities rather than the wound care. For one person with a health care associated infection there was no record of any action taken to check the infection had cleared on the date this was due to have been done. We asked staff about this on 07 May 2015 and a nurse told us they had done this that morning but when we checked the records on 11 May 2015 there was no evidence it had been completed.

People were not protected from the risk of inappropriate care as a full, accurate and up to date record in respect of each service user's care and treatment was not provided. This was in breach of regulation 17 (2) (c) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

People told us they received care in accordance with their needs and wishes although sometimes they had to wait a while for staff to attend to them. One person told us "The staff help with the things I can't manage and I do the rest." Another person said "Staff know what I need and

I have no concerns about my care." However a relative told us they felt their family member was not supported to get any exercise which would help them to remain mobile.

We saw from a report from 02 April 2014 by the local authority who commissions the service that stated people at Westcombe Park did not spend much time in the communal areas and tended to sit in their rooms for much of the day. Some people had commented to the local authority they would like more activities.

At this inspection we found the communal areas were not in use but we did observe some activities taking place in the lounge at some points in the day. People told us they were pleased the new manager was working to improve the activities and there had been more opportunities to go out. Some people told us they preferred to remain in their rooms and their preference was respected although people felt they were offered the opportunity to go to the communal areas. Some people described going on a shopping trip the day before or a walk to the park or a local church service. The activities organiser had arranged to accompany someone who wanted to vote. The manager told us they had identified improvements to the activities as part of their action plan. They had established some links in the community with visits to and from a local

Is the service responsive?

school and had set up an art project for a small group with the school. People involved were enthusiastic about this. They had other links with schools that came to sing at Westcombe Park.

There was one activities organiser for the service who worked during the week. They told us they tried to offer some individual activities in the morning for those people who preferred that and then a group activity in the afternoon. People spoke warmly about them and told us they looked after some of their needs. One person said “I rely on [the activity coordinator] for my chocolate; they do shopping for you.” Another person told us “They are very kind to me and arranges for me to speak [by phone] to my daughter [abroad]. To me it’s magic. I don’t know how they do it. It’s wonderful.”

Most people told us there was enough to keep them occupied. One person told us “I always go to activities in the afternoon...sometimes its skittles and sometimes piano playing.” We observed a morning singing activity and an afternoon exercise activity taking place; both activities were enjoyed by people who attended.

However one person told us they thought “Things are better in terms of going out but there is a way to go.” Two relatives told us they did not think there was enough to do at weekends in particular as there were no organised activities and people were not supported to make use of the garden. One relative told us their family member “Is always moaning about being bored. There’s never anyone to ask to go out into the garden.”

People told us they knew how to make a complaint. Some people told us they were happy to go to the manager to raise any concerns and they were confident they would respond. One person said “The manager does visit me and we have Residents’ Meetings.” Leaflets explaining how to make a complaint were displayed in the home and these included space to make a complaint. The manager showed us the complaints log which only had one recorded complaint about noise and disturbance during the refurbishment. The log showed the complaint process had been followed. However we were made aware that there had been complaints from visitors to the service about the difficulty in gaining access to the building particularly at weekends. We could not find any record of this and spoke with the manager who told us they had met with relatives and discussed the issues and there was now someone on reception for two weekend days a month. We saw there had also been a compliment received about the care provided at the service. There was a comments and suggestions box available in the reception area although no suggestions had been made.

There were other ways in which people could inform the provider of their views about the service. Residents and separate relatives meetings were held. The last recorded relatives meeting was held in November 2014. There had been two residents meetings since the new manager had started, one on 14 November 2014 and then 26 February 2015.

Is the service well-led?

Our findings

Some aspects of the service were not well led. There was a system to monitor the quality of the service but this was not always operated effectively to identify issues or where concerns were identified they were not promptly acted upon. The manager told us they completed a “daily walk around” audit to address any immediate issues. However these audits were not sufficiently detailed to confirm action had been taken to improve the quality of the service; for example on 12 February 2015 it was recorded that a person at the service had no call bell. No action was recorded about what was done about this or if any investigation took place. An audit record on 11 April 2015 stated that people who used the service were “all happy” rather than a more detailed description of what people were happy with. The entry under medicines for 13 February 2015 was just ticked but did not identify what areas of medicines had been audited successfully or how. Up to date records of regular health and safety audits were not available. We found records from 2012 and then one record for February 2015. The areas manager told us that some audits had been archived because of the refurbishment but we were not provided with any evidence that regular health and safety audits, to monitor and identify risks to people had been completed.

The manager completed a monthly return for the provider to track progress around some quality areas such as accidents and incidents, pressure area care, nutrition and bed rail use. However these checks had not identified the issues we found at the inspection. Regular visits were made by a regional quality advisor and we saw actions identified from these visits that included the use of bed rails, monthly risk assessments, use of proper documentation for wound care, and completion of care plans as a focus for January 2015. These issues were also found at our inspection and therefore had not been addressed

There had been a detailed provider audit in January 2015 and we saw an action plan that had been drawn up in January 2015 as a result. The manager and deputy were working on this and some actions had been identified as completed such as booking staff training, fire drills and the request for a new fire risk assessment. However progress towards achieving the targets over the following months was slow and there appeared to have been no additional

resources considered by the provider to mitigate against the risks from the issues identified. The manager told us they would arrange for some staff to have extra hours to work on the update of the care plans.

The above issues were a breach of Regulation 17(1)(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were asked for their views about the service. An annual survey was carried out of people who used the service and relatives, and the results of the survey were made available on the provider’s website. We were told that the survey for 2014 was about to be published. We saw from the results of the 2013 survey that 17 questionnaires had been returned. Areas that scored highly were the security of the home, the respectfulness of the staff and the cleanliness of your room. The lowest scoring areas included the number of staff in the home, the way people’s personal choices were catered for and the number of activities and events. The manager told us they had responded to address these areas although the evidence at the inspection was that these remained concerns.

People told us that they had raised staffing levels as an issue at residents meetings. One person told us “When you tell them at the meeting that more staff are needed they tell you there is no staff shortage.” We saw from minutes of these meetings concerns about staffing levels from people who used the service were a consistent theme and had been raised at the meeting 28 August 2014 and on 14 November 2014. On 26 February 2015 a complaint was made about care staff needing to leave them several times while they gave personal care because they were short-staffed and the call bells were going. The manager’s response was it was not a shortage of staff but to do with the way staff were working and she would be giving this her attention “to ensure this improves.” People did not feel there had been much evidence of improvement since the last meeting and that the same issues remained.

Two staff members and the registered manager told us they thought there was enough staff. However, two other staff members told us they had fed back in staff meetings that they felt there was not enough staff and we saw this recorded in the meeting of 21 November 2014. They felt their concerns were ignored.

Is the service well-led?

Feedback from people about the service was not being acted on or used, to try and improve the quality of the service. Circumstances in which people complained about staff shortages may not be fully investigated to identify any possible issues.

The above issues were a breach of Regulation 17(1)(2)(e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager understood their responsibilities as registered manager and relevant notifications had been submitted to CQC as required.

We had some mixed feedback about how well run the service was. Most people told us they felt the service was well run and organised other than the staffing concerns they had. People told us they liked the new registered manager because she spoke with them and was visible around the home. They told us they felt things were better since the registered manager had arrived in particular in relation to activities. One person told us "I like her. She is doing a lot to make sure we can go out more and have things to do." Relatives said that they thought staff knew what they were doing and they were always made welcome. One relative said, "There's always somebody here if [my relative] wants something. The staff do their best; they're not complacent. On the whole I think it's great." Another relative told us "It is well run here; the staff are always available and are very caring."

Six staff members told us that they felt the new manager was trying to improve the service and the care for people who lived there. They gave an example that activities were improving and people were now asked what time they wanted to get up or go to be and their wishes were respected; which had not been the case previously. They said the manager and the deputy were visible around the home and were both very involved with the work. One staff member told us "Although we need more staff, I feel the home is well managed and I feel supported." Another staff member said they worked better as team now under the

new manager and there was better communication about people's care but the manager faced a lot of resistance to change. Staff gave examples of the manager responding to their ideas such as for new equipment or about activities.

Three staff members told us they did not feel valued or supported by the management of the home. One member of staff said, "I do not feel part of a team, I am not valued and feel like just a number." Another staff member said, "I am not supported by the management and we do not have enough staff to do the job well." The manager and the deputy manager told us staff had managed themselves to some extent prior to their arrival.

Staff meetings were held and although the most recent meeting minutes on 10 April 2015 showed only eight care staff had attended. Staff we spoke with confirmed the provider had a whistle blowing policy and they would use it if they had to. This meant staff knew how to report concerns outside of the organisation. Whistle blowing is a way in which staff can report misconduct or concerns within or outside of their workplace.

The manager had started a heads of department daily meeting and regular handover meetings were held between shifts to improve communication across the service and try to ensure people's needs were met. Allocation sheets were used so that staff were clear about their responsibilities or their shift. Monthly clinical meeting were held and minutes showed supervision and appraisals, safe use of wheelchairs and medicines administration were discussed. The deputy manager showed us another action plan they had drawn up to improve aspects of people's care on 22 April 2015. They had identified a number of areas that required improvement which included updates on care plans, and the completion of accurate risk assessments. They told us it could be difficult to make progress with some of their work due to the need to be visible and sometimes working on the floors to cover staff sickness.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent
Treatment of disease, disorder or injury	Staff did not always act in accordance with the Mental Capacity Act 2005. Regulation 11(1)(3)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Treatment of disease, disorder or injury	1) Effective systems were not in place to 2(a) assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services) (b) assess, monitor and mitigate the risks relating to the health, safety and welfare of service users (c) maintain securely an accurate, complete and contemporaneous record in respect of each service user (e) seek and act on feedback from relevant persons to improve the quality of the service (f) evaluate and improve their practice Regulation 17(1) (2)(a)(b)(c)(e)(f)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect
Treatment of disease, disorder or injury	The privacy of service users was not respected or ensured

This section is primarily information for the provider

Action we have told the provider to take

Regulation 10 (2)(a)

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements 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
Treatment of disease, disorder or injury	Care and treatment was not provided in a safe way for service users. Regulation 12 (2)(a)(b)(g)

The enforcement action we took:

We have served a Warning Notice on the provider in respect of this regulation.