

B Gelfand

West House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

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 ●

Summary of findings

Overall summary

At our previous comprehensive inspection to the service on 12, 13 and 16 January 2017 five breaches of regulatory requirements were made in relation to Regulation 9, Regulation 12, Regulation 13, Regulation 17 and Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

As a result of our concerns the Care Quality Commission took action in response to our findings by rating the service as 'Inadequate', placing the service into 'Special Measures' and amending the provider's conditions of registration. This meant the provider had to send the Care Quality Commission a detailed written report each month as to how the necessary improvements were to be achieved and ensure timely assessment and planning of care for all new admissions to the service. At this inspection considerable progress had been made to meet regulatory requirements, however some further improvements were still required.

West House provides accommodation and personal care for up to 25 older people. Some people also have dementia related needs.

This inspection was completed on 2 and 3 October 2017 and there were 18 people living at the service when we inspected.

The registered provider was also the registered manager. 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 2008 and associated Regulations about how the service is run.

Quality assurance checks and auditing processes carried out by the registered provider and the senior management team of the service were in place and completed at regular intervals in line with the registered provider's schedule of completion. The registered provider and senior management team were able at this inspection to demonstrate a much better understanding and awareness of the importance of having good quality assurance processes and procedures in place. This was a significant improvement resulting in better outcomes for people using the service. Feedback from people and those acting on their behalf and staff were positive. This referred specifically to there now being confidence that the registered provider and senior management team were doing their utmost to make the required improvements. Nonetheless, some further improvements were still required as highlighted at this inspection.

Improvements were still required to ensure that people's care plan documentation accurately reflected their care and support needs and how the care was to be delivered by staff. Suitable arrangements to mitigate risks or potential risk of harm for people using the service although improved still required further review and development as specific information associated with these risks were not recorded in sufficient detail. The registered manager and deputy manager confirmed following feedback at the time of the inspection that this would be addressed as a priority.

Staff spoken with at the time of the inspection described the management team as supportive and approachable. However, improvements were required to ensure information from the registered provider's formal supervision arrangements were recorded in sufficient detail, including the actions to be taken and confirmation these had been completed. Staff had received refresher and updated training to ensure they remained knowledgeable and competent for their role. Induction procedures for staff had been reviewed and these were now robust.

People were now routinely asked to give their consent to their care, treatment and support and people's capacity to make day-to-day decisions had been considered and assessed. Nonetheless, improvements were required to ensure more significant decisions which had been made by staff were in people's best interests and clearly recorded the rationale for these decisions. Staffs' understanding and knowledge of the Deprivation of Liberty Safeguards [DoLS] and the key requirements of the Mental Capacity Act [2005] required improvement, however it was acknowledged that further training in these areas was already planned and booked.

Suitable arrangements were in place to take action when abuse had been alleged or suspected. People were protected from abuse and avoidable harm and people living at the service confirmed they were kept safe and had no concerns about their safety. Safe recruitment practices were in place and being followed so as to keep people safe. We observed that staff followed safe procedures when giving people their medicines, medicines were stored safely and records showed that people were receiving their medicines as prescribed.

People were supported to have enough to eat and drink. Appropriate arrangements were in place to monitor and record people's nutritional and hydration intake so as to identify at the earliest opportunity those people who were at risk. People were supported to maintain good healthcare and had access to healthcare services as and when required.

Staff knew the care needs of the people they supported and people told us that staff were kind and caring. Staff responded to people's need for support and demonstrated appropriate concern for their wellbeing and people told us they were happy with the care and support provided by staff. People and their relatives told us that if they had any concern they would discuss these with the management team or staff on duty. People were confident that their complaints or concerns were listened to, taken seriously and acted upon.

Staff spoken with told us that the overall culture across the service was open and transparent and that they felt supported by the management team. Staff told us that communication between staff and the management team was good and that morale within the staff team had much improved since our last inspection in January 2017.

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 service was not consistently safe.

Although risks to people were identified, improvements were required to record how these were to be mitigated so as to ensure people's safety and wellbeing.

The registered provider's recruitment procedures were much improved, however minor improvements were still required in relation to references for staff.

People were protected and safeguarded from abuse as robust procedures were being followed so as to ensure their safety.

Steps were in place to ensure that the deployment of staff was appropriate to support people safely and to meet their needs.

Medicines management arrangements were suitable and safe.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

Staff had a variable knowledge and understanding of MCA and Deprivation of Liberty Safeguards (DoLS) and best interest assessments were required.

Suitable arrangements were in place for staff to receive an induction and formal supervision. Although staff confirmed they were supported, improvements were required to ensure information was recorded in sufficient detail and any actions to be taken highlighted and actioned.

Staff supported people to meet their nutritional needs and the dining experience was much more positive. People were supported to access healthcare professionals when needed.

Requires Improvement ●

Is the service caring?

The service was not consistently caring.

Requires Improvement ●

End of life care plans were required for people assessed as being at the end of their life.

People told us they were treated with care and kindness and received appropriate care and support to meet their needs.

Staff interactions were person centred and not task and routine led.

Staff demonstrated a good understanding and awareness of how to treat people with respect and dignity and where possible to enable people to maintain their independence.

Is the service responsive?

The service was not consistently responsive.

Although some people's care plans provided sufficient detail others were not as fully reflective or accurate of people's care and support needs as they should be. Improvements were also required in relation to daily care records.

People were supported to participate in a programme of social activities.

Complaints management was robust and people using the service and those acting on their behalf felt confident and able to raise concerns.

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led.

Although significant improvements were noted at this inspection, the registered provider's systems to monitor all aspects of the service still required improvement so as to ensure that areas highlighted for corrective action were followed up and addressed.

Requires Improvement ●

West House

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 checked 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 2 and 3 October 2017 and was unannounced. The inspection team consisted of one inspector.

We reviewed the information we held about the service including safeguarding alerts and other notifications. This refers specifically to incidents, events and changes the provider and manager are required to notify us about by law.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with five people who used the service, two people's relatives, four members of staff, two senior members of staff, the deputy manager and the registered manager. We reviewed six people's care files, six staff recruitment files and staff training and supervision records. We also looked at the service's arrangements for the management of medicines, complaints and compliments, information and quality monitoring and audit information.



Our findings

At our previous comprehensive inspection to the service on 12, 13 and 16 January 2017, we found that risks were not suitably managed or mitigated to ensure people's safety and wellbeing. Robust procedures and processes that make sure people are safeguarded and protected from harm had not been considered and followed. Improvements were required relating to the provider's recruitment procedures so as to protect people using the service.

As a result of our concerns the Care Quality Commission took action in response to our findings by amending the provider's conditions of registration. This meant the provider had to send the Care Quality Commission a written report each month as to how the necessary improvements were to be achieved. Our findings at this inspection showed that the required improvements relating to safeguarding and staff recruitment practices and procedures had been made.

People confirmed to us that staff looked after them well, that their safety was maintained and they had no concerns. One person told us, "Oh yes, I feel safe, nothing to worry about here." Another person told us, "I feel safe living here. The staff look after you alright." Relatives told us they had no concerns about their member of families' safety and wellbeing. One relative told us, "[Name of relative] is definitely safe, if I thought for one minute they were not I would discuss it with [Name of registered manager]. I don't have any concerns."

The registered provider had effective policies and procedures in place and where safeguarding concerns had been raised these had been promptly managed. The registered manager and staff demonstrated a sound knowledge of safeguarding procedures and how to identify and report abuse. Staff had received training in safeguarding people and they knew the actions to take if they witnessed or suspected potential abuse. Staff confirmed if they were not satisfied with the action taken by the management team they would not hesitate to contact the Local Authority or the Care Quality Commission.

Staff knew the people they supported and were aware of people's individual risks and how this could impact on a person's health and wellbeing. Staff were able to tell us who was at risk of poor mobility, who was at risk of developing pressure ulcers, who was at nutritional risk and the arrangements in place to help them to manage this safely. However, although risks to people were recognised and identified, information relating to the specific risk and the impact this had on the person had not been explored and was not comprehensive. For example, the care records for two people confirmed they had a neurological condition whereby they could experience seizures without warning. Specific information relating to the seizure and the

risks this posed to the individual was not recorded. We discussed this with two senior members of staff and found that neither of them was aware of the different seizure types and how this related to either person using the service. This meant that full information about the risks posed to people's safety was not known or recorded. Information available confirmed that both people had experienced a number of seizures in recent weeks.

The care records for another person showed that the person's risk assessments relating to their mobility were contradictory. For example, the person's mobility care plan detailed they could be non-compliant when having their manual handling needs met by staff. However, their 'movement' risk assessment recorded them as being compliant. The latter was confirmed by staff as being accurate. Information relating to the specific risk and the impact this had on the person and staff was not explored or comprehensive.

Nonetheless, our observations showed that staff's practice reflected that risks to people were managed well so as to ensure their wellbeing and to help keep people safe. For example, safe moving and handling support was provided by staff and this was in line with people's care and support needs. Where people were at risk of choking or had swallowing difficulties and required their food to be cut up and drinks to be thickened using a thickening agent, appropriate care and support was provided to ensure this happened and risks to their health and wellbeing mitigated as much as possible.

Environmental risks, for example, those relating to the service's fire arrangements were in place and these included individual Personal Emergency Evacuation Plans (PEEP). A fire risk assessment was in place and the registered manager confirmed that appropriate fire detection and warning systems and fire fighting equipment were in place and checked to ensure they remained effective. These ensured that the provider was able to respond effectively to fire related emergencies that may occur at the service. Staff spoken with were aware of the service's fire procedures and what to do in the event of an emergency. A Legionella Risk Assessment Survey was carried out in May 2017 in order to ascertain the possible risk of contracting Legionella disease. The report considered the risk of an individual contracting Legionnaires' disease at West House as low.

People told us that staffing levels at the service were appropriate in meeting their needs. One person told us, "I think there are enough staff, staff are always around when you need them. You never have to wait long for help." Another person told us, "The staff are there if you need them." Relatives confirmed there were always enough staff on duty. Our observations indicated the deployment of staff was suitable to meet people's needs and current staffing levels ensured that their care and support was provided in a timely manner. Where people requested assistance for their comfort needs to be met or required assistance by using their call alarm facility, care and support was carried out promptly. This meant we were assured there were sufficient numbers of staff available who had the time to give people the care and support they needed.

Staff recruitment records for six members of staff appointed since our last inspection in January 2017 demonstrated where improvements had been made in line with the organisation's recruitment policy and procedure. The majority of staff employed at West House had had the appropriate checks to ensure they were suitable to work with the people they supported. These included the completion of an application form, ensuring that the applicant provided proof of their identity, undertaking a criminal record check with the Disclosure and Barring Service [DBS] and conducting employment interviews. In addition to the above a new interview process had been introduced. However, improvements were required to ensure the processes for obtaining written references prior to the commencement of an applicant's employment and from the most recent employer were improved. This would ensure the prospective employer had the most up-to-date information relating to an applicant's employment and conduct.

Comments about the provider's medication arrangements from people using the service were positive. One person told us, "I always get my medication." Another person told us, "I get my tablets each day without fail."

Medicines were stored safely for the protection of people who used the service, with secure storage arrangements in place for staff authorised to have access to people's medication. The temperatures for storing medicines were monitored each day and within recommended guidelines. Our observation of staff practice in relation to medicines management was good and staff were seen to undertake this task with dignity and respect for the people they supported. Suitable arrangements were in place to record when medicines were received into the service, given to people and disposed of. We looked at the Medication Administration Records [MAR] for seven out of 18 people living at the service. These were in good order, provided an account of medicines used and demonstrated that people were given their medicines as prescribed. Staff involved in the administration of medication had received appropriate training and had their competency assessed. Although the above was positive, we were made aware that the deputy manager completed the competency assessments for staff but had not achieved up-to-date medication training. We discussed this with the deputy manager and they confirmed their training was last updated in 2006. An assurance was provided by the registered manager that this would be sourced and provided as a priority.



Our findings

At our previous comprehensive inspection to the service on 12, 13 and 16 January 2017, we found that not all staff had received a robust induction and improvements were still required to ensure staff were formally supervised. Not all people who used the service had had their capacity to make decisions assessed and not all staff understood the importance of giving people choices.

As a result of our concerns the Care Quality Commission took action in response to our findings by amending the provider's conditions of registration. This meant the provider had to send the Care Quality Commission a written report each month as to how the necessary improvements were to be achieved. Our findings at this inspection showed that whilst staff had received formal supervision since our last inspection in January 2017; the management teams understanding of the process and the quality of the records viewed still required further improvement. This was also relevant in relation to their understanding and completion of 'best interest' assessments where people lacked capacity.

Since our last inspection to the service an 'on-line' electronic training system had been introduced. Staff were complimentary about the quality of the training provided and confirmed this provided them with the skills and knowledge to undertake their role and responsibilities and to meet people's needs to an appropriate standard. Staff told us this ensured their knowledge was current and up-to-date. Staff training records provided by the registered manager confirmed that the majority of staff employed at the service had received mandatory training in line with the organisation's expectations. Although the above was positive and much improved, additional training relating to peoples' specific medical conditions and care planning arrangements were required. The registered manager confirmed that end of life training was booked for staff to attend.

The registered manager confirmed that significant improvements had been made since our last inspection in January 2017 to ensure all newly employed staff received a comprehensive induction. This related to both an 'in-house' orientation induction and completion of Skills for Care 'Care Certificate' or an equivalent, particularly where an employee did not have relevant experience in a care setting or had not attained a National Vocational Qualification [NVQ] or Qualification and Credit Framework [QCF]. The registered manager had introduced the 'Care Certificate Standards Self-Assessment' tool. This is based on an employee's self-assessment of their existing knowledge and skills and can be used by the provider to tailor a staff member's induction and to identify where additional training may be required. Our findings showed that all newly employed staff had received an 'in-house' orientation induction and with the exception of the deputy manager and one member of staff had completed the 'Care Certificate Standards Self-Assessment'.

However, the deputy manager had not received an induction specific to their role and although one member of staff had attained a NVQ qualification this was unrelated to the care industry. We discussed this with the registered manager and they confirmed that both issues were an oversight on their part. An assurance was given to us that the member of staff would be commenced on the Skills for Care 'Care Certificate' as soon as possible. Staff told us that in addition to the above they had completed a number of 'shadow' shifts whereby they worked alongside a more experienced member of staff. The staff members were positive about the opportunity they had been given to 'shadow' and work alongside more experienced members of staff and stated that this had proved valuable.

Staff told us they received good day-to-day support from the registered manager, deputy manager, senior care staff and work colleagues. One member of staff told us, "Both [Name of registered manager and deputy manager] are great. I feel very supported and if I am not sure about anything I know I can go to them." Another staff member told us, "I do feel supported and I know I can speak to [Name of registered manager] for advice and support." Staff confirmed following our inspection in January 2017 they had received formal supervision and records confirmed this as accurate. Staff told us that supervision was used to help support them to improve their work practices and they could now see the value of these formal arrangements. However, neither the deputy manager nor other supervisors had received training in this area. Information viewed showed that supervisions were not structured, there was no clear agenda, no opportunity given for reflective practice or to discuss recommended or best practice. Where specific discussions were held with staff, information was not recorded in sufficient detail and any actions to be taken were not always recorded. We discussed this with both the registered manager and deputy manager. An assurance was provided that suitable training would be sourced and delivered.

The Mental Capacity Act [MCA] 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff had a variable knowledge and understanding of MCA and Deprivation of Liberty Safeguards (DoLS). Information available showed that each person who used the service had had their capacity to make decisions assessed. This meant that people's ability to make some decisions, or the decisions that they may need help with had been recorded. However, where more significant decisions were required and people were unable to make these decisions for them self, a 'best interest' assessment was required about the care, support and treatment to be given in their best interests. From our observations and following our discussions with the deputy manager and some senior members of staff it was evident that their knowledge and understanding in this area was lacking and required further improvement. For example, 'best interest' assessments had not been considered or completed in relation to the use of bedrails, sensor mats or where people were non-compliant with medication and required this to be covertly administered. The latter is where the administration of some people's medication is undertaken in a disguised form, such as administering medication in food or drink. On the second day of inspection the registered manager confirmed an external company had been arranged to provide MCA and DoLS training for staff on 30 October 2017.

Where people were deprived of their liberty, the registered manager had made appropriate applications to

the Local Authority for DoLS assessments to be considered for approval and where these had been authorised the registered manager had notified the Care Quality Commission.

From our discussions with people using the service, we were assured that staff understood the importance of giving people choices and respecting their wishes and how to support people that could not always make decisions and choices for themselves. People were observed being offered choices throughout the day and these included decisions about their day-to-day care needs. People told us that they could choose what time they got up in the morning and the time they retired to bed each day, what items of clothing they wished to wear, where they ate their meals and whether or not they participated in social activities.

People told us that the meals provided were nice. One person told us, "The food is lovely, absolutely gorgeous." Another person told us, "The food is good, I have no complaints." An audit had been introduced since the last inspection in January 2017 to monitor the dining experience for people using the service.

The dining experience within the service was noted to be positive during both days of the inspection. People were able to choose where they ate their meal, for example, at the dining table, while some people remained in their lounge chairs with tables placed in front of them and others were able to eat in the comfort of their room. Where people required assistance from staff to eat and drink, this was provided in a sensitive and dignified manner, for example, people were not rushed to eat their meal and positive verbal encouragement to eat and drink was provided. Throughout the day people were offered and provided with a range of hot and cold drinks and not just at set times.

Staff had a good understanding of each person's nutritional needs and how these were to be met. People's nutritional requirements had been assessed and documented. Where people were at risk of poor nutrition, this had been identified and appropriate actions taken. Where appropriate referrals had been made to a suitable healthcare professional, such as, GP, dietician or the local Speech and Language Team [SALT].

People told us their healthcare needs were well managed. People's care records showed that their healthcare needs were recorded and this included evidence of staff interventions and the outcomes of healthcare appointments. Each person was noted to have access to local healthcare services and healthcare professionals so as to maintain their health and wellbeing, for example, to attend hospital and GP appointments, District Nurse and Community Dementia Nurse Specialist. Relatives confirmed they were kept informed of healthcare issues relating to their member of family.



Our findings

At our previous comprehensive inspection to the service on 12, 13 and 16 January 2017, we found that information relating to people who were at the end of their life were not in place. There was no evidence to show that where able, people and those acting on their behalf had been involved in the development and review of their care plan. Staff did not always respect people's privacy or treat people with dignity and respect.

As a result of our concerns the Care Quality Commission took action in response to our findings by amending the provider's conditions of registration. This meant the provider had to send the Care Quality Commission a written report each month as to how the necessary improvements were to be achieved. Our findings at this inspection showed that the required improvements relating to involving people in the development and review of their care plan had been made. Additionally, staff's practice had improved and people's privacy and dignity was upheld and they were treated with respect. Improvements were still required to ensure where a person was assessed as being at the end of their life, care planning arrangements were documented.

The registered manager and deputy manager told us that one person using the service had only five days prior to this inspection been assessed as being at the end of their life and placed on the end of life register. We found that the needs of this person approaching the end of their life and associated records relating to their end of life care needs had not yet been recorded. For example, the care plan provided no information detailing the person's pain management arrangements and the care to be provided so as to provide comfort and dignity for the person nearing the end of their life. No information was recorded to aid care planning arrangements and discussions with the person or those acting on their behalf. We discussed this with the registered manager as this requirement was outstanding from our previous inspection in January 2017. An assurance was provided that the person's end of life care needs would be recorded as a priority. However, although the above had not been implemented, it was evident from our observations and from talking with staff that their care needs were being met to an appropriate standard.

People were satisfied and happy with the care and support they received and told us they were treated with care and kindness. This was reflected in feedback received from them and their families. One person stated, "Darling, the girls are lovely. I get good care and the girls treat me well." Another person told us, "The staff are kind and caring, they look after me, I have no concerns." Relatives spoken with confirmed they were very happy with the care and support provided for their member of family and that care practices at the service had much improved since our last inspection to the service in January 2017. One relative told us, "There has

been a change of staff since your last visit, the care now is much better. I would be very happy now to recommend the service to others."

Since our last inspection in January 2017 the layout of the main communal lounge had been changed so as to make it more 'people friendly'. There was a relaxed and friendly atmosphere within the service and people, staff and visitors were observed to have a positive relationship.

Staff were noted to have a good rapport with the people they supported and there was good humoured 'chit-chat' which people looked as if they enjoyed and found interesting. Staff confirmed they now had time to sit and talk with people. Our observations confirmed this and staff were seen to sit and talk with people for a meaningful length of time. For example, one person celebrated their birthday and whenever a member of staff came into the communal lounge, staff spoke to them about their birthday. Staff spent time looking at the birthday cards received, reading out the messages and reminding the person who they were from. Staff also talked to the person about their previous birthdays and how they had celebrated their special day. There was general interest expressed and the person using the service told one member of staff, "I know you really care about me" and stated that they had enjoyed them spending time with them.

Staff were attentive to people's needs, whether it was supporting a person with their personal care and comfort needs, supporting someone to eat and drink or assisting people to mobilise within the home environment. Care provided during both days of the inspection was less focused on tasks, was 'person-centred' rather than 'service-led' and not rushed. Staff explanations to people were much improved as these were clear and unhurried so that people could understand what was being said and what was happening. It was evident that senior members of staff were now effective role models and were confident to lead and support other team members so that people using the service received good care.

People were actively encouraged to make day-to-day choices and where appropriate people's independence was promoted and encouraged according to their capabilities and abilities. Our observations showed that several people at lunchtime were supported to maintain their independence to eat their meal and some people confirmed that they were able to manage some aspects of their personal care with limited staff support, however if they needed assistance this would be provided.

People's privacy was respected by staff who communicated with people discreetly, for example when they had asked for assistance with their comfort needs. Staff were able to verbally give good examples of what dignity meant to them, for example, knocking on doors, keeping the door and curtains closed during personal care and providing clear explanations to people about the care and support to be provided. Observations showed on most occasions' staff knocked on people's doors before entering and staff were overheard to use the term of address preferred by the individual. People also told us that staff treated them with respect, for example, speaking to them in a respectful manner and to listen to what they had to say. In addition, we saw that people were supported to maintain their personal appearance so as to ensure their self-esteem and sense of self-worth. People were supported to wear clothes they liked, that suited their individual needs and were colour co-ordinated.

The registered provider told us and relatives confirmed that a computer application which could be used on a mobile device or tablet computer had been forwarded to them so they could access their member of family's care plan and associated records. One relative told us, "This has been really positive. It enables me to read what is happening with [Name of person using the service] and if I have any queries I can either discuss them with the manager, deputy manager or staff. For example, I can keep track of [relative's] food and fluid intake and see how they spend their day." Another relative told us, "I haven't quite mastered the 'app' but I will get there eventually. It looks really good and will enable me to know exactly what is going on." This demonstrated the provider had taken steps since our last inspection to actively involve relatives about

their member of family's care and support needs. The registered provider acknowledged further work and initiatives were required to also fully support people living at the service to be actively involved with their care plan.

People were supported to maintain relationships with others. People's relatives and those acting on their behalf visited at any time. Staff told us that people's friends and family were welcome at all times. Relatives confirmed there were no restrictions when they visited and they were always made to feel welcome.



Our findings

At our previous comprehensive inspection to the service on 12, 13 and 16 January 2017, we found not all people who used the service had a care plan in place detailing their care and support needs. Care plans were not sufficiently detailed or accurate to include all of a person's care needs and the care and support to be delivered by staff. People were not engaged in meaningful activities.

As a result of our concerns the Care Quality Commission took action in response to our findings by amending the provider's conditions of registration. This meant the provider had to send the Care Quality Commission a written report each month as to how the necessary improvements were to be achieved. Our findings at this inspection showed that the required improvements relating to social activities for people using the service were much improved and had been met. Although the provider had introduced an electronic care planning system and everyone using the service now had a care plan in place, improvements were still required to ensure information relating to people's care and support needs and the delivery of care to be provided by staff was recorded in sufficient detail.

Staff confirmed they had received training relating to the new electronic care planning system, however it was evident there were a small number of teething problems with this which required resolving. The registered manager told us they were aware of these and were doing everything practicable to address this in both the short and longer term.

Although the above was in place and some people's care plans provided sufficient detail to give staff the information they needed to provide personalised care and support that was consistent and responsive to their individual needs, others were not as fully reflective and improvements were still required. This meant there was a potential risk that relevant information was not captured for use by other care staff and professionals or provided sufficient evidence to show that appropriate care was being provided and delivered. For example, one person's care plan focused heavily on the person's mental healthcare but provided little personalised information relating to the person as a whole. Where people were living with varying levels of dementia, information relating to how this impacted on their activities of daily living was either unclear or not recorded. As already stated within the main text of the report, the care records for two people confirmed they had a neurological condition whereby they could experience seizures without warning. Neither person had a care plan detailing the specific type of seizure experienced, known triggers, the symptoms staff should look out for or guidance for staff on the care and support to be provided. However, we did not find or observe any impact on people's care during our inspection. These were records based issues that needed to be addressed to ensure that risks to people were managed as robustly as

possible.

Daily care records did not reflect or provide a complete picture as to how people using the service occupied their time or how they spend their day. The majority of entries related to personal care provided and confirmed if people had eaten a meal or had a drink. Other entries provided limited information to evidence staff interventions and the outcomes of observations.

The service was without a person responsible for initiating and providing activities. However, during both days of the inspection, staff were routinely observed to offer people the opportunity to participate in a variety of activities. Whilst some people welcomed staffs suggestions and duly participated, others were happy to sit and watch what was going on, to read their newspaper, to talk with others living at West House and to chat with staff, listen to music or watch the television. On the second day of inspection during the afternoon people were observed to enjoy an external entertainer who played an accordion and tin whistle and sang folk songs. Our observations showed that people really enjoyed the experience and their comments afterwards were very positive. Although a record of activities was maintained for each person, some entries were noted to be inappropriate and not a social activity. For example, entries recorded for one person stated, 'in hospital' and 'watching' but the sentence remained unfinished. Other entries suggested that people were able to participate with a variety of indoor games, bingo, arts and crafts and personal grooming such as manicures.

People living at the service and their relative's knew how to make a complaint or raise a concern and who to complain to. People told us if they had any concerns they would discuss these in the first instance with a family member, with the registered manager or staff on duty. Relatives stated they felt able to express their views about the service and in their opinion they would be listened to. We found that suitable arrangements were in place for people if they had a concern or were not happy with the service provided to them. The registered provider had a complaints policy and procedure in place and this included the stages and timescales for the process. Complaint records showed there had been no complaints since January 2017. The registered manager confirmed this as accurate.

A record of compliments was maintained to evidence the service's achievements. One compliment recorded, '[Name of member of staff] was utterly amazing. Despite doing a very long shift they willingly stayed with [relative] and slept the night at West House in case [relative] needed help. From a relative's point of view it was so reassuring that I leaving [relative] in such capable and caring hands.'



Our findings

At our previous comprehensive inspection to the service on 12, 13 and 16 January 2017, quality monitoring processes were not robust and working as effectively as they should be so as to demonstrate compliance and to help drive improvement. There was a lack of managerial oversight of the service as a whole by the registered provider and the then management team. This meant the service was not effectively being run for the benefit, safety and wellbeing of the people using the service.

As a result of our concerns the Care Quality Commission took action in response to our findings by amending the provider's conditions of registration. This meant the registered provider had to send the Care Quality Commission a written report each month as to how the necessary improvements were to be achieved. At this inspection considerable progress had been made, however some further improvements were still required.

In May 2017 the registered provider wrote to us advising that a new manager and deputy manager had been appointed. However, at the time of this inspection the new manager was no longer in post and the registered provider confirmed they would continue to be the registered manager for West House for the foreseeable future.

Since our last inspection in January 2017 an external audit of the service was commissioned by the registered provider to review the service's performance against the domains of 'Safe', 'Effective', 'Caring', 'Responsive' and 'Well-Led'. The 'Improvement and Sustainability Plan' dated 30 August 2017, was an accurate representation of where the service was in relation to achieving compliance, making the required improvements and concurred with some of our findings at this inspection. The plan identified where improvements had been addressed and where improvements were still required.

Our findings at this inspection showed that considerable improvements had been made since our previous inspection in January 2017. The registered manager and newly appointed deputy manager demonstrated a good understanding and awareness of their roles and responsibilities. They were able to confirm where improvements had been made and the areas that remained challenging and the main focus of their attention. The 'Improvement and Sustainability Plan' recognised that suitable arrangements had been sustained and maintained relating to the safe management of medicines. Improvements had been addressed in relation to the registered provider's recruitment procedures, induction and supervision arrangements for staff and ensuring that audits completed were informative, providing both qualitative and quantitative information. Staffs care practices were now observed to be person-centred and people were

routinely treated with respect and dignity. Support for staff from the management team was positive, particularly from the registered manager. However, more time was required to address other areas, for example, issues relating to care planning arrangements and other documentation relating to the specific needs of people using the service.

Although the above was positive, further improvements were still required as recorded within the main text of the report. However, there was no evidence of any significant impact on people's care during our inspection and the issues identified were primarily records based that needed to be addressed to ensure that risks to people were managed as robustly as possible. For example, we found that people's care plans were not as fully reflective or accurate of people's care needs as they should be and risks to people's safety and wellbeing was not recorded in sufficient detail to demonstrate how these risks were to be mitigated. The registered manager and deputy manager confirmed no audits relating to the service's care planning arrangements were in place to monitor the quality of information recorded and had these been in place, these may have identified the shortfalls found at this inspection. An assurance was provided by the registered manager and deputy manager that all care plan documentation and including risk assessments would be reviewed.

The registered manager confirmed the views of people who used the service and those acting on their behalf had been sought since our last inspection in January 2017 and a report compiled. The majority of comments by people using the service and those acting on their behalf were positive. Comments recorded included, 'Never had a problem as [Name of registered manager] is always approachable' and 'West House has cared for my relative for almost four years and I cannot fault them. [Name of registered manager] has given me support and is very understanding.' Where negative comments were recorded these related to the previous manager and one person did not feel that their relative's care plan accurately reflected their care and support needs. No information relating to the latter was recorded as to what had been done about this or if it had been followed up.

Furthermore the views of staff had also been sought and a report compiled. Comments recorded demonstrated there was a positive culture that was open and inclusive. Staff's comments about the overall management of the service was positive and included, 'I can go to management with any concern or problem', '[Name of registered manager] has always had time for me when I have had problems at home and at work' and, 'I feel very supported by the managing director'. Staff told us they received good support from the registered manager and they were always available should they need help and guidance.

Staff meetings had been held so as to give staff the opportunity to express their views and opinions on the day-to-day running and quality of the service and minutes of the meetings confirmed this. Although a record had been maintained, where matters were highlighted for action or monitoring, it was not always possible to determine how these were to be or had been monitored and the issues addressed. Additionally, the registered manager told us that meetings were held for people using the service and those acting on their behalf. Minutes of meetings held were readily available and confirmed what we were told. This showed that people using the service and those acting on their behalf were encouraged to have a 'voice' and to express their views about the service.