

Regal Care Trading Ltd

# Westlands Care Home

## Inspection report

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### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Good



Is the service effective?

Requires improvement



Is the service responsive?

Good



Is the service well-led?

Requires improvement



### Overall summary

Westlands Care Home provides a service for up to 28 people, who may have a range of care needs including dementia, mental health, sensory impairment and physical disabilities. There were 20 people living in the home on the day of this inspection.

We carried out an unannounced comprehensive inspection of this service on 19 February 2015 and found legal requirements had been breached. We also reported that the home had been operating under an administration company since May 2012, along with 16 other services, due to the financial difficulties of the previous provider.

After the February 2015 inspection, we were informed that a new manager had registered with the Care Quality Commission to manage the service. Like registered providers, registered managers 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.

In addition, we were informed that a new owner had acquired the home, but had kept the same provider name (legal entity).

A representative for the new owner wrote to us to say what they would do to meet legal requirements, to ensure people using the service had their needs met by

# Summary of findings

staff who had the right skills and training. They also told us that they would improve systems used to assess and monitor the quality of the service provided to people living in the home.

We undertook this focused inspection to check they had followed their plan and to confirm that they now met the legal requirements.

This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Westlands Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

During this inspection on 29 September 2015, we found that improvements had been made.

Improvements had been made to enhance staff knowledge in terms of understanding the different types of abuse, and what to do in the event of suspected abuse taking place.

The level of training provided to staff working in the home overall had increased; to ensure people received effective care from staff with the right knowledge and skills.

Systems for dealing with people's complaints were much clearer, and showed people were listened to and any concerns responded to appropriately.

Progress had also been made regarding the systems for monitoring the overall quality of the service and driving continuous improvement.

Although we found that the service was no longer in breach of legal requirements, we have not changed the overall rating for the service on this occasion, because to do this this would require consistent good practice over a sustained period of time. We therefore plan to check these areas again during our next planned comprehensive inspection.

# 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?

Improvements had been made to ensure the service was safe

Staff training and knowledge had increased to support staff in understanding different types of abuse, and what to do in the event of suspected abuse taking place.

Good



### Is the service effective?

Improvements had been made to ensure the service was effective

The level of training provided to staff working in the home overall had increased; to ensure people received effective care from staff with the right knowledge and skills.

We could not improve the rating for effective however from requires improvement, because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires improvement



### Is the service responsive?

Improvements had been made to ensure the service was responsive

Systems for dealing with people's complaints were much clearer and showed people were listened to and any concerns responded to appropriately.

Good



### Is the service well-led?

Improvements had been made to ensure the service was well led

Progress had also been made regarding the systems for monitoring the overall quality of the service and driving continuous improvement.

We could not improve the rating for well-led however from requires improvement, because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires improvement



# Westlands Care 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 was an unannounced focused inspection of Westlands Care Home which we undertook on 29 September 2015. The inspection was carried out to check that improvements

to meet legal requirements planned by the provider after our comprehensive inspection on 19 February 2015 had been made. The inspection was undertaken by one inspector.

During the inspection we focused on four of the five questions we ask about services: is the service safe, effective, responsive and well led? This is because the service was not previously meeting legal requirements in relation to each of those domains.

During the inspection we spoke with the registered manager and the home's administrator. We also looked at records to corroborate our findings, and to check that the required improvements had been made.

# Is the service safe?

## Our findings

Following our last inspection on 19 February 2015, we found that improvements were required in this area. This is because staff had not been able to adequately describe the actions they would need to take if abuse was suspected, for example reporting concerns to other agencies such as the local authority or the police. We also found that there had been a delay in reporting a possible safeguarding incident to the local authority by a senior member of staff. Furthermore, we found evidence that proper processes had not been followed at the time, because a member of staff had investigated the concerns prior to discussing them with the local authority safeguarding team. This meant there was a risk that a potential safeguarding investigation may have been hindered, and demonstrated a gap in staff knowledge; in terms of how to keep people safe when concerns are raised.

During this inspection we found that the registered manager, who had been new in post in February, had made a number of improvements. For example, we were told that staff had been trained to recognise signs of potential abuse and knew how to keep people safe. Staff we spoke with confirmed this, and told us about the processes they would follow in the event of suspected abuse. They told us they would report any concerns to their line managers, but equally understood the process for reporting concerns outside of the service - to the local authority and Care Quality Commission (CQC), if required. Records we looked at confirmed staff had received recent training in safeguarding.

The registered manager showed us questionnaires that had been completed by staff working in the home following their training. These demonstrated staff knowledge in terms of potential risks faced by people living in the home

and how best to keep them safe. The questionnaires also clearly covered what staff should and shouldn't do in the event of suspected abuse. Separate meeting minutes showed that staff had received information about the different types of abuse and had discussed what to do when safeguarding concerns are raised, as a group.

We saw that information was on display in a communal area of the home which contained clear information about safeguarding, and who to contact in the event of suspected abuse. Our records showed that the service followed locally agreed safeguarding protocols in terms of reporting potential concerns, and that the registered manager submitted notifications to us in a timely way. A notification is information about important events which the provider is required to send us by law. We noted that notifications received by the CQC since the registered manager started contained clear, detailed information about incidents that had happened in the home, along with remedial actions where appropriate. This showed that potential safeguarding concerns, accidents and incidents were reviewed, so that lessons could be learnt in order to minimise a risk of a similar occurrence in the future.

After our February 2015 inspection, we also reported on Medication Administration Records (MAR). Records we looked at had been completed accurately however, we found some anomalies in the recording of 'as required' (PRN) medication. This was because in some cases there was a detailed explanation provided on the MAR to show why it had been given, but this was not always the case. During this inspection we checked a sample of MAR sheets and found clear information about the reasons for PRN medication having been administered.

These improvements showed that systems were now in place to ensure people were protected from abuse and avoidable harm.

# Is the service effective?

## Our findings

Following our last inspection on 19 February 2015, we found that improvements were required in this area. This was because staff had not received consistent support, supervision and training in the months prior to the inspection. We found significant gaps in the training provided to staff in important areas such as safeguarding, dementia awareness, and moving and handling. This was a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found that the new registered manager had made a number of improvements. For example we were shown a staff training matrix which provided clear information to enable the registered manager to review staff training and see when updates / refresher training is due. This confirmed that staff had received recent training that was relevant to their roles such as safeguarding, dementia awareness, moving and handling, challenging behaviour awareness, continence management, equality and diversity and medication. Other records showed that further training was planned in the forthcoming months in areas such as diabetes management, the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

The registered manager showed us that she checked staff knowledge following training, through competency assessments. We saw examples of these for staff trained to administer medication. We also spoke with the home's administrator who did not have a direct caring role in the home. She told us that all staff were supported to attend training on subjects such as safeguarding and dementia awareness, because this provided them with important knowledge and an understanding of the needs of people they came into close contact with on a regular basis. The registered manager and administrator were able to describe some of the activities they had taken part in as part of some 'virtual dementia tour' training that they had completed since the last inspection. They told us the training aimed to provide staff with the opportunity to experience first-hand some of the difficulties that someone living with dementia experiences on a day to day basis such as disorientation, confusion and communication.

Records showed that individual and group supervision sessions had been reintroduced; to enable the registered manager to meet with staff and discuss good practice and potential areas for staff development. The registered manager was able to show us that individual supervision sessions had been taking place approximately bi-monthly since February. She had also prepared for a number of individual sessions following this inspection. We noted that supervision sessions were planned to include discussions around incidents and events that had happened in the home. This demonstrated a supportive and positive approach to dealing with issues on the part of the registered manager.

These improvements showed that systems were now in place to ensure people received effective care from staff with the right knowledge and skills. Although we found that the service was no longer in breach of this regulation, we have not changed the rating for this domain on this occasion because to do this this would require consistent good practice over a sustained period of time. We therefore plan to check this again during our next planned comprehensive inspection.

After our February 2015 inspection, we also reported on people's healthcare needs. We looked at a care plan for someone living with diabetes. The care plan stated that community nursing support was needed to monitor their blood sugar levels, and that if this was not monitored and controlled, the person was at risk. We found inconsistent information about how regularly the checks should have been carried out, or evidence to support that these had been completed.

During this inspection, we checked the same person's records and found the frequency of their blood sugar monitoring checks was now clearly stated. We also saw that the person's blood sugar levels had been monitored at the appropriate intervals since the last inspection and there were no recorded problems. Although the community nursing team were responsible for carrying out people's checks, the registered manager showed us a monitoring sheet that she had developed to provide a quick overview of people requiring blood sugar level checks, and to remind staff when these needed to be chased up.

# Is the service responsive?

## Our findings

Following our last inspection on 19 February 2015, we found that improvements were required in this area. This is because complaints were not appropriately managed. A formal complaints procedure had been developed and a complaints folder set up, but this did not contain any information about complaints or concerns received by the home in the 12 months prior to the inspection. Before the February inspection, we had been made aware of a complaint that had been made to the home, but we were not able to find out how this had been dealt with from the records available in the home. After the inspection, we had to request additional information from the provider at that time, to find out how the concerns had been investigated.

There were delays in us receiving the information and when it arrived it did not show whether the outcome of the investigation had been used as an opportunity for learning; to improve the overall service being provided.

During this inspection we found that the new registered manager had made improvements in the way concerns and complaints were dealt with. We saw that the manager had introduced a clear system for recording complaints, concerns and compliments. We noted that only a small number of concerns had been received since the new manager had started. We saw that these had been dealt with in a timely way, with a clear audit trail maintained of any actions taken in response. A number of compliments had also been received from people's relatives.

These improvements showed that systems were now in place to ensure people's experiences, concerns and complaints were listened to and acted on.

# Is the service well-led?

## Our findings

Following our last inspection on 19 February 2015, we found that improvements were required in this area. Prior to the inspection, we had received information that raised concerns about the leadership of the home. Our records showed that there had been three different managers since January 2014. During the February inspection, people shared their concerns about the home being in administration, and about the number of managerial changes that had taken place.

We also found that provider level audits of the home had not happened since October 2014, so we could not see that there had been any high level monitoring and oversight of the service. We found evidence during the inspection that the provider had not maintained adequate oversight in a number of important areas including staff knowledge on safeguarding, staff training, monitoring of people's assessed healthcare conditions and the management of complaints. This had placed people using the service at risk of inappropriate or unsafe care, and raised questions overall about the effectiveness of the provider's quality monitoring systems. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found improvements had been made. The manager, who had taken up her post a few days before the February inspection, had stayed in post and had successfully become registered with the Care Quality Commission (CQC). Staff we spoke with told us they had appreciated having a period of stability and felt the new registered manager was making a positive difference to the home.

There had also been a change of ownership for the home, meaning less uncertainty about the home's future for people using the service, staff and relatives.

A number of new systems and internal audits had been set up to ensure people's assessed needs were met, and the quality of the service provided was checked. For example, the area manager had carried out quality monitoring checks on behalf of the provider. We looked at the most recent audit, which had been carried out in September 2015. We noted that the audit had been designed to comply with previous CQC guidance about meeting legal requirements which had changed in April 2015. However, it did provide some useful information and showed that internal audits, such as checking care plans and medication, were taking place. The audit also made reference to the provider authorising a full assessment of the building, as parts of it were in need of redecoration and refurbishment. Other records showed that where improvements had been identified, that the registered manager had taken action to address these.

In addition, the registered manager was able to show us that improvements had been made in regard to monitoring people's healthcare conditions. For example, we saw that a monthly analysis of falls had been taking place; to try to identify potential trends and areas where risks could be minimised. We saw a number of different actions had been identified as a result of this process including: staff training, new equipment purchased, changing the layout of one person's bedroom, a referral for one person to the falls team and a request for a medication review for another person.

These improvements showed that systems were now in place to monitor the quality of the service and drive continuous improvement. Although we found that the service was no longer in breach of this regulation, we have not changed the rating for this domain on this occasion, because to do this this would require consistent good practice over a sustained period of time. We therefore plan to check this again during our next planned comprehensive inspection.