

Westmorland Healthcare Limited

# Westmorland Court Nursing and Residential Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

We carried out this unannounced focused inspection at Westmorland Court on 11 January 2017. This was to assess the progress being made by the service to meet warning notices to improve had been issued after an unannounced comprehensive inspection of this service on 4 and 6 July 2016.

The warning notices were in relation to a continuation of breaches of two regulations. These were Regulation 17 (Good Governance), as the quality monitoring systems were still not being effective in identifying all relevant risks to people. The second warning notice was issued for Regulation 12 (Safe care and treatment) because the registered provider had not protected people against the risks associated with the safe management of medication

Following the July 2016 inspection, we completed another unannounced focused inspection on 7 November 2016 to monitor progress with meeting the warning notices. At that inspection, we found that some action had been taken to achieve the improvements stated in the action plan regarding medicines management and governance. Following the focused inspection in November the service rating overall remained Requires Improvement

We, the Care Quality Commission, (CQC) needed to be confident that the registered provider could demonstrate a consistent level of improved practice over time. The registered provider had voluntarily suspended admissions to the home for an agreed period, while the work needed to meet the warning notices was completed. They had kept us informed of their progress during that time.

At this focused inspection on 11 January 2017, we found that the new manager and registered provider had met the breaches of the regulations and the issues outstanding from our previous inspection. At this inspection, we found that all medicines were being administered by qualified nurses. The manager had completed regular audits and competency assessments to assess safe medicines handling in accordance with the home's medicines policies. Disciplinary action had also been taken with staff where necessary to address poor practices.

This report only covers our findings in relation to breaches identified within the warning notices. We will review our regulatory response and our ratings for safe and well led at the next comprehensive inspection. The service rating overall remains Requires Improvement.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

Westmorland Court Nursing and Residential Care Home (Westmorland Court) is registered to provide personal and nursing care for up to 48 people. The home is in a residential area and within walking distance of the centre of the coastal village of Arnside. There is parking available for visitors and a garden area for people living there to use. At the time of the inspection there were 24 people living in the home, 15 of whom

were receiving nursing care.

The service did not have a registered manager in post at this inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

At the time of the inspection in July 2016, there was not a registered manager in post. A new manager had been recruited by the registered provider. They had been in post since October 2016. The new manager had not yet registered with CQC as required under regulation. They were aware they must do so.

At our inspection in November 2016, we found some issues remained to be addressed to protect people from the risk of harm due to poor medicines management. This was because nurses did not always make clear records of medicines handling and administration and some people had missed doses of medicines because there was none in stock to administer.

At this inspection January 2017, we saw that the new manager had been carrying out detailed medication checks themselves and identifying any shortfalls in a timely manner so they could be addressed. There were policies and procedures in place for staff to follow and these had been reviewed and updated. The medicines administration charts (MAR) were up-to-date and clearly presented to show the medication people had received.

The new manager was monitoring all staff practices and had found that some medication procedures had not been properly followed by nursing staff. The manager had held a nurse's meeting to take staff through the correct procedures so they were all clear about their professional responsibilities. Disciplinary action had been taken where appropriate with nursing staff who had failed to follow the correct procedures and best practice.

The manager had also carried out observations of practice with staff including moving and handling practices, medicines competence and hand hygiene. As a result, the manager had identified where staff had additional training needs and these needs had been addressed. A training plan for the first three months of the 2017 was in place to help make sure staff received the training they required.

A system of checks and audits was being used for quality assurance and monitoring. This helped the manager to identify and act upon any shortfalls in quality and safety promptly. Since taking up the post, the manager had conducted 'base line' checks to form the basis of a full programme of audits. The new manager was clear that a baseline was essential to be able to measure service development and improvement. The monitoring systems and quality management structures the new manager had implemented at our last inspection were now showing where and how the service had improved. This process would need to continue to be used and evaluated to evidence consistency in the longer term.

We could see from audits and action plans the new manager had completed that they had been continuously reviewing the work undertaken to date to comply with the regulations. The checks also allowed the manager to assess what still needed to be completed and embedded with staff. The new manager demonstrated a clear understanding of the areas that had to be completed straight away. We could see that improvement work was being well planned, carried out and evaluated. Any identified changes or improvements were being addressed.

## 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 safe but the improvements made in this respect need to fully embed and continue to evidence that the improvements made can be sustained.

Significant improvements had been made to medication administration and management to provide safe systems and use.

Immediate action had been taken against staff in the event of any misconduct or failure to follow company policies and procedures designed to keep people safe.

**Requires Improvement** ●

### Is the service well-led?

The service was being well led. However, the new systems in place needed to be completed consistently to allow the quality monitoring to show improvements in the safety of service provision in the long term.

The service did not have a registered manager in post. Staff told us they felt supported by the new manager.

Incidents and accidents had been recorded and followed up with appropriate agencies or individuals and, if required, CQC had been notified.

A considerable amount of work and monitoring had been done to meet the regulations and measurable systems were being used to assess the quality of the service provided.

**Requires Improvement** ●

# Westmorland Court Nursing and Residential 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 was 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 focused inspection was carried out to check that improvements planned by the registered provider had been made to meet the legal requirements. This was following the comprehensive inspection in July 2016 and a focused inspection in November 2016.

We inspected the service against two of the five questions we always ask about services. These were, is the service safe and was the service being well led. This is because the service was not meeting legal requirements in relation to those questions at the previous two inspections.

This unannounced focused inspection took place on 11 January 2017. The inspection team consisted of an adult social care inspector and a pharmacist inspector.

Before our inspection we reviewed the information we held about the home, this included the provider's action plans. We spoke with the Local Authority commissioning and quality management teams, the Clinical Commissioning Group (CCG). We looked at the notifications made to CQC and the safeguarding referrals that had been made to the Local Authority. The home was already involved in the Local Authority's quality improvement process and had been visited by them to monitor improvements against an action plan.

During the inspection, we spoke with people who lived there in the communal areas and in private in their bedrooms. We looked in detail at the medication records for ten people and tracked their care. This included looking at records and care plans relating to people's nursing and personal care needs and assessed risks in detail. We observed medicines being handled and discussed medicines handling with staff.

We looked at records that related to the management of the service, including how quality was being monitored within the home.

# Is the service safe?

## Our findings

At our previous inspections in July and November 2016, we had concerns about the way medicines were being managed within the home. After our inspection in July 2016 we issued a warning notice telling the provider that improvements must be made by the end of August 2016.

At our inspection to check this in November 2016, some improvements had been made towards meeting the breach of regulations regarding medication management. However, the breach of Regulation 12 had not been completely met. We found some issues still had to be addressed to protect people from the risk of harm due to poor medicines management. This was because nurses had not always made clear records of medicines handling and administration and some people had missed doses of medicines because there were none in stock to administer.

During this inspection on 11 January 2017, a pharmacist inspector inspected the home as part of the team. They did this to check that improvements had been made and that people were not at risk of harm and to ensure that the regulations were being met. At this inspection, we found that medicines handling had continued to improve and that the improvements we saw at our November inspection were being maintained. The medication policies and procedures for staff to follow had all been reviewed and updated and the new manager was monitoring staff practices.

We found that all the medicines people received were administered by qualified nurses. The manager had completed regular audits and competency assessments to assess safe medicines handling in accordance with the home's medicines policies. We found that where shortfalls had been found they were promptly addressed and the information shared at nurses meetings to help to reduce the risk of recurrence.

During the inspection we observed part of the morning medicines round. We saw that medicines were administered to each person individually and records were completed at the time of administration to help ensure their accuracy. Any additional training and support for staff had been identified and provided.

We saw that arrangements were in place to help ensure nurses administered medicines prescribed 'before food' at the right times. Some medication such as antibiotics and pain killing drugs must have specific time intervals between doses. We saw the nurses were recording the actual time that such medicines were given to make sure enough time was left between each dose. We found that medicines including controlled drugs were safely stored.

Where the covert (hidden) administration of medicines was needed, individual assessments had been completed to help ensure that this was undertaken in the person's best interests and had their rights protected in this process. We could see that the manager was making sure all relevant professionals had been involved in making a best interest decision about giving medicines covertly. However, we found that details of how the medicine was going to be safely administered to a person needed to be more clearly documented in the management plans. We raised this with the manager during the inspection for them to address promptly.

We looked at ten medicines charts and medicines related records. The medicines charts were up-to-date and clearly presented to show the medication people had received. Where new medicines were prescribed these had been started promptly. However, one record incorrectly showed that a person had taken doses of an inhaler when a check showed these had not been taken. Nurses explained that the resident was struggling to use the inhalers and following discussions with the GP they believed the resident was receiving some doses but not all. We raised this with the nurse during the inspection who told us they would request a further review by the GP.

Protocols were in place providing guidance for nurses about the use of "when required" medicines. These medicines are not taken regularly by a person but in specific situations when required. The protocols provided information on when to give the medicines to a person and were a guide for staff to administer such medicines only "when required" for example, for pain and if a person was constipated. The nurse told us that they were requesting a review from the GP of one person's 'when required' medicines as they did not seem to be having any further effect.

Body maps described where prescribed creams should be applied. There was information within people's individual care plans about the use of any prescribed thickeners. These 'thickeners' were used to thicken fluids taken by people at risk of choking.

We saw improvement in how waste medicines were being stored correctly before disposal and we could see that new medication was being checked and booked in accurately. Clinical room and refrigerator temperatures were being checked twice daily to help make sure medicines were stored at the correct temperatures. This helped to keep them in good condition for administration.



## Is the service well-led?

### Our findings

At our previous inspections in July and November 2016, we had concerns about the quality monitoring and audit systems in the home. These were not being effective in monitoring the quality and effectiveness of the service provision and in identifying where improvements needed to be made and followed up.

At the last inspection, in November 2016, we found that some improvements had been made to improve the effectiveness of the quality monitoring systems in the home. We saw that audits had been taking place and had been effective in improving several aspects of the service provision. However, it was evident that the monitoring tools had not been fully effective in the monitoring of medication management and the implementation of the home's medicines policies and procedures. We found medication audits were being done regularly by the new manager and these had highlighted some discrepancies and areas that needed to be improved. The improvement in November 2016 had not been sufficient to demonstrate that medication was being safely and consistently managed within the service.

At this inspection on 11 January 2017, we found that the improvements found during the last inspection had been sustained. The manager had built upon the improvements to establish a more systematic and verifiable process of monitoring and auditing. We saw the quality monitoring systems were being effective in identifying areas of the service that needed to continue to improve. The manager had carried out root cause and incident analysis to help identify the causes of the poor management of medicines and the poor application of medication procedures by staff.

The manager had completed regular audits and competency assessments with staff to assess safe medicines handling in accordance with the home's medicines policies. Where shortfalls had been found these had been promptly addressed and shared at nurses meetings to help reduce the risk of recurrence. We saw that the home's regional manager made regular visits to the home to check the monitoring and audit results within the home.

Contractual arrangements were in place for staff. These included disciplinary procedures to support the organisation in taking immediate action against staff in the event of any misconduct or failure to follow company policies and procedures. We noted the service had followed their procedure effectively in regards to disciplinary action regarding poor or unsafe practices by staff members. We saw that where necessary staff had been referred to their professional regulators.

The monitoring of trends started at the last inspection was continuing, for example, the rates of infections such as urinary tract infections and chest infections. The aim of this was to try to identify risk factors so action could be taken to improve care provision. The new manager had been doing group and individual supervisions with staff. They had also carried out observations of practice with staff including moving and handling practices and hand hygiene. Because of improved monitoring prompt action had been taken to make sure staff training needs were addressed. A full programme of training was organised for staff to help make sure they were up to date. This programme included training on caring for people at the end of life to improve this aspect of service provision.

Care plan audits were continuing to improve the assessment and care planning for people. Care plans and reviews were overseen by the manager to support staff and to make sure they kept people's plans up to date and that clear records were kept. A system was being used where nurses wrote daily reports and had to check daily charts to be able to complete this. Senior care staff were allocated responsibility to check that records for the application of creams and lotions were completed to show administration had taken place. These measures were to make sure daily records were correct and that staff were clear about their responsibilities.

We also saw records and action planning following a range of audits including, infection control, complaints, training, equipment and cleaning. The manager had done environmental checks. We saw that an action plan for infection control improvements had been developed to implement recommendations made following a recent contract monitoring and quality visit by commissioners of the service. Maintenance checks were being completed regularly by the staff and records were kept of what action had been taken. These measures helped to make sure people were cared for in a well maintained environment.

A meals and nutritional audit had been carried out. We saw the manager had identified areas that staff could improve in to provide more person centred care and was addressing this. Menus were also being reviewed to give more options at mealtimes. Staff files had been audited to help make sure that the service's recruitment procedures were being followed and to make sure all staff had undergone all necessary checks before starting work. The audit had identified some discrepancies and these were quickly addressed by the manager.

We found that work had been done to update policies and procedures that staff should be following. These were held both in hard copy and electronically. We saw that new policies had been added to promote best practice including an emergency admissions policy and a clear policy for staff on DoLS. This was produced alongside a new training package being rolled out to staff on the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) to help make sure they fully understood their responsibilities.

We checked to see if the provider was meeting CQC registration requirements, including the submission of notifications and any other legal obligations. We found the registered provider had fulfilled their regulatory responsibilities. Incidents and accidents had been recorded and followed up with appropriate agencies or individuals and, if required, CQC had been notified. However, The home did not have a registered manager in post, at the time of the inspection, as required by their registration with the Care Quality Commission (CQC). The new manager had not registered with CQC. We discussed in detail with the manager the level of improvements made in the home and the challenge for the service to continue to improve and move forward.

The steps that had been taken by the manager to monitor service provision and the new systems that had been put in place still needed to be embedded. The changes needed to continue to be effectively monitored by the registered provider and manager and maintained in the long term to show continued improvement that has a positive effect on the lives of people living at the home. The service can then show evidence of a sustained record of accomplishment over time and of consistent improvement and robust management within the home.