Three Arches Care Ltd

Westhorpe Hall

Inspection report

The Street
Westhorpe
Stowmarket
Suffolk
IP14 4SS

Tel: 01449781691
Website: www.westhorpehall.co.uk

Date of inspection visit:
30 September 2020
07 October 2020
20 October 2020

Date of publication:
16 November 2020

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

Westhorpe Hall is a residential care home providing personal care to 17 people at the time of our inspection. Some of those people were living with dementia. The service can support up to 21 people.

The service is a listed building with enclosed gardens. It is located in a rural area and people would require support to access the local community.

People's experience of using this service and what we found
Peoples medicines were not always managed safely, which increased the risk to people.

Staff had not always completed risk assessments and care plans to give guidance on how to monitor people's assessed risks. However, the manager assured us that these were being updated, and sent us updated documents within our requested timeframe.

Relatives of people who lived at the service were satisfied that people were safe and well cared for. They told us that communication was good, and they felt listened to and involved in their family members care.

There were enough staff to meet people's care and support needs. Recruitment procedures were in place to check that new staff members were suitable to work at the service.

Staff involved and worked with external professionals to help people maintain their health and well-being. The manager and senior staff made sure appropriate people and organisations such as the local authority safeguarding team, were informed when things went wrong.

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

Rating at last inspection
The last rating for this service was Requires Improvement (30 September 2019).

Why we inspected
We received concerns in relation to staffing and the impact this had on people living in the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.
We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.
The overall rating for the service remained the same. This is based on the findings at this inspection.
You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Westhorpe Hall on our website at www.cqc.org.uk.

Enforcement
We have identified breaches in relation to the safe management of medicines at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

Westhorpe Hall

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
This inspection was carried out by three inspectors.

Service and service type
Westhorpe Hall is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager who was new in post and had applied to the CQC to become the registered manager of this service. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. It is a condition of the providers registration that a registered manager runs the service

Notice of inspection
We gave 20 minutes notice so we could clarify the service's COVID-19 Personal Protective Equipment (PPE) practice for visiting professionals and identify persons who were shielding so we could respond accordingly.

What we did before the inspection
We looked at the information we held about the service including notifications. A notification is information about events that the registered persons are required, by law, to tell us about. The provider was not asked to

complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We sought feedback from the local authority who work with the service. We used all of this information to plan our inspection.

During the inspection
We spoke with four relatives about their experience of the care provided. We spoke with eight staff members including the manager, deputy manager, area manager, care workers and housekeeping staff. 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 looked at a range of records, including two people's care records and two people's medicine administration records.

After the inspection
Due to the Covid-19 pandemic the manager sent us records electronically. We looked at information about three staff files in relation to recruitment, two people's care plans and a variety of management records, including audits.

We continued to seek clarification from the provider to validate evidence found.

Requires Improvement

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.
This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely
● On the day of our inspection we identified that one person had been incorrectly receiving double the prescribed amount of medicine for three days. On identifying this error, the manager followed this concern up by appropriately contacting 111 and following up with the persons GP. We found that medicines administered on the morning of our inspection had not been signed for by the staff member responsible to show that they had been correctly given. We also found other gaps in the medicine administration record (MAR) charts, although there was no explanation for this. It had also been identified on the medicine audit the month prior to our visit, that 'week commencing' dates needed to be added to MAR charts. This had not been done by the time of our inspection and MAR charts continued to be undated.
● The medicine audit in August 2020 identified that medicine totals were not 'carried over' when new stock arrived. When medicine records do not show a signature that they have been administered to a person, it is not possible to ascertain if a medicine was missed or just not signed for. The audit explained that this would begin when the service started working with a new pharmacy. However, this had still not happened a month after the audit and there continued to be an inaccurate record of medicines in the home.
● We found that one person had not received a medicine for six days and the reason this had not been administered had been recorded as "other". The MAR chart instructed that for this code to be used an explanation is required, however this was not completed and had been left blank. Staff responsible for administering medicines that morning did not know why the person did not have the medicine. the registered manager told us the medicine had been stopped, however, this was not reflected in the care records or MAR chart or verbalised to staff.
● Quality assurance checks had been completed on a monthly basis. The audit the month prior to our visit identified that medicine audits needed to increase to weekly to reduce errors such as those identified during the inspection. The weekly audits had not yet started at the time of our inspection; however, we have since received assurance from the area manager that these are now in place.

Medicine administration systems/procedures were not completed accurately enough to ensure people were not placed at risk of harm. The above demonstrates a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe care and treatment.

● People had protocols in place for as and when required medicines, which informed staff when these medicines were required and how they should be administered.
● Staff had undertaken training in medicine administration. Systems for the disposal of medicines were in place.

Assessing risk, safety monitoring and management

● At the time of our inspection, we found that some people did not have risk assessments, and guidance was not in place to support staff to manage known risks. The manager acknowledged that these assessments were imperative to safely support people and staff. These documents were completed shortly after our visit and sent to us within the requested time frame.

● The manager said they were in the process of working through people's care plans and ensuring that documentation was up to date for everyone living in the service.

● We saw that some people had risk assessments in regard to health conditions, such as catheter care and stoma care. This was also supported by providing staff with training in these areas.

Systems and processes to safeguard people from the risk of abuse

● The provider had effective safeguarding systems in place. Staff understood what to do to protect people from harm, and how to report concerns. Staff told us that they had received safeguarding training.

● Relatives told us they felt that people were safe living at Westhorpe Hall, "My [relative] is much safer there than at home. [Person] was neglecting themselves but looks ever so well now. I would definitely recommend Westhorpe Hall without a shadow of a doubt."

Staffing and recruitment

● There were enough staff on duty to support people safely and we saw they had the skills to meet people's needs. On the day of our inspection the domestic staff did not attend work. This did however, mean that the care staff needed to include domestic duties into their caring role, as there was no domestic replacement cover.

● A dependency tool was used to determine the number of staff needed on each shift to meet people's care and support needs. A relative said, "There is a different manager and unlike before when I didn't feel there was enough staff, there are more now."

● Pre-employment checks were carried out before staff started work. This kept people safe because it helped the provider make sure that only suitable staff were employed. There had recently been an intake of new staff. Staff told us and records showed that they had not been able to start work until their employment checks had been completed

● At our last inspection we were concerned that the manager was relied on too much to be on shift, and this had a negative effect on managing the service. We reviewed the rota and could see that although the manager was rostered for some hours during a shift to support staff, this had improved.

Preventing and controlling infection

● We were assured that the provider was preventing visitors from catching and spreading infections.

● We were assured that the provider was meeting shielding and social distancing rules.

● We were assured that the provider was admitting people safely to the service.

● We were assured that the provider was accessing testing for people using the service and staff.

● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

● We were assured that the provider's infection prevention and control policy was up to date.

● We have also signposted the provider to resources to develop their approach.

Learning lessons when things go wrong

● The manager implemented an incident 'in-tray' system since our site visit. This ensured that on a daily basis incidents and accidents were reviewed and changes or recommendations could be made immediately.

● Incidents or accidents involving people using the service or staff were managed effectively. Staff recorded

these and the manager completed an analysis each month to identify such things as increases or decreases in falls or whether actions had been effective

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.
This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
- The manager and staff worked hard to develop a person-centred culture within the service.
- Relatives were complimentary about the service people received. A relative said, "They [staff] are very respectful in encouraging people to do things. I don't think there is anything they could do better." Another relative told us, "I would not hesitate to recommend Westhorpe Hall and I already have to friends whose loved ones now need care."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
- The provider sent us information about events and incidents that happened, such as possible harm, and what action they had taken to resolve or improve things.
- The service displayed their inspection rating on their website and at the home.
- Relatives were satisfied that the service was open and honest with them and that the manager informed them of any incidents or concerns that had arisen.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
- We continued to have concerns about provider oversight of this service. Audits had been carried out by senior staff and identified changes needed, however these changes had not been put into place within a timely manner.
- Although we could see that some improvements had been made and the new manager had introduced systems to monitor risks, improvements were still required to update information and processes. The manager needed to allocate time to dedicate to these tasks and address the shortfalls identified during this inspection. Since our inspection we have received assurance that the area manager is now based at the service for some time to support the manager and the staff team.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
- Staff attended regular team meetings, which gave them regular support and information was shared quickly with them.
- Every relative we spoke with told us how approachable the manager and the staff were at Westhorpe Hall.

Relatives told us they felt engaged and involved. One relative said, "It's a two-way relationship with staff. I play an equal part." Another relative said, "I can talk to [manager] at any time. She is very easy to speak and talk with. We keep in regular contact."

● Due to the COVID-19 pandemic, there had not been a relatives' meeting since the new manager had started at the service. Relatives acknowledged they understood this was in part probably due to the new management structure and also COVID-19. One relative said, "Every single one of the carers would come out to (socially distanced) see me. They have been a lifeline for me during Covid-19."

● The manager told us during the inspection that they were planning on gaining feedback from relatives and would begin by asking people how they felt the service had managed during the COVID-19 pandemic.

Continuous learning and improving care

● Relatives we spoke with told us that the provider was improving the service. One relative said, "They [provider] seems to be making lots of improvements; tidying the gardens and summer house."

● On the day of our inspection windows and carpets were being replaced, rooms were being decorated, and a new fire detection sprinkler system had been fitted.

● Records of accidents and incidents, for example falls, were analysed to find trends or themes, such as the cause or contributing factors. This enabled the manager to take action where needed and reduce reoccurrence.

Working in partnership with others

● Staff worked in partnership with other organisations, such as the local authority and the Clinical Commissioning Group.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People who use services and others were not protected against the risks associated with medication management.