

Your Care Provider Ltd

West Park Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

West Park Care Home is a residential care home providing personal care to 33 people aged 65 and over at the time of the inspection. The service can support up to 40 people.

People's experience of using this service and what we found

People had not consistently received their medicines as prescribed and there were gaps in recording of medicines, so it was difficult to audit them.

There was not enough management oversight regarding daily cleaning routines and checking staff had completed tasks they were supposed to carry out. The registered manager told us they would monitor this more closely. We have made a recommendation about the provider sourcing a tool to help audit cleanliness. The provider's quality monitoring systems had not been effective in identifying the concerns or areas for improvement, so they could be addressed.

Staff were recruited safely and had checks completed before they started work. People told us they did not have long to wait for staff to attend to them and they thought there was enough staff. We received information just after the inspection, which described a possible shortfall in staff numbers in the mornings. This was discussed with the registered manager to investigate further. We have made a recommendation about the provider sourcing a tool to help calculate staffing numbers.

Staff knew how to protect people from the risk of harm and abuse and people told us they felt safe in the service. People had their needs assessed, which included areas of risk and what staff had to do to minimise incidents occurring.

People told us they liked living in the home and the staff were kind and caring. They said staff respected their privacy and treated them well. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's nutritional and health needs were met; staff contacted health care professionals quickly when needed. People told us they liked the meals, had choices, and had enough to eat and drink.

Staff completed a range of training and had support systems in place such as supervision meetings to discuss their development needs.

The provider and registered manager followed up any complaints to make sure people were happy with the outcome of any investigations.

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

Rating at last inspection

This service was registered with us on 1 November 2018 and this is the first inspection.

The last rating for this service was good (published 21 February 2017). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection based on the date the new provider was registered with CQC.

Enforcement

At this inspection, we have identified breaches in relation to the management of medicines and how the quality of the service provided to people is monitored so improvements can be made.

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

West Park Care Home

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.

Inspection team

The inspection team consisted of one inspector, an assistant inspector and an Expert by Experience on the first day. There was one inspector on the second day. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

West Park Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

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.

During the inspection

We spoke with seven people and three relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, deputy manager, team manager, care workers, the activity coordinator and chef.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at training data and quality assurance records. We received information from a health professional who visited the service. We received information about staffing levels and the registered manager told us they would review this.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. 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

- Some people had not received their medicines as prescribed. This was mainly in relation to applied creams but also, on occasions, oral medicines. This had resulted in at least one person experiencing discomfort and anxiety.
- The recording of medicines required improvement. There were gaps on medication administration records with no stated reason why the medicines were omitted. Codes to define other omissions were not used consistently and staff did not always have clear guidance when people were prescribed medicines 'when required'.

Failure to ensure people received their medicines as prescribed was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had systems in place for ordering medicines, storing them safely and returning them to the pharmacy when no longer required. Staff who administered medicines had completed training.

Preventing and controlling infection

- Areas of the environment needed tidying and cleaning. This was addressed during the inspection.
- Staff completed training in infection prevention and control. Staff had access to gloves and aprons, which helped to prevent the spread of infection.

We recommend the provider sources a recognised audit tool to monitor cleanliness and infection prevention and control.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- Staff knew how to protect people from the risk of abuse and poor care. In discussions, staff were able to describe the different types of abuse and how to raise concerns.
- The registered manager was aware of safeguarding procedures and liaised with the local safeguarding team for advice when required.
- People told us they felt safe in the service. Comments included, "Definitely, it's secure. People can't get in; I've got a lock on my door and I lock it when I go out." A relative said, "It's very safe. I'm really happy with the security; it's hard to get in the place."
- Risks to people's individual safety needs were managed. Some minor safety issues were addressed during the inspection.

- Staff completed risk assessments in areas such as falls, moving and handling, nutrition and skin care. There were some generic risk assessments in people's care files that did not correspond with their individual needs. This was mentioned to the registered manager to address.

Staffing and recruitment

- The provider had a safe recruitment process. This included full employment checks before staff started to work in the service.
- People expressed no concerns about staffing levels. Comments included, "There seems to be [enough staff] from my point of view" and "Yes, I'm not neglected. If you want something you've got to ask – they're not mind readers."
- There was a skill mix of staff, which included ancillary workers, so care staff could focus on care tasks. Staff said, "Every day is different; we have enough staff. We don't use agency or bank staff" and "Usually [enough staff]. If it's a busier day we can be stretched. I have never had a problem."
- Following the inspection, someone reported more staff were needed in the mornings as staff were very busy. We had discussed staffing levels during the inspection with the registered manager. They told us they could increase staffing levels when required, for example when people's needs changed, and they required more monitoring. They confirmed they would discuss this comment with the staff team.

We recommend the provider sources a care staffing tool based on the dependency needs of people to assist when planning staffing levels.

Learning lessons when things go wrong

- The registered manager monitored accidents and incidents, so staff could learn from them and prevent a reoccurrence. However, these lacked full analysis and was mentioned to the registered manager to address.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had assessments of their needs completed. The registered manager obtained assessments completed by health and social care professionals. This information was used to develop care plans to guide staff about how to meet people's needs in a safe way.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional needs were met.
- The menus provided choices and alternatives to the main meals. People commented positively about the meals. Comments included, "It's nice, they make lovely meals. If I'm not feeling good I can ask for something lighter" and "It's brilliant and I'm a really picky eater. There are two options for the main meal and they bring tea or coffee between meals."
- Those people at risk regarding nutritional intake and hydration had monitoring charts in place.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to access a range of health care professionals in a timely way.
- People confirmed staff contacted their GP or district nurse when required. Comments included, "They always ask if I want the doctor calling if I'm in pain" and "A nurse visited me before and the optician."
- A health professional told us they were kept informed about people's needs. They said, "Staff send referrals through for pressure care to district nursing; the manager appears to have correct knowledge."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- The provider and registered manager acted within the MCA when people were assessed as lacking

capacity to make their own decisions. Best interest meetings were held to ensure relevant people were included in discussions and decision-making.

- When people had DoLS in place, these were kept under review.
- People confirmed staff asked their consent before carrying out care tasks. One person said, "They [staff] knock at the door and ask if I want to get up now or later or stay in bed if I'm not well." Staff had a good understanding of the need to gain consent from people, provide explanations and discuss options regarding care.

Staff support: induction, training, skills and experience

- Staff had access to induction, training and supervision meetings.
- Training provided helped staff to feel confident when supporting people. Staff commented, "We have supervision every three months and we get plenty of training; if I have gaps in my knowledge I can ask the other staff" and "Training is absolutely brilliant. We are looking into end of life training."
- People said staff looked after them well. One person said, "I get the impression they [staff] know what they are doing." A relative said, "They seem to know what they are doing; there's always two staff when they transfer people into their chair."

Adapting service, design, decoration to meet people's needs

- Parts of the environment had been decorated to assist people living with dementia. For example, there was colour-contrasting toilet seats and grab rails, bright coloured doors to the toilets and signage to help people identify them. There were wall murals in corridors to stimulate conversation and new flooring had replaced patterned carpets in the dining room and lounge.
- Areas of the service required some improvements. The lounge walls and some bedrooms required further attention to make them look homely. The registered manager was aware of this and told us a budget was available to finish off the decoration in the lounge.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were well-treated, and their diverse needs were respected.
- Staff received training in equality and diversity. They described the diverse religious and cultural needs current and previous residents at the home had. They spoke about respecting prayer times and how people's cultural needs required a change in staff practice about their approach to personal care.
- People and their relatives spoke positively about staff. Comments included, "They are great; I buy them all birthday cards and Christmas cards" and "They are lovely."

Supporting people to express their views and be involved in making decisions about their care

- People had care plan reviews and 'resident's meetings', where they were supported to make suggestions and decisions about the care they received.
- Staff were caring and attentive to people. For example, they provided explanations and gave people choices at meal times and when offering drinks between meals.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Comments we received included, "They cover you up [during personal care tasks]."
- Some bedrooms were for shared occupancy and had screens for privacy.
- Staff respected people's views and supported them to maintain their independence. Comments included, "I do my own washing with my own powder; the staff go with me to the laundry room. I don't like my clothes washed with the others."
- Staff were clear about how they respected people's privacy and dignity. They gave examples and said they asked people what time would they like to get up, what they would like to wear, and whether they wanted a shower or bath.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People had comprehensive care plans for specific areas of need. For example, catheter care, personal hygiene, nutritional intake and communication. These all described what staff needed to do to support people in ways they preferred. People and their relatives had been involved when staff wrote the care plans.
- People's care was individualised to their needs. For example, they said they were supported to have a cigarette when they wanted, could have a bath or a shower at times of their choice and could choose whether to have a male or female carer.
- People remained in the service for end of life care with support from health professionals if this was their choice.
- People had end of life care plans although these were brief. The registered manager told us they had consulted with health professionals for guidance in how to improve these.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager and deputy manager assessed people's communication needs.
- Care plans were developed to guide staff in how to meet people's communication needs. The care plans identified when people wore glasses or hearing aids, and whether there was a difficulty in expressing their needs. One person's care plan guided staff to use picture cards to aid communication.
- Notice boards in the entrance and main communal room provided information in an easy to read or pictorial format.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- A range of activities was provided for people to participate in. There was not a weekly plan as the day's activities were dependent on people's suggestions and choices. The activity coordinator visited those people who preferred to remain in their bedrooms and offered one to one chats.
- People who were funded by other agencies to have specific one to one support had limited records to show what support they had and how affective it was in providing additional social stimulation. This was mentioned to the registered manager to address.
- Links had been made with the local community such as attending a coffee morning at a local church and visits from church members. The registered manager was aware this was an area for further development.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy displayed, which included timescales for acknowledgement and investigation. Complaints were treated seriously and dealt with as quickly as possible to prevent them escalating. The registered manager said they received very few complaints.
- People told us they would feel able to make a complaint. One person said, "If I've got a problem they listen and do their best to rectify it."

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider had a basic quality monitoring system in place. This included audits and checks. However, this had not been effective in identifying shortfalls found during the inspection. For example, areas of the environment that needed cleaning and tidying, shortfalls in medicines administration, and the timeliness of redecoration and refurbishment.
- Cleaning and infection control was not effectively monitored. Cleaning schedules for domestic staff were not overseen by management to check these had been completed to an appropriate standard. There was no infection prevention and control audit completed.
- The registered manager told us the provider and their representative completed visits to the service, but there were no records to evidence what they had checked and whether any action was required.
- The registered manager logged accidents and incidents, but full analysis was inconsistent, which did not assist the process of learning lessons to prevent reoccurrence.
- There were some concerns with recording on specific documents. For example, gaps on medication administration records, inaccuracies on some monitoring charts and limited recording for those people who had funded one to one support.

Failure to have a robust quality monitoring system and accurate recording was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People told us they were happy with the service they received. They knew the registered manager and were able to talk to them about concerns.
- People attended 'residents' meetings' and completed surveys, which enabled them to make suggestions about the service. There was 'You said, we did' information advising of changes that had been made because of people's views. Comments from people included, "Yes, most of the time things do change" and "We just chew the fat over, talk about anything and try and sort it out."
- Staff made positive comments about the support received from the registered and deputy manager.
- Staff attended meetings, had supervisions and had handovers at each shift to ensure they had updated information about people's needs.

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 and registered manager notified the Care Quality Commission and other agencies of incidents, which affected the safety and welfare of people who used the service.
- They were open and honest with people and apologised when care did not meet their expectations.

Working in partnership with others

- Staff worked in partnership with a range of health care professionals who visited the service. A health professional told us they were kept informed and said, "The manager is accommodating at giving a full update of patient's needs."
- Staff had recently worked with a multi-disciplinary team who had reviewed each person's health and medication needs. The team provided staff with actions such as a discussion with a GP about medicines; these actions were followed up by staff.
- Staff completed a set of documents when people were admitted to hospital to provide medical and nursing staff with information. These included a person-centred profile, copies of medication charts, body maps and a 'Respect' form, which detailed the person's wishes for emergency treatment.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to ensure there was a safe system of medicines management, to enable service users to receive their medicines as prescribed.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not established robust systems and processes to effectively monitor the quality of the service and respond to shortfalls.</p> <p>The provider had not ensured consistently accurate and contemporaneous records were in place.</p>