

Mrs H Burnett-Price

West Farm House

Inspection report

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Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

Inadequate ●

Is the service responsive?

Inadequate ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

At the last comprehensive inspection of this service on 14, 16 June and 4 July 2016, breaches of legal requirements were found. This was because potential risks were not being identified and the provider was not always responsive to people's changing needs. In addition, audits were not identifying shortfalls in the service, medicines were not safely managed and staffing levels at night were not adequate to meet people's night time care needs. We issued three warning notices to ensure the provider made improvements and the service was placed into 'special measures'. After the inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches we identified.

We undertook this focused inspection to check the provider had followed their plan and to confirm that they now met 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 West Farm House on our website at www.cqc.org.uk.

West Farm House is registered to provide accommodation and personal care for up to 10 older people. During the inspection, there were 9 people living at the home.

A registered manager was not required due to the registration of the service. 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. The provider was responsible for the day to day management of the home and was available throughout the inspection.

The provider had been working closely with staff and the local authority to make improvements to the service. As part of this work, people's care plans had been rewritten. The new format was better organised and gave greater information about people's needs and the support they required. Further work was being undertaken to ensure the plans were more person centred, with added detail. However, the care plans had not been updated as people's needs changed. Daily records did not always show the follow up action staff had provided, to ensure people's wellbeing.

Work had been undertaken to develop the quality monitoring systems in place. However, the systems were not fully effective and required greater focus. The provider demonstrated a positive attitude to enabling change and ensuring a good service was provided.

A waking member of night staff had been deployed in order to meet people's night time care needs. People and staff told us this had been a positive development. They told us there were now added safeguards and people were able to safely use the bathroom in the night, rather than relying on continence aids.

Improvements had been made to the safety of the environment. The pipework in the downstairs toilet had

been boxed in and covers had been fitted to all radiators. The hand wash basins in people's en-suite facilities, the bathroom and downstairs toilet had been fitted with regulators. These actions minimised the risk of people burning or scalding themselves from hot surfaces or excessively high water temperatures.

Fire safety had been improved upon. This was because fire doors were being held open appropriately and the fire panel had been properly labelled. Staff had received fire safety training and a fire drill had taken place.

The laundry room was in the process of being fully refurbished. The walls had been painted and new flooring applied. A hand wash basin had been installed and all items such as recycling had been removed. Work was being undertaken to replace the existing right hand side of the room with a window and brick surround. Disposable red bags had been purchased to enable staff to place soiled linen directly into the washing machine. This reduced the need for staff to handle the soiled items, which minimised the risk of infection.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

We found that action had been taken to improve safety.

This was because improvements had been made to the safety of the environment and a waking night staff had been employed to support people with their night time care needs.

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

Is the service responsive?

Inadequate ●

We found that action had been taken to improve responsiveness.

This was because all care plans had been developed and were better organised and more person centred. Further work was required to ensure the plans were updated as people's needs changed.

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

Is the service well-led?

Inadequate ●

We found that action had been taken to improve the management of the service.

This was because the provider was committed to implementing change and ensuring a good service was provided.

Quality auditing had been developed but further focus was required to ensure it was fully effective.

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

West Farm House

Detailed findings

Background to this inspection

We undertook an unannounced focused inspection of West Farm House on 23 November 2016. This inspection was undertaken to check improvements to meet legal requirements planned by the provider after our comprehensive inspection on 14, 16 June and 4 July 2016 had been made. We inspected the service against three of the five questions we ask about services: is the service safe, responsive and well led. This is because the service was not meeting some legal requirements in these areas.

The inspection was undertaken by one inspector. During our inspection we spoke with three people who used the service, one relative, one member of staff and the provider. We toured the accommodation and looked at people's care plans and medicines, fire safety records and quality monitoring processes.

Is the service safe?

Our findings

At the last comprehensive inspection on 14, 16 June and 4 July 16, we identified the service was not meeting Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because staffing levels were not sufficient during the night to ensure people were protected from harm and their night time care needs were met. We issued a warning notice to ensure the provider made improvements. After the inspection, the provider sent us an action plan, detailing how they would address this area.

Improvements had been made to the staffing arrangements at night. After the last inspection, a waking night member of staff was employed. This was confirmed on the staffing roster. The provider told us at the time of introducing waking night staff, all shifts had been covered by the existing staff team. More recently, recruitment had taken place to recruit specific night staff. The provider told us the new staffing arrangements had been working well. A member of staff confirmed this. They said people were now receiving the care they required and it was safer, as staff were aware of people's whereabouts. They told us people were now repositioned if needed, received help with their mobility and had a drink in the night if they wanted one. One person told us "it's much better now. I can ring my bell if I need anything and they come. I get help to use the commode in the night so I feel much safer. It's a lot better". There had been no changes to the staffing levels during the day, as these were sufficient to meet people's needs. The provider told us the increase in the staff team had enabled greater flexibility when covering staff sickness or annual leave.

At the last comprehensive inspection on 14, 16 June and 4 July 16, we identified the service was not meeting Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because potential risks to people's safety were not being identified and addressed and medicines were not being safely managed. We issued a warning notice to ensure the provider made improvements. After the inspection, the provider sent us an action plan, detailing how they would address these areas.

At this inspection, improvements had been made to the environment. This had minimised potential risks, which enhanced people's safety. For example, regulators had been fitted to all hand wash basins in people's en-suite facilities, the bathroom and downstairs toilet. The regulators controlled the temperature of the hot water so the risk of people scalding themselves was minimised. Staff had taken and documented the temperature of the water, when assisting a person to have a bath. These records were in the bathroom so they could be easily accessed and maintained. The pipework in the downstairs toilet had been boxed in. This meant if a person touched or fell against the hot pipework, they would be protected from injury.

Covers had been fitted to all radiators. However, the covers did not fully encase the whole radiator, leaving some exposed pipework at the bottom. The provider told us they had recognised this but felt the heat would be compromised if the radiators were covered completely. They said they believed the risk of people falling against the pipework was minimal and this had been reduced further with the additional staffing in place. This assessment had not been formally completed with each person on an individual basis or documented accordingly.

The fire alarm panel had been properly labelled. This meant that if the fire alarm was activated, staff would be able to clearly identify the location of a fire. All doors were held open appropriately with approved devices and door stops were no longer used. This enabled fire doors to close effectively, which would minimise the spread of smoke or fire. Staff had undertaken fire safety training and had taken part in a fire drill. This equipped them to perform more effectively in the event of a fire.

Improvements had been made to the laundry room. The walls had been painted and new flooring applied. A hand wash basin had been installed and all other items such as tins, jars and recycling had been removed. Builders were in the process of replacing the right hand side of the room with a window and brick surround. The room had been significantly improved upon and was easy to keep clean. The provider and a member of staff confirmed this. They told us in addition, red bags had been purchased to transport soiled or contaminated linen. This meant that items could be placed directly into the washing machine without additional handling. A system had been developed to ensure mop heads were regularly cleaned. These interventions minimised the risk of infection.

Improvements had been made to the management of people's medicines. The medicines were no longer stored in the kitchen which had been very hot. The trolley had been moved and was locked and securely attached to the wall. New boxes had been purchased to orderly store people's medicines in the trolley. This minimised the risk of people's medicines being mixed up and disorganised. All medicine administration records were now printed by the local surgery. Any handwritten instructions had generally been signed and countersigned by another member of staff. This minimised the risk of error. However, staff had not always signed the medicine administration record when people had been given their medicines. One person had been prescribed a medicine to be taken every 12 hours. There was no evidence this had been given. Another person was prescribed a medicine which should be taken daily but for no more than three days in a row. This regime had not been followed. Staff had appropriately documented when a variable dose of a medicine had been given. Body maps showed where topical creams were to be applied. One person told us they did not have any problems with staff administering their medicines. They told us they received their medicines correctly and at the right time.

Is the service responsive?

Our findings

At the last comprehensive inspection on 14, 16 June and 4 July 16, we identified the service was not meeting Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider was not always responsive to people's changing needs and care plans were insufficiently detailed and did not reflect people's health and care needs or the support they required. We issued a warning notice to ensure the provider made improvements. After the inspection, the provider sent us an action plan, detailing how they would address these areas.

Improvements had been made to care documentation. All care plans had been rewritten. The new formats were better organised and gave greater information about people's needs and the support they required. There were some areas, which were particularly detailed. This included information about people's preferred routines. One care plan stated the person liked to have their drinks in a china mug, as this was lighter for them to hold. Another care plan stated it was important for the person to have their table and water close to them to all times. Whilst these improvements were acknowledged, further work was required in some areas. The local authority had identified greater detail would ensure the care plans were more person centred. For example, one record stated the person liked reading. It had been suggested that staff should expand on this by clarifying if they enjoyed novels or magazines, romance or crime. Another record stated the person could communicate well but if they did not understand, staff should repeat what they were saying. There was a suggestion that the record should identify whether this should be using the same words, with a slower voice or by facing the person directly. Within a review of the care plans, one page profiles had been developed. This enabled staff to gain important information about a person quickly without looking through the whole of the person's care plan.

One person was being cared for in bed due to their deteriorating health. The person looked comfortable, relaxed and pain free. Their bedding was clean and looked fresh. Staff were aware of the person's needs and spoke about them with fondness. Records showed the person had been regularly repositioned to minimise their risk of pressure ulceration. These interactions had been undertaken over the 24 hour period due to the introduction of waking night staff. However, the care plan had not been updated to reflect the person's changing needs. The person had specific wishes regarding their end of life care. Records did not show if arrangements had been made so they could be quickly instigated when required. The provider told us there was a separate record held on the computer which gave this information. Whilst acknowledging this, the information was not readily available for staff reference, in the provider's absence. The person had lost weight. Staff told us this was because of their deteriorating health. Details of this and its management were not clearly detailed in the person's care plan. The provider told us they were aware of the current shortfalls with the care plans and would ensure these were addressed without delay.

Each person's daily records gave an account of any ill health, consultations by health care professionals and the tasks staff had performed. However, some entries did not detail follow up action which was required to ensure people's wellbeing. For example, one record stated "slept well despite a few moans when she was being repositioned". The reasons for the "moans" had not been investigated and the information did not explain what action had been taken as a result. Another record stated "X said her bottom hurt every time I

went up to her". There was no information to explain why the person's bottom hurt and what action had been taken to minimise their discomfort.

One relative told us they were "extremely happy" with their family member's care. They told us "the care is extremely impressive. The staff are amazing and they know my [family member] as a person. The staff have different skills which is good. My [family member] is very happy here. It's as near to a home as it can be". The relative continued to tell us they and their family member had been able to discuss their wishes regarding end of life care. The relative told us "it was hard facing up to facts but a relief we have it all sorted. X [the provider] was really good. We were given various options and encouraged to think about it. It's got such a nice, homely atmosphere here".

Is the service well-led?

Our findings

At the last comprehensive inspection on 14, 16 June and 4 July 16, we identified the service was not meeting Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because auditing systems were not effective in identifying and addressing shortfalls in the service. In addition, management systems were not always effectively undertaken. We issued a warning notice to ensure the provider made improvements. After the inspection, the provider sent us an action plan, detailing how they would address this area.

At this inspection, improvements had been made although further work regarding quality monitoring was required. The provider told us they had gained support and guidance from the local authority in order to develop the service. They said this had been extremely valuable in discussing ideas and pointing them in the right direction of what they needed to do. The provider told us in addition, they were planning to attend a workshop, which was aimed at providers who had not received the quality ratings they had wanted. They said the workshop was intended to enable providers to improve services and to ensure the required legal responsibilities were met. The provider told us they were committed to making the home better and felt the whole team had worked hard to implement change. A member of staff confirmed this. They told us "X [the provider] has taken everything on board. They've worked really hard to get things sorted".

The provider told us much of the work undertaken to meet regulation had been costly but had been required to ensure safety. They said the implementation of waking night staff was working well and people were finding the benefit of this. Other areas such as the refurbishment of the laundry room had improved infection control but also provided staff with a more pleasant area to work in. The provider told us they had ensured all shortfalls identified had been addressed although they were aware some areas required greater focus.

Following the last inspection, the provider had considered each area of service provision. They then devised a series of statements which demonstrated the standards they expected to be maintained. For the environment, this included "the home is carpeted throughout and centrally heated". However, the information did not assess the condition of the carpets such as whether they were worn or unclean or if the heating was effective. Similarly, with infection control, the provider had documented that guidance was available to ensure staff maintained good practice. They had not assessed if staff were applying this guidance. The quality auditing processes which had been developed were therefore not effective in assessing and improving the service.

The provider told us they had discussed quality auditing with the local authority. During these discussions, more formal auditing formats had been recommended and ways to do this had been explored. The provider told us since such discussion, they now felt equipped to make these changes and would do so without delay.