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# Westcotes Rest 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?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



### Overall summary

This inspection took place on 10 March 2015 and was unannounced.

Westcotes Rest Home is a residential care home which provides care and support for up to 20 older people who require personal care. Some of these people are living with dementia. At the time of our inspection there were 13 people using the service. One person was at the home for respite care. The service is located in Leicester, close to the city centre. The home is located on the main road and accommodation is provided over three floors.

There was no requirement for a registered manager to be in post at the time of our inspection. There was a manager and deputy manager in post at the service.

People's consent was not being obtained. We found that current legislation in relation to people's mental capacity was not being followed. Mental capacity assessments had not always been carried out where needed and no best interest meetings and decisions had been documented. This meant that people's human rights may not have

# Summary of findings

been protected at the service and that decisions about their care were being made without the legally required processes being in place to ensure the decisions were in their best interests.

We found that improvements were needed in relation to how people's risks were identified and managed at the service to ensure that people were receiving safe care.

We found infection control issues at the home. Some of the carpets and furniture needed replacing and there were strong, offensive odours in some areas of the home.

People felt safe and staff understood how and when to report any safeguarding concerns. However, some safeguarding incidents had not been reported as required.

Some systems were in place to monitor the quality of the service being delivered. Although audits were being carried out in relation to people's care plans, these did not always reflect changes to people's care needs. There were no audits carried out in relation to infection control. However, there were regular checks on the premises and in relation to people's medication.

There was no programme of activities in place for people using the service and we observed that some people sat for long periods of time with little or nothing to do. One person regularly accessed the local community as they were fairly independent, however, other people told us they would like more opportunities to take part in activities.

We found that nobody under the service was subject to a Deprivation of Liberty Safeguards (DoLS). We discussed this with the deputy manager who said they would review this to consider whether anyone using the service could be considered to require a DoLS.

We found that people's medication was being managed safely.

Staff told us that they felt supported and we found that staff were trained and supported to deliver care to people using the service. Staff treated people with dignity and respect and understood people's individual needs.

The service offered a choice of nutritious meals to people and people were adequately supported to eat and drink.

We found that there was a system in place to manage complaints and that there were sufficient numbers of staff to meet people's needs. Referrals were made to appropriate health care professionals.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which correspond to a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

# 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?

The service was not consistently safe.

Risks to people using the service were not always safely managed.

Steps had not always been taken to protect people from the risk of abuse and people were not being adequately protected from the risk of infection.

People's medication was being managed safely at the service.

There were sufficient numbers of suitably trained staff working at the service to meet people's needs and staff were safely recruited.

**Requires Improvement**



### Is the service effective?

The service was not consistently effective.

The provider was not meeting the requirements of the Mental Capacity Act 2005 to ensure that decisions about people's care and support were made in their best interests.

People were offered a choice of nutritious food in sufficient quantities and people were supported to eat and drink where required.

Staff were trained to deliver safe and effective care at the service and there was a system of regular supervisions for staff.

People's health needs were being monitored and responded to appropriately.

**Requires Improvement**



### Is the service caring?

The service was caring.

People's privacy was respected at the service. Staff treated people with respect and understood people's individual needs.

We observed that people were consulted in relation to the delivery of their care on a daily basis. There was limited evidence of people being involved in their care plans. However, people were able to choose how they spent their time, although there were few activities on offer for people.

Staff treated people with kindness and compassion and encouraged them to maintain their independence wherever possible.

**Good**



### Is the service responsive?

The service was not always responsive.

There was a lack of activities on offer for people using the service and we observed people seated for long periods of time with little or nothing to do.

Care plans and risk assessments were not always updated to reflect the individual needs of the people they related to.

**Requires Improvement**



# Summary of findings

## Is the service well-led?

There were some systems in place to monitor the quality of care at the service. However, the provider had not identified that people's risk assessments were not always as up-to-date and accurate as they could be and there were no infection control audits being carried out.

There were regular staff meetings at the service and management checks in relation to the premises, care plans and medication.

People and staff were happy to approach to the management team should they need to and staff felt adequately supported. There were opportunities for people to express their views about how the service was being run.

There was a system in place to manage complaints, however, incidents were not always appropriately logged and responded to.

## Requires Improvement



# Westcotes Rest 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 inspection was unannounced and took place on 10 March 2015. The inspection team consisted of two inspectors and an expert by experience. An expert by experience is someone who has personal experience of using or caring for someone who uses this type of service. Our expert by experience talked with people who used the service about their views of their care.

Prior to our inspection we reviewed the information we held about the provider. We looked at the statutory notifications we had received from the provider. These are notifications the provider must send to us which inform of deaths at the service, and any incidents that affect the health, safety and welfare of people who use the service.

We spoke with the local authority to seek their views on the quality of service provided. We also considered the inspection history of the service. We used this information to assist us in planning our inspection.

We received a Provider Information Return for this service and reviewed this information before we inspected. A Provider Information Return is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with seven people who used the service and observed staff supporting them in communal areas. We also spoke with the relative of a person using the service. We spoke with four staff members, the provider and the deputy manager.

Some of the people using the service had dementia and therefore not everyone was able to tell us about their experiences. 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 reviewed four people's care records including care plans and risk assessments. We looked at staff training, and staff recruitment records. We also looked at records in relation to the management of the service.

# Is the service safe?

## Our findings

A safeguarding policy was in place at the service and staff had received training in how to protect people using the service from abuse. Staff understood how to identify abuse and how to report this when necessary. However, we found that some safeguarding incidents which had taken place at the service had not been reported to the local authority or to CQC as required. This meant that the provider had not taken all reasonable steps to protect people using the service from abuse. We found that one incident involving a person using the service had not been reported to the local authority or the CQC despite it being investigated by the provider. This incident involved possible harm experienced by the person using the service and should have been reported to the relevant authorities. Another person using the service told us that they had reported a possible incident of abuse, however, this had not been reported to CQC or to the local authority. This may have put people at risk as they were not being adequately safeguarded at the service. We raised our concerns about this to the deputy manager during our inspection who told us they would address this.

This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During our inspection we looked around the communal areas of the service and also looked at the bathrooms and some people's individual bedrooms. During our inspection we identified a number of concerns in relation to the cleanliness of the service. We found offensive odours, particularly on the second and third floor of the home and made the deputy manager aware of these. We found that carpets were worn and stained in one of the communal lounges and in some of the hallways of the service. We found one bathroom and two bedrooms on the second floor to have very strong offensive odours and one of the hallways on the third floor. We found some of the furniture in one of the communal lounges to be stained and worn, which would have prevented effective cleaning and noted that some of this furniture smelt unpleasant.

There was an infection control lead at the service and we saw that cleaning audits were undertaken, however these checks had not identified the concerns we found

throughout our inspection. The home was not being cleaned to an acceptable standard and people were at risk of infection as a result. There were no infection control audits taking place at the service and we did not find the home to be in a clean and hygienic state at the time of our visit.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12(2)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some risks to people who used the service were appropriately assessed and managed. We looked at care records for people who were using the service and found they included risk assessments which identified potential risks to people's health or welfare. These risk assessments were different for each person as they reflected their specific risks and detailed the action that should be taken to minimise the risk. There were systems in place to assess risks to people safety in relation to the delivery of their care. However, we found no risk assessments in place for one person who was at the service for respite care. This person's care was not being planned to ensure their safety due to the lack of risk assessing in relation to their care. This person was at risk of self-neglect and at risk of falls, however, no clear guidance was in place on how to manage this. We raised a safeguarding concern in relation to this person as we were concerned about their well-being.

People told us that they felt safe at the service and were positive about the staff caring for them. One person said, "I'm well looked after, I look after my own money, and I have nothing I need."

We found that there were sufficient numbers of staff working at the service. There was a dedicated member of staff in the kitchen to prepare meals for people using the service. There was a deputy manager on duty during our inspection and three care workers. We spoke with staff about staffing levels and they told us that they were able to meet people's needs. One staff member said, "Because it's small you can spend time with people." Another staff member commented that, "It works well." During our inspection we observed that staff were available at the times that people needed them, in order to meet their needs.

## Is the service safe?

Some people using the service told us that they felt there were enough staff to meet their needs and that their call bells were answered promptly. Others felt that staff numbers could have been improved on. One person told us, "If I need some help, I need to press my buzzer two or three times, they come when they can." Another person said, "No I don't have to wait too long." Although some of the people we spoke with told us that the service would benefit from more staff, we observed people receiving care as required by the staff on duty during our inspection.

We reviewed staff recruitment records for five staff working at the service. We found that staff were recruited safely at the service and that the provider met the requirements for staff recruitment. This meant that staff suitable to work with people who used the service were appointed.

We looked at how medicines were being managed at the service. We observed a medication round being carried out by a care worker who was trained in administering medication. We found that medication was being administered safely to people and that people were getting the medication they required when they needed it. The service had an appropriate fridge to store medicines that required to be kept cool. We looked at the temperature recording for this fridge and found that this was being done regularly. Medication audits were carried out by the manager to identify any medication error or omissions. People medicines were being managed safely. People using the service told us that their medication was administered to them safely.

# Is the service effective?

## Our findings

At this inspection we looked at four people's care plans. We did not see that people were consenting to their plans of care at the service on an on-going basis. We found that where people may have lacked the mental capacity to consent to their plan of care, no mental capacity assessments had been carried out in relation to decisions about their care at the service. We did not see that best interests meetings were being held for people in relation to decisions about their care. People's representatives were not agreeing to their plans of care where this would have been appropriate.

This meant that decisions about people's care had not been made with them or with people who represented them. It was not clear from looking at people's care records how decisions had been made and who had been consulted in relation to these decisions when the person lacked the capacity to consent. We did observe staff consulting with people when delivering their care although people using the service we spoke with were not clear about the contents of their care plan. The principles of the Mental Capacity Act 2005 (MCA) had not been followed at the service.

We found that consent to people's care was not being obtained at the service. People's mental capacity was not being assessed and the provider was not meeting the legal requirements of the MCA. There were people using the service who may have lacked the mental capacity to make decisions about their care and treatment and this was not being managed in line with legal requirements at the service.

This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us, and we saw records which confirmed, that they had received training in dementia care, moving and handling, fire safety, infection control and safeguarding, amongst others. Staff we spoke with felt adequately trained and skilled in their roles and we observed staff moving and handling people safely and observed them speaking to people respectfully. This reflected the training they had received.

We reviewed records of staff supervisions and appraisals during our inspection. We found that supervisions were carried out regularly and that they provided an opportunity for staff to raise any concerns or issues they may have. We did not see evidence of appraisals taking place at the service. We were told following our inspection that these were carried out on an annual basis by the manager in post at the service. Staff felt supported by the manager and told us that they could approach them should they need to.

We looked at how people were supported to eat and drink at the service to ensure that people were receiving a balanced, nutritious diet. We spoke to the cook on duty during our inspection and looked at the food stocks at the service. The cook explained that meal options were given to each person each morning and they were assisted to make their choice of meals for the day then. There were no pictorial aids used at the service to assist people in this process and we found that some people may have benefitted from this due to their condition. There was a choice of meals each day and we found that there was fresh fruit and fresh vegetables for people.

We observed lunch-time at the service and found that people were supported with their food and drink. The dining room offered a pleasant dining experience for people and people appeared to enjoy their meals. We asked people about what they thought of the food on offer at the service. One person said, "They always give me what I want and what I can eat." Another person told us, "It's excellent, the food is excellent, it's varied, even get curries." We saw a varied menu on offer each day which gave people a nutritious choice of meals. People were offered drinks throughout the day and cold drinks were readily available for people in the communal areas of the home.

We saw that people's physical and mental health needs were being monitored and responded to when needed. Referrals had been made to health professionals, such as dieticians and the district nurse, where necessary and people and their relatives told us their health needs were responded to. The relative of someone using the service told us, "They were so understanding, kept us really informed. They couldn't have been better if they'd tried." They went on to say, "The GP's in and out."

## Is the service effective?

We found that nobody at the service was subject to a Deprivation of Liberty Safeguard (DoLS). We discussed this with the deputy manager who said they would review this to consider whether anyone using the service could be considered to require a DoLS.

# Is the service caring?

## Our findings

Staff displayed a kind and caring approach to people using the service. People spoke positively about the staff who cared for them. The relative we spoke with told us, “They all love him and he loves them. It’s like a big family.” People who used the service described how they were treated with respect by staff. One person told us, “They respect me and they’re kind.” Another person told us, “Sometimes they sit down and talk to me, now that’s nice, if they have a bit of time to spare they come and sit down and talk to me.”

We observed staff treating people with respect when delivering their care and saw that they assisted people where necessary. People were encouraged to do the things they were still able to in order to maintain and encourage their independence.

We reviewed care plans during our inspection and looked to see whether people were involved in the planning and delivery of their care. We found that there was little evidence of people’s involvement in the care plans we reviewed. People we spoke with were not familiar with the contents of their care plans. However, people were consulted on a day to day basis about the delivery of their care as we observed this happening during our inspection.

Some people using the service were fairly independent and they described being able to decide on how they spent

their time and how they had their care delivered to them. People were given choices on a daily basis about their care delivery. Staff we spoke with told us about the importance of choice for people. One staff member said, “I always talk with the residents and I always give them choices.” We saw that people lived in a relaxed atmosphere and care was provided when and where they wanted it. One person told us, “I’m quite happy with my own space, I am completely self-sufficient, I shave myself and the care staff get out my clothes in the morning, they’re very good.” Another person said, “I can go in the kitchen and make a cup of coffee and go up and downstairs by myself.”

People’s privacy was respected at the service and people had space to be able to spend time alone with relatives. People were able to go to their bedrooms whenever they chose and some people chose to spend much of their time in their rooms. The rooms we looked at were comfortable and filled with people’s personal possessions. We were told that people were able to choose how they spent their time and how they had their rooms decorated.

People told us that communication at the service was good and that they felt they could express themselves freely. People described having key workers which enabled those staff to have an in-depth understanding of people’s care needs and people spoke about being able to express their views to them when they needed to.

# Is the service responsive?

## Our findings

During our inspection we looked at how people spent their time and found that there were very few structured activities for people to be involved in. There was no activity schedule in place and no activities were taking place during our inspection. We observed people sitting for long periods of time with little to occupy them. Some of the people we spoke with expressed that they would have liked more activities to be in place. One person said when we asked them about the activities on offer, “Not a lot, usually we sit watching the TV. I would prefer to have activities.” One staff member commented that, “There could be more things to do with the residents.” One person using the service did go to a day centre twice a week and some people were taken out into the community when staff were available. However, there was not a regular programme of activities which people may have been interested in taking part in at the service.

We found that some of the people we observed were often not engaged in any activity due to their condition. We raised this with the deputy manager at the end of the inspection who told us that they would look into a programme of activities to engage people using the service more.

We looked at people’s care plans and found that these contained relevant information about people’s health and care needs. We saw that these plans and risk assessments were regularly reviewed. However, we did note that some of the reviews lacked details for staff on changes to people’s conditions. This meant that staff did not always have a clear and accurate view about the person they were caring

for and the care records were not as up-to-date as they should have been. We raised this with the deputy manager at the end of our inspection who said they would look into this.

We found some evidence of people’s involvement in their care plans where people were able to. People’s personal preferences were recorded in the care plans we looked at and reflected that people had been consulted about how they would like their care to be delivered. However, we could not see how people were involved in their care plan on an on-going basis. For example, when their care plans were reviewed. However, staff had a good understanding of people’s individual needs and this was evident in the way that staff interacted with people using the service.

People we spoke with described being able to express their views at the service and told us that they felt comfortable raising issues with the staff and manager should they need to. One person told us, “Well if we have any complaints I guess we can tell them (care workers) about it, but we don’t have any.” Another person said, “If you want to talk to the manager, she would come down to talk with you, whatever you want to know the girls will get to know for you and come and let you know.” People were asked for their views on the service through a survey given to them on a regular basis and we saw that staff listened to people and respected their choices and their opinions. There was a complaints policy in place at the service.

We looked at the complaints records at the service and found that all complaints were logged and dealt with. Complaints had been responded to and actions recorded to address any issues raised.

# Is the service well-led?

## Our findings

We looked at the way in which accidents and incidents were reported at the service and found that these were sometimes logged as complaints. This meant that trends and patterns in relation to incidents could not always be accurately monitored to ensure people's safety. We raised this with the deputy manager who told us that they would look into this. We found that one incident had involved the service making a report to the Police. This incident had not been notified to CQC as required. We raised this with the deputy manager during the inspection who assured us that this would be addressed and that future incidents would be notified as required.

Staff spoke positively about working at the service and told us that they were supported by the manager. Staff told us that they enjoyed working with the people who used the service and described knowing them well. Staff told us that they worked well as a team and that they could approach the manager if they had any issues. One staff member said, "I've learnt a lot from the manager and the staff." Another staff member told us, "I like this place. I like the residents and the staff and it's very friendly." We found a supportive staff team who operated in an open and inclusive culture.

There were regular staff meetings held at the service and we saw evidence of staff supervisions. Staff had the opportunity to express their views about how the service was being run. Staff knew the people who used the service well and there was good communication between people who used the service and staff.

We saw that people were regularly asked for their views on how the service was run.

We found that management checks were in place at the service. We saw that care plan and medication audits were taking place, as well as regular health and safety checks on the premises. However, although we found that regular cleaning audits were carried out we did not find that the service was in a clean and hygienic state. We found

furniture and carpets to be malodorous and there were strong, offensive odours in some parts of the home. There was no infection control audit completed on a regular basis. The service was not being effectively monitored in relation to the reducing the risk of infection and was not found to be in a clean and hygienic state when we inspected it.

Accidents and incidents were being recorded at the service. We asked to see how these were being analysed to ensure that any patterns or potential causes were identified. We were not shown any evidence of this during our inspection and staff we spoke with were not aware that this was done. However, following our inspection the manager in post at the service informed us that this was done and that regular audits took place in relation to accidents and incidents. We found that the complaints file contained records of incident and accidents at the service which had been filed as complaints. Some of the incidents recorded as complaints did not constitute complaints. This may have meant that some of these incidents were not being picked up and monitored as they should have been to ensure people's safety. We raised this with the deputy manager during the inspection who told us that the complaints file would be reviewed.

People we spoke with told us that they would be happy approaching the management of the service should they need to. People felt that the service was well managed and that any issues could be raised. One person responded, "Yes, I can talk to them anytime, and the staff bring me a drink, we get encouraged to talk all the time, call each other names for a laugh." A relative we spoke with said, "I have no concerns whatsoever and if I did I would definitely raise them."

We found that the service had a homely feel and that people were able to make choices about how they spent their time where they were able to. People had personalised living spaces and staff understood their needs. However, there was a lack of activities on offer for people and little for people to occupy their time.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

**The provider had not responded appropriately to allegations of abuse. Regulation 13 (3)**

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

**The provider was not protecting people from the risk of infection as the premises were not being maintained to an appropriate standard of cleanliness and hygiene. Regulation 12 (2) (h)**

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

**Where people did not have the capacity to consent, the service had not acted in accordance with legal requirements.**

**Regulation 11 (3)**