WCS Care Group Limited

Drayton Court

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Drayton Court is a residential care home providing accommodation and personal care to up to 45 people. The service provides support to older people and people with dementia. At the time of our inspection there were 44 people using the service. Care is provided over three floors. Each floor has different themed décor with communal lounges, dining areas and a kitchenette.

People's experience of using this service and what we found
Improvements continued to be needed within the provider's governance systems to ensure people received high quality care. Although the provider had systems and processes to check the safety and quality of the service, oversight of some risks to people's health and wellbeing was not always effective.

We found no evidence people had been harmed but some risks to people's health had not always been assessed or monitored. Where risks were identified, records were not always accurately updated to reflect changes.

Records did not provide assurance people received their medicines as prescribed. Where discrepancies in stock levels were identified, it was not always clear what action was taken to investigate the errors or ensure the person's health was not adversely affected. Some people had medicines that could be given when required to reduce short term conditions such as anxiety or pain. Records were either not in place or did not contain enough information to support staff to know at what point to administer these medicines.

There were enough staff to keep people safe. However, there were particular times of day where staff could not provide timely, high quality care. The recruitment process continued to ensure staff were suitable for their roles by conducting relevant pre-employment checks.

People told us they felt protected from the risk of abuse and staff understood their safeguarding responsibilities. 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.

The home was clean, and staff followed good infection control processes. The home was facilitating visiting in line with government guidance.

A new manager had been recently employed and was committed to driving forward improvements at the home. People and staff spoke positively about the new manager. The provider recognised the importance of being open and honest when things went wrong. Learning from incidents was used to educate staff to prevent reoccurrence.

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

Rating at last inspection and update
The last rating for this service was requires improvement (published 16 July 2019) and there was a breach of the regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected
The inspection was prompted in part due to concerns received about risk management. A decision was made for us to inspect and examine those risks.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

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

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safe care and treatment and good governance. 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 and meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Drayton Court

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 Health and Social Care Act 2008.

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
Two inspectors and an Expert by Experience completed this inspection. 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
Drayton Court is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Drayton Court is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post. The new manager was in the process of applying to become registered.

Notice of inspection
This inspection was unannounced.

What we did before inspection
We sought feedback from the local authority and professionals who work with the service such as Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with five people who used the service and five relatives about their experience of the care provided. We spoke with nine members of staff including the new manager, the service manager, the director of quality and compliance, a care co-ordinator and five care workers. We reviewed a range of records. This included five people's care records and three people's medication records. We looked at one staff file in relation to recruitment. A variety of records relating to the management of the service were also reviewed.

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 our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained 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.

At our last inspection, systems and processes were not effective in assessing and monitoring the risks relating to the health, safety and welfare of people. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12

Assessing risk, safety monitoring and management; Using medicines safely

- We found no evidence people had been harmed but some risks to people's health had not always been assessed or monitored. For example, there was no risk management plan for one person with diabetes. This meant there was no guidance for staff on how to identify risks associated with their diabetes care or what action staff should take if any problems occurred.
- Records did not always demonstrate care plans for people at risk of skin damage were followed. For example, one person's care record stated they should be re-positioned every two hours, to reduce the risk of skin breakdown. Records showed frequent gaps in excess of two hours between repositioning for this person. Another person's care record did not describe the frequency of re-positioning to prevent skin breakdown but stated 'regularly'. This meant staff lacked the guidance they needed to support this person safely. Records showed this person was not repositioned on one occasion for 20 hours. Despite this, people's skin remain in good condition.
- Some people required a pressure relieving mattress to reduce their risk of skin damage. We found two mattresses were set too high for the person's individual weight which placed them at increased risk of skin breakdown.
- One person was at risk of losing weight and records instructed staff to offer this person a fortified diet with nourishing snacks and a drink of milk between meals. Although records evidenced that on some days, these instructions were being followed, on other days, there were no records that this healthcare professional advice was being followed. Despite this, the person's weight remained stable.
- Where risks had been identified, records were not always accurately updated to reflect changes in people's health. For example, one person had lost weight and their nutritional risk assessment had been updated to reflect this increased risk. However, the impact of the person's weight loss was not accurately reflected in other risks such as their skin integrity care plan.
- Another person was prescribed thickened fluids but the reason for this was not recorded in the person's care records. Thickener is usually prescribed to mitigate the risk of aspiration and choking, but this risk was not assessed in care records.

● The electronic medication administration record (EMAR) did not provide assurance people received their medicines as prescribed. We checked three people's medicines and found stock discrepancies in each. The amount of medicines recorded differed from what was in stock.
● Where medicine audits identified discrepancies in stock levels, it was not always clear what action was taken to investigate the errors or ensure the person's health was not adversely affected.
● Some people were prescribed topical creams. Records showed where these needed to be applied and when. However, the date of opening had not been always recorded in accordance with good practice. This is because some topical creams are subject to environmental contamination and have a shorter expiry date once opened. Gaps in application charts of topical creams meant the provider could not be assured they were always applied as directed.
● Some people had medicines that could be given when required to reduce short term conditions such as anxiety or pain. Records were either not in place or did not contain enough information to support staff to know at what point to administer these medicines. The care co-ordinator had already identified this issue and had started to implement these during our visit.

We found no evidence people had been harmed, but systems had not been established or embedded to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Despite this, we received positive feedback from relatives about people's safety. One relative told us, "I am a bit more reassured now that [person] is safe and [person] is certainly having less falls" and, "It's nice to know [person] has 24 hour care and there is someone around if they need anything. There is a dramatic difference with their wellbeing."

Learning lessons when things go wrong
● Staff understood their responsibility to report and record accidents or incidents. These were reviewed to identify patterns and trends to prevent re-occurrence. For example, one person had a recurrent fall. Through the provider's analysis, they identified a piece of assistive technology for this person which reduced their number of falls.
● Prior to our inspection, one person had sustained a serious injury from a scald. The provider completed a robust investigation and used learning from this incident to improve standards of care across the provider group.

Staffing and recruitment
● Overall, there were enough staff to keep people safe. However, staffing numbers meant there were certain times of day when people did not receive their care in a timely way. During our visit, some call bells changed to the emergency tone before being answered and staff did not always maintain a presence in communal areas.
● Staff told us there were particular times of day where there were not enough staff. One staff member told us, "There are not enough staff at certain points in the day. On each floor there are only three carers and, in the morning, one of us does the medication which leaves the other two staff to get people up. Most people need two staff so who is keeping an eye on everyone else or answering call bells."
● People did not share any serious concerns about the staff response times when they needed assistance. One person told us, "If they are not in action with other people, they come directly but if they are looking after someone else you have to wait your turn."
● We discussed this with the new manager who told us, "We will be reviewing the workforce model with WCS care and internally we will be assessing how the duty manager support's the team at the pinch points."

● The recruitment process continued to ensure staff were suitable for their roles by conducting relevant preemployment checks. This included Disclosure and Barring Service (DBS) checks which provided information about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse
● People told us they felt protected from the risk of abuse. Comments included, "I feel safe here. The staff give me confidence" and, "The carers try hard to please us."
● Staff understood their responsibility to keep people safe. One staff member told us, "Safeguarding is making sure the residents are safe from any harm. Whether it be from their environment, other residents, staff or other people they know. Believe me, if I were to see anything, I would report it. They [provider] would always act. But if they didn't, we can come to you, CQC."
● The provider and new manager understood their safeguarding responsibilities and made appropriate referrals to the local authority where necessary.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

● Staff were working within the principles of the MCA and where needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

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 using PPE effectively and safely.
● We were assured that the provider was accessing testing for people using the service and staff.
● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
● 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.

Visiting in care homes
● The home was facilitating visiting in line with government guidance.

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 our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained 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

- At our last inspection, improvements were needed within the provider's governance systems to ensure people received high quality care. Checks on people's care records had not always identified where some people's health needs had not been assessed.
- At this inspection, improvements were still needed. Although the provider had systems and processes to check the safety and quality of the service, oversight of some risks to people's health and wellbeing was not always effective. For example, people at risk of skin breakdown were not always supported in accordance with their care plan. Pressure relieving mattresses were not always on the correct setting and there was inconsistent recording of foods recommended by healthcare professionals being encouraged for people at risk of losing weight. One risk management plan for a person with diabetes was also not always in place.
- Medicines checks did not ensure people were given their medicines as prescribed. Where errors had been identified, it was not always clear what action was taken to investigate the errors, or ensure the person's health was not adversely affected.

We found no evidence that people had been harmed. However, the above issues demonstrate 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

- A new manager had been recently employed and was committed to driving forward improvements at the home. Staff spoke positively about the new manager and told us they had already started to notice positive changes. One staff member told us, "She is very visible, and her enthusiasm will be good for the home."
- The new manager was positive about the support they received from the provider and understood their regulatory responsibilities. Care co-ordinators were allocated to each floor and knew people well. They supported the new manager with the day to day running of the home.
- Care co-ordinators led by example and promoted a person-centred culture within the home. We saw various examples of where the care co-ordinator had supported different members of staff to improve their practice. One relative told us, "[Care co-ordinator] seems to have a good relationship with [person] and seems to have good results with her."
- Following the easing of restrictions imposed by the COVID-19 pandemic, the provider was keen to re-

establish people's links with the wider community in which they lived. Some people were attending a local community centre to participate in activities there and others were being supported to do their shopping in local shops.

● There was a commitment by the provider to ensure people experienced new opportunities and lived their lives well. People had regular opportunities to go into the community to pursue interests meaningful to them. For example, one person had a keen interest in gardening and took the lead responsibility of developing the homes garden by visiting the garden centre and planting flowers.

● The provider had improved the homely environment and invested time to ensure it reflected people's lifestyle choices. The environment gave people areas of interest to socialise together and engage in activities of interest to them.

● Staff told us they felt valued. The provider had recently been accredited with an award in recognition of their commitment to the development of staff within their organisation.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

● Where appropriate, relatives were involved in people's care and spoke positively about communication from the home. One relative told us, "Everything I need to know, the home will answer. If they can't answer straight away, then they will find out and get straight back to me. There is a website where they post newsletters and you can see what's going on." Another relative commented, "They [staff] keep me informed with changes to [person's] welfare."

● Staff told us they had regular handover meetings to share important information about people and to discuss any ideas they may have to make improvements to the service.

● Staff worked with other agencies to improve people's experience of care. These included health and social care professionals.

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 recognised the importance of being open and honest when things went wrong. Learning from incidents was used to educate staff to prevent reoccurrence.

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 12(2)(a) Providers must assess the risks to the health and safety of service users of receiving the care or treatment 12(2)(b) Providers must do all that is reasonably practicable to mitigate any such risks 12(2)(g) Providers must ensure the proper and safe management of medicines;

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance 17 (2) (b) Providers must assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity