Consensus (2013) Limited

Weston Villa

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service
Weston Villa is a residential care home providing personal care to eight people in two separate buildings at the time of the inspection. The service can support up to eight people.

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

Right support
• Improvements were required to ensure people could develop, flourish and pursue their interests.
• Improvements in medicines management were needed so people could be supported with their medicines safely and in the way they preferred.
• Staff enabled people to access specialist health and social care support but not always in a timely manner.
• A programme of re-decoration was underway to improve the cleanliness and homeliness of the service.

Right care
• Staff understood how to protect people from poor care and abuse. Refresher training and competency checks in some areas were being undertaken to ensure staff were up to date with the skills and knowledge required to provide optimal care and support.
• Staff and people assessed the risks people might face. Improvements were required to ensure people always received safe care and treatment. Where appropriate, staff encouraged and enabled people to take positive risks.
• Aspects of infection prevention and control required strengthening to ensure people always received the right care to keep them safe.
• The staff team worked together to ensure people received kind and compassionate care. Turnover in the staff team meant some staff did not yet know people well.

Right culture
• People and those important to them, including relatives and social care professionals, were involved in planning their care but communication was not always effective.
• The previous manager had not always promoted an open and person-centred culture for people living in the service. The staff team were keen to re-establish good practice for the benefit of people and those important to them.
• The interim manager was working hard to stabilise the service and staff team, and implement improvements following an action plan.

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

Rating at last inspection
The rating at the last inspection was good (published 2 June 2021).

Why we inspected
We undertook this inspection to assess that the service is applying the principles of 'Right support right care right culture'.

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 found some concerns about infection prevention and control practice so broadened the inspection to look at the key questions Safe and Well-Led.

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 changed from good to requires improvement based on the findings of this inspection.

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 the governance arrangements in the service, and people receiving safe care and treatment.

Follow up
We will 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.

Weston Villa

Detailed findings

Background to this inspection

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

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

Inspection team
The inspection was undertaken by one inspector. Two visits were made to the service. Phone calls were also made to relatives to gain their feedback.

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

The service did not have a manager registered with the Care Quality Commission. This means the provider is 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 on the first day and announced on the second day.

What we did before inspection
We reviewed information we had received since the last inspection. We contacted the local authority for information about the service. The provider was not asked to complete the required Provider Information Return. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to make. We took this into account in making our judgements in this

report.

This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We communicated with two people who used the service and relatives of six people about their experience of the care provided. Some people were unable to talk with us and used different ways to communicate including signs, pictures, gestures, vocalisations and body language. We also observed people and their interactions with staff and each other throughout the inspection visits.

We spoke with seven members of staff including the interim manager, new manager, operations manager, team leaders and support staff.

We used the Short Observational Framework for Inspection (SOFI) and spent time observing people. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records and three medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including quality assurance audits were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We received information on training, and further evidence of quality assurance checks.

Requires Improvement

Is the service safe?

Our findings

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

At the last inspection this key question was rated good. At this inspection this key question has now deteriorated to 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.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- Risk assessments and safety monitoring required strengthening. For example, one person was at high risk of infection. Records of regular observations of wounds to check for infection as recommended in the recent risk assessment were not kept. Information about choking risks contained discrepancies so staff did not have all of the correct information available to ensure the person was safely supported. The interim manager confirmed a full review of all care and risk support plans was underway.
- People were at risk of harm in the event of a fire or emergency building evacuation. Personal evacuation plans were not easily accessible, and some were out of date. Not all fire exits had appropriate signage. Health and safety checks including weekly fire alarm tests had lapsed, records showed they had not taken place for several weeks. The interim manager acted immediately when these issues was brought to their attention.
- The service did not always use effective infection, prevention and control measures to keep people safe. For example, we found concerns with the use and safe disposal of personal protective equipment, documenting cleaning tasks and ensuring staff were 'bare below the elbows' during any infection outbreak. Some areas of the service required refreshing and new flooring to improve infection prevention and control measures. The interim manager had started to implement improvements prior to the inspection and took immediate action on issues brought to their attention.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The interim manager recently started in post and had already identified the key areas of concern found during this inspection. They had developed an action plan and were working to stabilise the service and staff team, and also to start implementing and driving improvements in all areas. Follow up action was taken immediately by the interim manager throughout the inspection.

- The interim manager was working with people and staff to promote people's independence through positive risk taking. For example, one person recently started to go for short walks with one member of staff instead of two. Staff were developing skills in assessing when this was safe and suitable for the person to ensure their safety, and the safety of staff.
- The service tested for infection in people using the service and staff.
- The service promoted safety through the layout of the premises.

● The service's infection prevention and control policy was up to date.
● The service supported visits for people living in the home in line with current guidance.
● Relatives provided mixed feedback about the care and safety of their loved ones. One relative said, "I don't have any concerns about day to day care of [Name] but management and poor communication are the main issues." Another relative told us, "I've always been happy with the care. I'm positive, I hope they will pull their socks up and put in place all the things they have said they will."

Staffing and recruitment
● There was a high turnover of staff recently which meant some experienced staff had left the service. Recruitment was ongoing and a number of new staff were due to start work. A high number of staff were absent due to contracting COVID-19 at the time of inspection. The remaining staff team had pulled together and worked over and above their contracted hours to ensure people's care and support needs continued to be met.
● People and their families were negatively affected by the staffing issues. One relative told us, "There has been a huge turnover of staff. [Family member] needs stability, we see them regressing in all areas, it's the lack of consistency." Another said, "They do as well as they can given the staffing issues, they work really well with [relative's name]."
● The interim manager was reviewing staffing and funding arrangements to ensure people consistently had enough support to receive safe care and also undertake a range of activities they wanted to participate in. Agency staff did not usually work in the service but at the time of inspection some agency workers were in place to ensure safe staffing numbers were maintained.
● The provider followed safe recruitment practices. This meant checks were carried out to make sure staff were suitable and had the right character and experience for their roles.

Using medicines safely
● Medicines processes and practices were not always safe. The interim manager had already undertaken a full audit, identified the issues we found on inspection and was working to address these. This included all staff undertaking refresher training and competency checks. Reviews of people's medicines with their GPs was also being arranged to ensure people were prescribed the correct medicines and their behaviour was not controlled by excessive and inappropriate use of medicines.
● Staff did not always follow safe practice in medicines storage and administration. For example, medicine administration records (MAR) were not always signed and staff did not follow national best practice guidance when writing MAR. When creams were used there were no body maps showing where it should be applied. Assessments of 'when required' medicines were lacking in detail. Assessment reviews of people who could take their medicines independently were overdue. This meant people were at risk of not receiving their medicine correctly, placing them at higher risk of physical harm.

Learning lessons when things go wrong
● Improved processes to record and follow up accidents, incident and charts which recorded when people expressed emotional distress had recently been introduced by the interim manager. This included effective managerial oversight. These processes required embedding and sustaining in practice.
● Prior to the arrival of the interim manager, there was no evidence of reviews or analysis taking place of accidents, incidents and charts to consider any themes, patterns or trends. Lessons were not being learnt to reduce the risk of something similar happening again, which placed people at heightened risk of receiving unsafe care.

Systems and processes to safeguard people from the risk of abuse

● Staff had training on how to recognise and report abuse. The interim manager was arranging refresher training for all staff to ensure good practice was always followed in this area.
● The interim manager kept clear records of any safeguarding concerns and completed investigations when required. For example, they recently liaised with the local authority to report and follow up on a concern about one person's medicines. The person's relative told us, 'Yes I am satisfied with how it has been dealt with.'

Requires Improvement

Is the service well-led?

Our findings

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

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was limited documentation available to show effective quality assurance processes took place in key areas such as health and safety, and infection prevention and control. Issues which had been identified had not always been followed up in a timely or effective way.
- Processes to ensure management oversight of people's care records including risk assessments, support plans, accidents and incidents, and events of emotional distress were in place but had not been used effectively. This included oversight of associated processes such as safeguarding referrals, notifications to CQC and learning lessons when something went wrong. People had been put at higher risk of unsafe care or care which did not meet their needs.
- Management of people's medicines was not always safe. Throughout 2021 audits took place infrequently so the issues we found had not been identified and remedied. The interim manager completed a full medicine audit shortly before our inspection. An action plan was in place confirming actions and improvements needed.
- Staff shared similar views about the management of the service. We also reviewed the last staff survey results which contained mixed feedback. One staff member told us, "I was going to leave, but now I'm staying. I can see things taking shape, can see things starting to get done. I feel really positive. Staff are feeling much more supported than before."
- Relatives shared mixed views about how the service was run. There were common areas of concern around poor communication and information sharing between the staff team and themselves which impacted negatively upon their experience of the care their relatives received. However, some relatives were very happy with all aspects of management and communication.
- There were gaps in records showing when staff had received support through one to one supervision, and minutes from team meetings. The provider could not be assured staff were sufficiently supported to perform their roles optimally, particularly when there were a number of newer and agency employees in the service. This was being rectified by the interim manager with the support of the team leaders.
- The previous manager had not promoted an open or person-centred culture in the service. People were not always enabled to develop and flourish, the environment required improvements to make it fresh and homely, and there was a negative impact on people due to the high turnover in the staff team. The provider and interim manager were committed to making improvements in all areas.

We found no evidence that people had been harmed however, people were at raised risk of harm due to

poor management oversight until recently. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had not been well-led and many aspects of effective managerial oversight had lapsed. The previous manager recently left and an interim manager from another of the provider's services was working at pace to stabilise the service and identify the full extent of improvements required in an action plan. They were open and transparent throughout the inspection and keen to drive improvements to benefit people living in the service. A permanent manager had been appointed from another of the provider's services, and was due to start work.

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

● Systems were in place to support open and transparent working but were not always used effectively. The provider and interim manager were committed to re-establishing good practice in this area.

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

● There was a lack of records to show team meetings regularly took place for all staff. This meant opportunities to discuss issues and receive information were missed. When there was a high turnover of staff it was important to have a forum for information to be shared and discussed.

● Systems for one to one key working systems with people living in the service, and house meetings so people could share their views and be involved in the running of the service were in place but there was a lack of consistent records of these.

● The management team and staff were working in partnership with health and social care professionals involved in monitoring and providing care and treatment for people using the service.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Effective systems were not in place to identify and address health and safety risks. People's risk assessments required strengthening to ensure staff provided safe care and treatment.

The enforcement action we took:

We issued a Warning Notice and gave the provider a short timescale to make improvements.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider could not assure themselves the service was well run. Quality assurance and audit processes to assess the quality of care and drive improvements of the service had lapsed and required re-establishing in key areas.

The enforcement action we took:

We issued a Warning Notice and gave the provider a short timescale to make improvements.