

Leisure Care Homes Limited

# Westcotes Residential Care Home

## Inspection report

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Skegness  
Lincolnshire  
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Tel: 01754610616

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21 March 2017

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

# Summary of findings

## Overall summary

We carried out an unannounced comprehensive inspection on 28 June 2016. Breaches of two legal requirements were found. After the inspection, the provider wrote to us to say what they would do to meet the legal requirements in relation to the breaches.

At the last inspection on 28 June 2016 we found that the provider was not meeting the standards of care we expect. This was in relation to the upkeep of the premises and having care plans in place for all people who used the service.

We undertook this focused inspection on 21 March 2017 to check that they had followed their plan and to confirm they now met the legal requirements. During this inspection on the 21 March 2017 we found the provider had made improvements in the areas we had identified.

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 Westcotes Residential Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Westcotes Residential Care Home provides care for people who require personal care. It provides accommodation for up to 17 people. At the time of the inspection there were 16 people living at the home.

There was a registered manager in post. 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.

On the day of our inspection we found that the registered provider had made some significant improvements to the premises and now had a system in place to ensure the upkeep was maintained. There were care plans in place for each service user and a specific format for those only using the home as a short term care provision.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

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

This meant that the provider was now meeting legal requirements.

A system was in place to ensure the wishes and needs of people were taken into consideration when refurbishing the premises.

A system was in place to ensure the premises were maintained to a suitable standard.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

**Requires Improvement** ●

### Is the service responsive?

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

This meant that the provider was now meeting legal requirements.

Each service user had a care plan in place, which was being reviewed on a regular basis or as their needs changed.

Improvements had been made to the premises and there was a system in place to ensure the upkeep was maintained.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

**Requires Improvement** ●

# Westcotes Residential Care Home

## **Detailed findings**

### Background to this inspection

We carried out an unannounced focused inspection on 21 March 2017. This inspection was completed to check that improvements to meet two legal requirements had been met. This was in regard to the premises being maintained to a suitable standard and each service user having a care plan in place. Improvements were planned by the provider after our comprehensive inspection on 28 June 2016.

We inspected the service against two of the five key questions we ask about services; is the service safe and is the service responsive. This is because the service was not meeting legal requirements in relation to those sections.

The inspection was undertaken by a single inspector.

During our inspection we toured the premises. We spoke with four people who use the service, a relative, three care workers, a member of the domestic staff and the registered manager. We also spoke with the registered provider. We looked at records which included a report from commissioners of services, maintenance records, the fire risk assessment, cleaning schedules, audit reports and four care plans.

# Is the service safe?

## Our findings

At our previous inspection on 28 June 2016 we identified that people were living in an unsafe environment as the premises were not maintained to a suitable standard. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After our inspection the provider wrote to us to say what they would do to meet the legal requirement. At our focused inspection on 21 March 2017 we found that the provider had followed the action plan they had written to meet shortfalls in relation to Regulation 15 described above.

People told us they were happy with the standard of cleanliness in their bedrooms and in communal areas of the home. One person told us, "They come and clean every morning, which is more than I did at home." Another person told us, "I don't see so well now, but I can smell and this place doesn't smell and my daughter would tell them if my room wasn't clean."

We saw the monthly analysis of the premises audits the registered manager had completed since our last inspection. These included areas such as the kitchen, the work of domestic staff, linen management and mattress audits. Each one had provision for an action plan to be completed if there was work to complete. Where an action plan had been put together the manager had started to identify when work had been completed. The registered manager told us they did not always remember to do so, but would record this each time in the future.

Since our last inspection a maintenance log had been put in place so staff could record work to be completed. As each item had been completed or new items purchased relevant staff had signed to say when this had been completed. For example, when the maintenance person had completed work on the laundry cupboards and when the registered provider had purchased new chairs, window blinds and lamp shades.

At our previous inspection the fire escape was in need of repair. This work had now been completed, along with other work the fire and rescue service had required the registered provider to complete. This had now been signed off by the fire and rescue service. The fire risk assessment documentation had been reviewed in November 2016 and regular checks on equipment, doors and processes were in place and completed weekly and monthly.

Window restrictors had now been placed on all windows which required them. This has ensured people cannot enter windows or fall out of them and people can feel safe. At our last inspection we found some visitors and staff entering the building and leaving doors open where others, not connected to the home, could enter. Staff told us this practice had now stopped. The front entrance has a sensor on the door so staff were aware when that door was opened and would alert them to go to that area of the home. All other doors which required to be locked were locked during our inspection.

Some refurbishment had taken place within the home. This included new floor coverings, redecoration of some rooms and a tidying up of garden areas. The dining room and downstairs corridor carpet were due to

be replaced the latter part of the week of our inspection and we saw details of the planned visit by the carpet fitter for that week. There were still some areas of scuffed woodwork mainly in communal areas, which were not in the maintenance log. The registered manager told us this would be discussed with the registered provider at their next meeting. The covering and replacement of covers on radiators to ensure people could not become injured when they touched them was being completed at the time of our inspection as part of an on-going programme.

Chemicals were now locked away which had been on display in the laundry area. This was tidier, but the registered manager told us they were still struggling to clean behind the washing machine and dryer as it was an area difficult to get to. Where teeth cleaning tablets had been left on display in the trolley shop these had been removed. People could still purchase items, but these were now locked away.

Cleaning schedules were in place for staff to follow to ensure the home was kept clean and fresh. Staff told us there were sufficient staff to enable the cleaning schedules to be completed. We saw these covered daily and monthly tasks and had been consistently completed. Plastic covers had been purchased and placed on all pull cords in bathrooms and toilet areas to ensure infection control procedures could be maintained. A member of staff had been allocated the role of infection prevention officer. They attended meetings with the local authority infection prevention lead nurse, completed hand hygiene checks on all staff and completed monthly audits throughout the home to ensure it was clean. The registered manager was currently signing up to a local authority project entitled "Harm Free Care". This looks at how people can maintain their independence by living within their capabilities in a harm free environment.

The registered provider told us they had regular meetings with the registered manager to discuss the refurbishment programme. These meetings were not recorded but in future the registered manager was going to keep a diary to record work undertaken and for future premises management.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

## Is the service responsive?

### Our findings

At our previous inspection on 28 June 2016 we identified that not every person who was using the service had a care plan in place. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After our inspection the provider wrote to us to say what they would do to meet the legal requirement. At our focused inspection on 21 March 2017 we found that the provider had followed the action plan they had written to meet shortfalls in relation to Regulation 9 described above.

We counted the number of people using the service in the building and this corresponded with the number of care plans in the staff office which were currently in use. Each person had a key worker. A key worker is a member of staff who is asked to look at the specific needs of people, get to know them and ensure they have everything they need. The staff member will also keep the care plan up to date or liaise with a more senior member of staff who can update the care plan. They take part in reviews of people's care and ensure essential information is passed on to senior staff and the registered manager. Each of the staff members we spoke with could name the person they were key worker for and could describe their key worker roles.

The care plans were being audited by the registered manager to ensure staff were following the correct procedures and maintaining accurate records. The registered manager told us they were a little behind in their programme. However, each person's care plan had been updated by a senior member of staff. Staff told us currently each person who used the services of the home used English as their first language and could read or understand this if spoken to by staff. The registered manager was looking into alternative methods of recording people's needs, in case this was not so in the future.

We looked at four care plans. Two of people who were permanently resident in the home and two of people who were using this care facility on a short term basis. People told us they had access to their care plans and if they could not read them staff would do so for them. One person told us they liked their relative to read and discuss the written care plan with staff. They told us, "I would know if I wasn't being cared for, I don't need it written down. I know it's the rules so I let my daughter do all of that stuff." Another person said, "Staff are always talking to me about my care and I know they keep notes. I have signed something to say I agree."

Each of the care plans of people who were permanently resident in the home had the same format in the folders. This included plans of care on specific topics and needs each person had, such as a person's skin integrity or management of their diabetes. There were daily notes on how people were managing their needs such as still being able to mobilise with a walking frame. If another health care professional's help and advice had been sought this was recorded on a separate record sheet. We saw visits had been recorded from community nurses and GPs'.

Each care plan had been reviewed. In one case this had not been since November 2016, but staff told us this person's needs had not changed, which was confirmed by that person. Another care plan had been reviewed in January 2017 by the registered manager, but monthly by the key worker and a senior member of

staff. A new record sheet was at the front of each care plan. This recorded who had reviewed the care plan and in both cases the review dates showed the registered manager, a senior member of staff and the person receiving the care had looked at the care plan. In one person's care plan this had also been signed by the person's relative.

There was a different format for recording the care of people who were using the services of the home on a short term basis. A pre-assessment had been completed and staff used this to develop a shortened version of a care plan. For example, when a person had problems moving about the care plan stated 'use wheelchair'. When a person required help to dress the care plan stated 'needs help of one staff member'. Staff told us the information was adequate and they would record changes on the daily record sheets. We saw where they had completed those record sheets and where changes had been recorded.

The registered manager told us they had recently taken advice about the shorted version of the care plans. They were intending to implement a new care plan to ensure people's initial needs were recorded by staff in a more detailed way.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.