

Bupa Care Homes (GL) Limited

Westcombe Park Care Home

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 carried out an unannounced inspection of this service on 28 and 29 June 2017 and found breaches of legal requirements because the systems in place for monitoring quality and safety were not effective in relation to fire risk, risk assessments and care and treatment not always appropriate to people's needs or preferences. We took enforcement action and served a warning notice on the registered provider in respect of these breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. An action plan was received from the registered manager to show what actions would be taken to meet this regulation.

We received concerns about staffing levels in the home and during this inspection wanted to check staffing levels were adequate to ensure people's needs were being met.

We undertook this focused inspection, on 14 November 2017, to check that the provider had taken action to meet our legal requirements. This report only covers our findings in relation to the key questions safe and well led and breaches identified in the warning notice. We will follow up on the other breaches of legal requirements in relation to risk and care and treatment in relation to people's needs and preferences at a later date. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Westcombe Park Care Home' on our website at www.cqc.org.uk.

Westcombe Park Care Home offers residential and nursing care for up to 51 people and is located in the Royal Borough of Greenwich. During this inspection, there were 44 people using the service.

There was registered manager in place. 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.'

At this inspection, we found that the service had taken action to comply with the warning notice. Regular checks were being conducted to test fire equipment to ensure they were in working order. The home had a fire risk assessment in place and any actions needed to be taken had been actioned. Staff had undertaken fire safety training and usage of fire equipment. Staff spoke positively about the training received.

During the inspection, we observed the atmosphere was calm in the home and staff were not rushed when responding to people's needs. However we observed occasions where people were left unattended in the lounge areas. Feedback from people using the service and care workers also indicated that at times, there may not be enough staff in the home. The registered manager told us there were enough staff and that he would ensure they were deployed appropriately on each floor. The registered manager also told us they were in the process of recruiting additional staff to work in the home.

There were arrangements in place to manage people's medicines. However we found prescribed topical

creams were not stored securely and records were not completed fully to ensure people received topical medicines as prescribed. The registered manager told us this would be addressed straight away.

Records showed that people who were mainly bed bound were not being repositioned in accordance to their needs which placed them at risk of developing pressures sores and experiencing discomfort. Records showed this issue had been highlighted in a quality assurance audit conducted by the service but actions to address this was not yet being fully implemented.

Systems were in place to monitor the service. Checks and audits were carried out by the registered manager and provider. Records showed any action that needed to be taken to make improvements to the service were noted and actioned. However the checks and audits did not identify the issues in relation to repositioning people and the application and recording of topical creams.

We have made one recommendation about staffing levels.

We found one continuing breach 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.

The ratings for the key questions safe and well led at this inspection remain 'Requires Improvement' at this time as systems and processes that have been implemented have not been operational for a sufficient amount of time for us to be sure of consistent and sustained good practice.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Some aspects of the service were not safe. Appropriate arrangements were in place to ensure there were sufficient staff deployed to meet people's needs. However some feedback and observations during the inspection indicated that, at times, there may not be enough staff to meet people's needs appropriately.

Whilst improvements in managing risk had been made some people were not always repositioned appropriately.

There were arrangements in place to manage people's medicines. However prescribed topical creams were not stored securely and records were not fully completed as to their application.

There were safeguarding procedures in place. Staff were aware of different types of abuse and what steps they would take to protect people.

Appropriate employment checks were carried out before staff started working at the service.

The home was clean and there was a record of essential inspections and maintenance carried out in the home.

We could not improve the rating for this question to 'good' from 'requires improvement' because the breach in respect of risk was outstanding.

We will review our rating for safe at the next comprehensive inspection.

Requires Improvement ●

Is the service well-led?

Some aspects of the service were not well led. The quality of the service was monitored and there were systems in place to make necessary improvements. The required improvements had been made in relation to fire safety. However, these were not always effective in identifying shortfalls and driving improvements.

The home had a management structure in place with a team of care workers, senior care workers, deputy manager, support

Requires Improvement ●

manager, the registered manager and the provider.

Staff were supported by management and told us they felt able to have open and transparent discussions about the service with them

We could not improve the rating for this question to 'good' from 'requires improvement' because to do so requires a demonstration of consistent good practice over time.

We will review our rating for well led at the next comprehensive inspection.

Westcombe Park Care 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 in relation to the warning notice issued to the service following the comprehensive inspection on 28 and 29 June 2017.

Following the last inspection we asked the provider to complete an action plan to show what they would do and by when to improve the key questions of Safe and Well-led.

We undertook a focused inspection of Westcombe Park Care Home on the 14 November 2017.

This inspection was completed to check that improvements to meet legal requirements in relation to the warning notice had been made in respect of fire safety and because we received concerns about staffing levels. Before the inspection, we reviewed other information such as notifications we held about the service and the provider. Usually we would ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to provide some key information about the service, what the service does well and improvements they plan to make. However, in this instance we did not request a PIR as this was a focused inspection.

The inspection was undertaken by two inspectors

We spoke with two people using the service. We also spoke with the registered manager and three care staff. We reviewed six people's care files, six staff files, training records and records relating to the management of the service such as audits, policies and procedures.

Is the service safe?

Our findings

At our last inspection the provider did not ensure risks to people were identified appropriately. An action plan was received to show what actions would be taken to address this.

At this inspection, we found assessments were carried out and risks were identified. There was information for staff on how to support people safely and minimise the risks. For example, one person who was bedbound and not able to use a call bell had regular welfare checks to ensure they were safe. Risks assessed included falls, medicines, choking, skin integrity, waterlow scores, malnutrition universal screening tools (MUST), moving and handling, bedrails and call bells.

Although action had been taken to address risks to people we found that for people being nursed in bed, risks remained. There were inconsistencies identified in relation to how often people were repositioned.

Some people spent much of their time in bed due to their health needs. This meant that people needed to be repositioned every few hours to ensure they experienced minimal discomfort and that they were not at risk of developing pressure sores.

From a review of nine positional change recording forms for five people we identified inconsistencies in the timing of them being repositioned. One person was moved six times during one day but the timing of this was not always within the four-hour timeframe. Another person had not been moved for over seven hours at night. This placed them at risk of developing pressure sores.

We also noted there were inconsistencies in the number of staff involved with repositioning. For example a record showed a person was repositioned seven times however on four occasions this was undertaken by two care workers and the remaining three occasions was undertaken by only one care worker. This meant people could be placed at risk of sustaining injury through inappropriate moving and handling techniques.

The service had identified this in its home improvement plan which detailed that repositioning charts should be checked and signed off daily.' However we found that this was not being completed as some repositioning charts had not been signed and the number of staff moving people had not been identified as an issue. The registered manager told us this would be addressed.

The above evidence demonstrates a continuing a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We received concerns that there were not enough staff in the home to meet people's needs safely. The home is set over three floors. On the ground floor, the home has nine people with one senior care worker and two care staff. Both the first floor and second floors had 17 people with one nurse and three care staff.

During the inspection, we observed the atmosphere was calm in the home and staff were observed not to be rushed. Monthly rotas were in place and the service used a staffing tool to identify the care needs of people

and the numbers of staff required. Staff confirmed they received their rotas and were able to take breaks during their shifts. Call bell audits were also conducted and showed call bells were responded to in a timely manner which we also observed during the inspection.

However there were times when people were left alone in the lounge areas and no member of staff was present. Most people had mobility needs and used mobility aids such as walking frames and wheelchairs. This could place them at risk of sustaining a fall or injury if left unsupervised.

Feedback from people we spoke with was that more staff were needed. They told us, "They [staff] are lovely but they need more staff" and "They need some more staff in the afternoon. I have been told they are recruiting which is good as they do need them."

We received mixed feedback from staff about the staffing levels at the home and some told us improvements had been made. They told us "Yes there is a staffing issue, three care workers are enough during the day, it's when they cut it down to two in the afternoon, and it is difficult then", "It has improved but it is extra pressure on the care staff that float between the floors", "Yes there is enough staff. Morning can get a bit busy. I don't feel rushed. We can manage" and "They have the staff but sometimes the issue is with the staff not the management."

We discussed staffing levels with the registered manager who told us staff were in place but had not been effectively deployed and will ensure this would be acted upon. A review of staffing levels was identified in the home's audits. The registered manager told us that three additional care workers had been recruited which would help improve staffing levels in the home.

The registered manager told us the rota system had been revised and daily 'Take 10' meetings had been introduced in the home to improve communication amongst staff so staff were aware of what their responsibilities were. There was also a white board on each floor which clearly listed which staff members were on duty.

We recommend the home review its staffing levels to ensure people's needs are met appropriately.

There were arrangements in place to manage people's medicines. Staff received training and medicines policies were in place. Competency assessments were in place to ensure staff were able to support people appropriately with their medicines.

However during the inspection we found prescribed topical creams were not stored securely in people's rooms and were left out on tables or bedside cabinets. We also found topical medicine protocol and recording forms were not always completed in full. For example, the forms did not always state the area of the body the topical cream should be applied and the frequency of how often the cream should be applied. We saw that the topical medicine protocol and recording forms were not always signed or not completed as soon as the medicines were administered. This meant that we could not be sure that people received topical medicines as prescribed.

Records showed this had been highlighted as an area to be improved in the home improvement plan and staff were to 'monitor the use of topical medication forms and ensure that direction for use was clear on the forms and that staff enter all applications.' The registered manager told he would ensure the creams were locked away and the recording forms were completed correctly.

The registered manager also told us that they were working with the local pharmacy to review all the

medicines arrangements in the home to ensure medicines were managed effectively. The registered manager has also arranged with the pharmacy to conduct a complete medicines audit for the home in the new year.

Other medicines we looked at were appropriately stored, administered and recorded. Medicines administration records (MAR) charts were completed in full, were legible and did not contain any gaps. People's photographs and allergies were recorded on the front of the MAR charts. People's when required' (PRN) medicines were identified and there was guidance in place for staff which showed when to administer according to people's needs. □

There were safeguarding and whistleblowing policies and procedures in place to help ensure people were protected from potential abuse. Staff were aware of what to do in response to suspected abuse. Staff had received training in how to safeguard adults and were aware of actions to take. The home also had a 'Speak Up' initiative for staff to enable them to raise concerns. Safeguarding competency assessments were also in place which showed staff were assessed on their knowledge of safeguarding, actions they would take and related safeguarding policies in the home.

There were effective recruitment and selection procedures in place to ensure prospective employees were suitable and did not pose a risk to people using the service. Records showed appropriate background checks had been undertaken including enhanced criminal record checks to ensure staff were not barred from working with vulnerable adults, two written references and evidence of their identity had also been obtained.

Health and safety checks were completed to ensure the home was maintained and any risks to people's health and safety were identified and addressed. Fire, gas, electric checks and legionnaires testing had been completed. Accidents and incidents were recorded and appropriate action had been taken in response to them in a timely manner.

The home was clean. There was an infection control policy and measures were in place for infection prevention and control. Infection audits had been carried out and actions identified were acted upon. For example an infection control audit carried out in September 2017 highlighted that the medicines trolleys did not have alcohol hand rub available. During this inspection we observed this had been rectified. We did note that there was a lack of hand sanitisers in the home. The registered manager told us he would ensure they were in place.

Substances that could be potentially hazardous to people's health (Control of substances hazardous to health (COSHH) were locked away and kept safely away from people. COSHH risk assessments were in place which detailed the risks of products that could be potentially hazardous to a person's health. The assessments included information on the risks and measures in place to minimise any risk and to keep people safe from infection and contamination.

Records showed staff had undertaken infection control training and during the inspection, we observed staff wore appropriate personal protective equipment (PPE) when delivering personal care.

Is the service well-led?

Our findings

At our last inspection we found systems to monitor fire risk were not effectively operated and staff had not been trained in fire safety. We issued a warning notice in respect of these concerns.

We found the service had taken steps and addressed our concerns in relation to fire safety. Staff had received fire safety training including being shown how to use fire equipment and participation in evacuation drills had taken place. When speaking with staff they confirmed this and told us the training was useful. They told us "Yes we have had fire drill practice and done evacuation training using a dummy. It was really good. We were also shown how to use the fire extinguisher" and "We have had evacuation training and fire practice drills. I did enjoy it. I know about fire doors and we have fire marshals in place."

Regular checks were being conducted to test fire alarms and fire equipment to ensure they were in working order. The home had a fire risk assessment in place and any actions needed to be taken had been actioned. People had a personal emergency and evacuation plan (PEEP) plan in place in case of fire. Fire equipment was appropriately stored and easily accessible in the home. A whiteboard in the home clearly displayed the names of fire marshals in the home so people and staff were aware.

Records also showed the home had a fire inspection by the London Fire Brigade and no concerns had been identified in relation to fire arrangements in the home.

At the last inspection there was no registered manager in post. A registered manager was now in place and recently received their registration by the CQC. The management of the service were aware of the ongoing issues identified on previous inspections and were in the process of implementing measures to address these issues and make improvements where needed. A home improvement plan was in place to ensure actions were being taken where needed. The registered manager told us "The real purpose of this home is about the residents. I am committed to changing the direction of the home to ensure it is focused on the residents." This demonstrated the service had taken action to ensure continuous improvement and to manage future performance effectively. Records showed the service worked closely with health and social care professionals and other agencies to make sure people received the service they needed. Statutory notifications were also submitted to the CQC as required.

The registered manager told us he was also assisted by a support manager, deputy and clinical manager and regional director who the registered manager described as "Very good and the support received was a joy."

Systems were in place to monitor the service but these had not identified what we found during the inspection. Checks were carried out by the registered manager and provider and records showed any action that needed to be taken to make improvements to the service were noted and actioned. Checks covered all aspects of the home and care being provided was reviewed such as care plans, infection control, medicines, nutrition and catering, call bells and night visits. The registered manager and records also showed that other comprehensive audits were being conducted including a monthly home review and six monthly compliance

audits done by the provider.

However weekly medicine audits had not identified that topical medicine recording forms were not completed. A night visit audit in October 2017 checked if supplementary charts such as turning charts were being completed, but did not check if people were being turned at the frequency required in their care plans. The registered manager assured us that action would be taken promptly to address these areas.

Care workers spoke positively about working at the home. They told us "I love it here. It's very homely and I'm happy here", "Everyone is nice here", "There is good teamwork", "I love my shifts. If I could work seven days I would" and "I love what I do."

Care workers also spoke positively about the registered manager. Care workers were aware of the changes that were being implemented in the home to drive improvement. They told us "I really like him, he is very easy to approach", "We have meetings and can ask any questions...the door is always open. The deputy manager is also good" and "The manager is supportive and approachable. I can't complain. He will explain things and tells us about the changes. They do help us. You can speak to them and they do listen".

Records showed staff meetings were being held in which staff had the opportunity to share good practice and any concerns they had. Minutes of the meeting showed items discussed included health and safety, reminding staff to promptly complete accident and incident forms, supervisions, training and medicines. Care workers told us "I know I won't be shut down, I can say what I want say" and "If things need to be sorted, he [registered manager] will sort it. He will follow things through and explain it to you."

People we spoke with also spoke positively about the home and registered manager. They told us "He is such a nice man, lovely" and "We are lucky here to have such nice people."

People and relatives were asked for their views about the service to help improve the care provided. This was done through providing people with the opportunity to complete feedback questionnaires. Surveys had been sent out for 2017 and were awaiting responses. Residents and relatives meetings also took place and minutes showed items discussed included organisational changes, recruitment, health and safety and activities and any feedback was acted upon. For example one person suggested that meetings were held earlier at 3pm rather than 6pm. As when held at 6pm this collided with dinner. Records showed the next meeting in January 2018 has been planned at 3pm as requested.

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 | <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People using the service were not being repositioned in accordance to their needs which placed them at risk of experiencing discomfort and developing pressure sores.</p> <p>Regulation 12(1)(2)(b)</p> |