Four Seasons Health Care (England) Limited

Westroyd Care Home

Inspection report

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Ratings

Overall rating for this service	Inadequate

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Inspected but not rated**

Summary of findings

Overall summary

Westroyd Care Home provides accommodation, care and support for up to 55 older people. At the time of our inspection there were 40 people using the service.

We carried out an unannounced comprehensive inspection of this service on 19 and 20 July 2017. Breaches of legal requirements were found. After the comprehensive inspection, the provider was asked to provide an action plan to tell us what they would do to meet legal requirements in relation to breaches in Safe care and treatment, Safeguarding service users from abuse and improper treatment, Premises and equipment, Dignity and respect and Good governance. The service was also in breach of the registration regulations failing to notify the Commission of events affecting people. We did not receive the action plan.

We issued two warning notices to the provider in relation to safe care and treatment and Good governance. We undertook this focused inspection to check that the provider was compliant with the warning notices by the date we had asked them to be. 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 Westroyd Care Home on our website at www.cqc.org.uk.

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.

People felt safer with the support the received. Staff understood their roles and responsibilities to safeguard people from the risk of harm.

Risks to people were assessed and monitored regularly. However, records relating to risks associated with malnutrition were not completed consistently. The risks to people could not be effectively managed to ensure people who were at risk of malnutrition had enough to eat and drink.

The premises were maintained, however some checks to ensure the property was safe had not been completed when the maintenance person was off work for a period of six weeks.

Staffing levels ensured that people's care and support needs were met. Safe recruitment processes were in place.

Medicines were managed in line with the prescriber's instructions. The processes in place ensured the administration and handling of medicines was suitable for the people who used the service. Medicines had not all been dated when opened. Action was taken to address this during our inspection.

Systems were in place to ensure the premises were kept clean and hygienic.

There were arrangements in place to identify when action was required and learning took place when things went wrong to improve safety across the service. Tis had not always happened.

People, their relatives and staff felt confident to approach the registered manager and felt they would be listened to.

Quality assurance systems had been improved to monitor and review the quality of the service which was provided. Notifications of events which had happened were made when necessary.

We made one recommendation in relation to a second nominated individual to carry out environmental checks.

We could not improve the rating for Safe above requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

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. Action had been taken to improve safety.

Risks to people had been identified and assessed. Records were not completed consistently where people were at risk of not eating and drinking enough.

Medicines were not always dated when opened. People's medicines were handled safely and given to them as prescribed.

Checks on the environment had not been completed for a period of six weeks while the maintenance person was off work.

There were sufficient numbers of staff to meet people's needs who had been recruited safely.

Is the service well-led?

Inspected but not rated

The service was not consistently well led. Action had been taken to improve the governance at the service. The improvements had not fully embedded.

Improved audit systems had been developed to measure the quality and care delivered and identify improvements which could be made.

People had been asked for their feedback on the service they received.

Staff were supported by the manager. The service had a manager who was aware of their responsibilities.

We could not improve the rating for Well-led from Inadequate because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Westroyd 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 checked 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.

We undertook an unannounced focused inspection of Westroyd Care Home on 5 December 2017. This inspection was done to check the provider had taken action to make improvements to meet legal requirements to comply with warning notices issued by CQC. The team inspected the service against two of the five questions we ask about services: is the service safe and well led. This is because the service was not meeting some legal requirements.

The inspection was carried out by two inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed information that we held about the service such as notifications, which are events which happened in the service the provider is required to tell us about, and information that had been sent to us by other agencies. This included the local authority who commissioned services from the provider.

During this inspection we spoke with five people using the service and two of their relatives. We also spoke with the registered manager, two senior care staff, six care staff, one cook, the maintenance person, a laundry member of staff and an activities co-ordinator. We observed the interactions between people who used the service and staff. 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 the records and charts relating to four people and five staff recruitment records. We looked at other information relating to the running of and the quality of the service. This included quality assurance audits, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

Requires Improvement

Is the service safe?

Our findings

At our last inspection on 19 and 20 July 2017 we found four breaches of the regulations. Regulation 12, Safe care and treatment, Regulation 13, Safeguarding people from abuse and improper treatment, Regulation 15, Premises and equipment and Regulation 18, Staffing. We required the provider to make improvements. We issued the provider with a warning notice in relation to Regulation 12, Safe care and treatment and required them to be compliant with this by 30 September 2017. This inspection was to make sure the provider was now compliant with the warning notice. People were not consistently protected from risks relating to their health and safety, risks were not always identified and people were not protected from abuse. There were not enough staff deployed to meet people's needs. We had concerns about how people's medicines were managed in relation to the dosage of inhalers. Premises and equipment were not clean and maintained properly.

At this inspection we found the provider had made most of the required improvements and was compliant with the warning notice.

People who were deemed to be at risk of malnutrition had charts in place to record the amounts they ate and drank. This was important to make sure they were receiving sufficient nutrition and hydration. Charts did not consistently record the amount of food given which meant it was not possible to identify how much had actually been eaten. This was a recording issue and we saw people were supported to eat and drink throughout our visit. The registered manager told us they were aware of this issue and were working to develop staff understanding about completion of these charts. They said staff often forgot to record when they gave people a drink when they went to bed. Action was being taken to address this.

Risk assessments were in place to reduce the likelihood of injury or harm to people. These included people who were at risk of falls. These had been reviewed on a monthly basis to make sure they remained up to date and reflected changes to people's circumstances. The risk assessments had been reviewed following incidents which had taken place. For example, one person had fallen three times. They had not injured themselves. The person had been referred to their GP for review and the risk assessment had been updated with the outcome of this appointment and details of the falls.

People who displayed behaviour which could be classed as physically or verbally challenging had care plans in place to offer staff guidance on how to manage this. The registered manager told us if a person displayed this type of behaviour and this was identified at their assessment it was considered what support would be needed for the staff to enable them to provide care for the person and manage their behaviour safely. They explained if a person started to display behaviour after moving to the service this would be assessed and guidance for the staff would be put in place.

Staff understood their responsibilities to raise concerns in relation to health and safety and near misses. Incident and accident forms were reviewed by the registered manager. This ensured actions had been taken and in order to learn from any areas of practice that had gone well or not so well. Incidents which had been recorded in daily notes had also been reported to the registered manager or senior carers and records of

actions taken had been noted. This included if a person was found with bruising with no explanation of how this happened. One incident where a person was found with a small skin tear had been recorded in the daily notes, it had not been reported as an incident. Action had been taken to address the tear to the person's skin. The registered manager told us they would continue to remind staff the importance of reporting all incidents and accidents in line with the provider's reporting systems.

People received the support they needed to take their medication as prescribed. One person said, "I get my pills three times a day and they watch me take it." Medicines management systems in place were clear and usually followed. Audits had been completed and actions had been taken to address any areas for improvement. Most liquid medicines and ointments were labelled with the date they were opened. Two creams had not been dated; we raised this and the member of staff dated them from the date they had been dispensed which was within the last month as this was the earliest date they could have been opened.

Staff had received training in the administration of medicines and been assessed and deemed competent to administer these. A member of staff told us, "We have had [provider] pharmacist in and they have given us a lot of support to make sure we get it right." People who had been administered creams or ointments had a topical medication administration record (TMAR) chart. The TMAR for three people did not have clear instructions on as to where to apply the cream. The senior carer told us clear guidance was in the person's care plan, which we saw, and a body map was usually completed to give staff clear advice on where to use the cream. This had been done for previous TMARs; however had not been done for the ones currently in use. The senior carer agreed to make sure the guidance was more detailed for staff on the TMAR charts in use.

People had regular reviews of their medicines to ensure they remained appropriate to meet their needs. People had a medication administration record (MAR) chart which included their picture and information about the medicines they took. Their allergies were clearly recorded on MAR charts and any new medicines were checked to ensure they did not contain any ingredients the person was allergic to.

People who had medicines to take as and when required had guidance in place to tell staff when these could be administered. Staff were able to describe the situations they would administer these medicines.

There were enough staff to support people safely. One person told us, "I had to wait for help before, but not for a while now." Staff told us they felt there were sufficient staff to meet people's needs and the use of agency staff had reduced significantly which they felt was positive. One staff member commented, "There are higher staffing levels and we hardly use agency now." The staff responded to people's requests for support and call bells were answered quickly during our visit. Staff had time to sit and chat with people and offer them reassurance. The registered manager told us they based staffing levels on the needs of people who used the service. These had not been changed since our last visit and there were now less people using the service.

Recruitment procedures were followed to ensure all staff were suitable to be working at the service.

People were protected by procedures for the prevention and control of infection. Regular monthly audits were completed including the environment, infection control procedures and water checks. The provider had made personal protective equipment available for staff such as aprons and gloves and we saw this was used. Staff had completed training in infection control to improve their understanding.

A maintenance person carried out assessments and maintenance of the premises. However, the maintenance person had been off work for a period of six weeks. During this time most checks had not been

completed and those which had were not recorded. A relative commented, "It was rather worrying when [maintenance person] was off and there was nobody to cover him. The temperature in this place was unbearable and they had to open windows." The registered manager told us they had asked for assistance from the estates department but this had not been provided. When the maintenance person was present people's environment had been assessed and maintained. Environmental risks had been assessed and were monitored to make sure people were protected as much as possible from avoidable harm. Checks on the building and equipment in use had mostly been completed including fire safety checks and drills.

We recommend a second person is nominated to complete and record all environmental checks if the maintenance person is unable to complete these.

People told us the building was being updated. One person said, "We have a lovely new lounge upstairs and there are big showers being made for us which will make it easier for staff with hoists'." Plans for the works to be carried out were in place. These included updating the laundry room including the flooring in it. The flooring had not been replaced since our last visit and was still torn in places; however, it had been cleaned so the risk of infection was reduced. The registered manager told us the works were planned for areas which would benefit people first and the laundry would be completed. One person commented, "It is clean enough here. They are doing some decorating which will be nice when it is finished." Domestic staff were employed to carry out the cleaning. The building was generally clean.

People told us they felt safer with the support they were receiving. One person told us, "Of course I feel safe here. I am really happy here now." A relative commented, "It has turned around enormously here since the last inspection." Another relative said, "I know [person] is being cared for and is safe." Staff told us they had received appropriate training with regards to safeguarding and protecting people. One staff member said, "I would be confident to report any concerns to senior staff." Staff knew how to raise whistleblowing concerns and one commented, "I would report it to the local authority if I needed to." The registered manager was aware of their responsibility to report any concerns to the local authority and had done so when allegations had been made or concerns were raised.

Inspected but not rated

Is the service well-led?

Our findings

At our last inspection on 19 and 20 July 2017 we found two breaches of the regulations. Regulation 17, Good governance and Regulation 18 of the Care Quality Commission (Registration) Regulations, Notification of other incidents. We required the provider to make improvements. We issued the provider with a warning notice in relation to Regulation 17, Good governance and required them to be compliant with this by 30 September 2017. This inspection was to make sure the provider was now compliant with the warning notice. Systems and processes in place were not effective at identifying risk or reducing this. Actions had not been taken to ensure people received a good quality service and staff did not feel supported in their roles.

At this inspection we found the provider had made the required improvements and was compliant with the warning notice.

The quality of care was regularly monitored and continuous improvements made to ensure sustainability. Following our last inspection the provider and registered manager had put an action plan in place to make the required improvements. However, they had not sent us the action plan which had been requested. Monthly audits were carried out and included infection control practices, medication, environmental checks, care plans, daily records and health and safety. Where areas required attention actions had been taken. For example concerns had been raised at our last inspection about how some staff had spoken to people. The registered manager had carried out supervisions with staff to check their understanding of treating people with dignity and respect. Actions were reviewed to ensure they had been completed and where changes were needed these were made. The registered manager told us they worked with support from the provider to meet the action plan in place and to ensure changes which had been made were sustained.

The provider had worked with other partners to improve the service. They had asked for support from the local authority quality team and engaged with this to drive further improvements. The provider had also worked with the local authority safeguarding team and other professionals involved in the care of people who used the service to ensure the care people were receiving was good quality.

Records were well maintained at the service and those we asked to see were located promptly. Staff had access to general operating policies and procedures on areas of practice such as duty of candour, missing persons, accidents and fire safety.

There were internal systems in place to report accidents and incidents and the registered manager investigated and reviewed incidents and accidents. Care plans were reviewed to reflect any changes in the way people were supported. The registered manager was aware of the need to report certain incidents, such as alleged abuse or serious injuries, to the Care Quality Commission (CQC), and had systems in place to do so should they arise.

The service had a registered manager and they were supported by a house manager and senior care staff. We received positive feedback about how they managed the service and improvements which had been

made. A relative told us, "Things are on the up. We can go to [registered manager] if we have any problems. They are friendly." Another relative said, "Even though things have been through a bad patch it is starting to come together again." People and their relatives felt the registered manager was approachable and listened to what they said. Staff told us the registered manager and senior staff were approachable. One member of staff said, "[Registered manager] gives good support to staff. I could go to them with problems and feel confident they would be addressed." Another staff member commented, "[Registered manager] helps out at times and is hands on. They helped me deal with a difficult situation and that gave me confidence."

The culture in the service was improving and people and staff felt more involved. A person commented, "They are a good team here. We have a real laugh sometimes and some banter. Staff work well together and appear happy. It makes a nice atmosphere." A staff member told us, "I love it here. We work as a team. There is a happy atmosphere."

Surveys were sent out to relatives, people who lived at the service and professionals who visited each year. They had been completed in the period July to September 2017. The feedback from these was available in the service so people could see what had been said and actions which had been taken.

Meetings had been held with relatives on a regular basis to involve them in the service. One relative said, "We have met [Provider Managing Director] and they seem to be following through on their promises. I feel that they have made huge strides at the relatives/ resident's meetings and we are getting to know them." Minutes from the meetings showed relatives had been asked for their feedback and actions were identified. Feedback on the actions had been provided at the following meeting.

Staff were supported through supervision and received appropriate training to meet the needs of people they cared for. Staff understood about people's needs and feedback from people and relatives was positive and showed good standards of care were provided for people. A relative told us, "There are some new staff who are like a breath of fresh air. It seems to have really lifted the atmosphere among the other staff. They are trained in moving and handling." Staff felt able to voice any concerns or issues. One staff member said, "I mentioned to [registered manager] that new staff needed some training and it was done quickly and made a difference to the residents."

Meetings had been held with care staff and these included discussion and learning from events within the service. Minutes of meetings showed information had been shared with staff including discussions about good practice.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so people, visitors and those seeking information about the service can be informed of our judgments. The provider had displayed their rating at the service and on their website.