

Three Arches Care Ltd

Westhorpe Hall

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Westhorpe Hall is a residential care home providing personal care for up to 21 older people and some of those people are living with dementia. At the time of our inspection 18 people were living at the service.

The service is a listed building with enclosed gardens. It is located in a rural area and people would require support to access the local community.

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

At the start of our inspection, the registered manager was covering a designated care shift due to staff sickness. No other staff were available to cover and although attempts had been made no agency staff were available to support at short notice.

The dependency scores to determine the number of staff required to be on duty to meet people's individual needs had not been completed for the previous two months. Although both the registered manager and deputy enjoyed supporting people directly and used this opportunity to demonstrate leadership and work alongside the staff. This was at the expense of management duties such as maintaining the dependency scores. The operational manager informed us at the inspection they were reviewing the staffing arrangements with the registered manager.

The service quality assurance processes were not fully effective as the auditing in place had not identified that the dependency tool to determine people's needs was not being reviewed and updated on a monthly basis. People's care plans were being reviewed and rewritten in the corporate style of the organisation but not all had been completed. Due to focusing upon providing personal care the registered manager had not had the time to dedicate to writing the care plans with the people living at the service.

Risk assessments had been carried out and recorded to advise staff upon how to keep people safe. People's medicines were managed safely and all necessary staff pre-employment checks had been completed. Although there was a vacancy in the cleaning staff, the service was clean.

New staff received appropriate induction training and established staff were provided with regular training updates to ensure they had the required knowledge and skills necessary to meet people's needs. The service was well maintained and people were supported to participate in the planning and preparation of meals as they wished.

People were supported to have 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.

Staff were caring and responded promptly to people's needs. People's care plans were being reviewed and changed to a new recording system in line with the new services policies and procedures. Complaints received had been appropriately investigated.

The service had experienced significant management changes since our last inspection and a new registered manager had been appointed.

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

Rating at last inspection

The last rating for this service was good. (Report published 17 November 2017). The key questions were all rated good other than Well-led which was rated as requires improvement.

Why we inspected

The inspection was prompted in part due to concerns received which were anonymous regarding staffing levels, insufficient staff training, insufficient food being available and the maintenance of the service.

We have found evidence that the provider needs to make improvements. Please see the; Safe, and Well-led sections of this full report for further details.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Westhorpe Hall

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.

Inspection team

The inspection was completed by one inspector.

Service and service type

Westhorpe Hall is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 had a manager registered with the Care Quality Commission. 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.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection and sought feedback on its current performance from the local authority. We had not requested a provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with four people who used the service about the quality of care and support provided. We also spoke with three relatives and six members of staff which were the operational manager, area manager, the

registered manager, deputy manager, activities co-ordinator, the chef and a visiting healthcare professional.

We reviewed a range of records. This included three people's care records and a number of medicine records. We also looked at three staff files in relation to recruitment and supervision. A variety of records relating to the management of the service were reviewed, including policies, procedures, staff rotas, kitchen maintenance, fire records and the service's training matrix.

After the inspection

Following the inspection, we spoke with a relative by telephone and also requested additional information from the registered manager. This was provided by the service within the agreed timescales.

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 as 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.

Staffing and recruitment

- On the day of inspection, the service were short staffed due to staff absence. The registered manager was supporting staff to provide personal care to people.
- The registered manager and deputy manager would use part of their working hours to provide care but covering entire care shifts meant the registered manager was not available to cover their usual duties.
- Plans were in place to recruit additional staff to provide personal care and free the senior staff to focus upon management duties.
- The service had used an assessment of need tool for July 2019 to determine how many staff were required to meet peoples assessed needs. We could not be assured there were sufficient staff assigned to meet people's needs. For example, the activities co-ordinator supported people with their meals but as they worked part-time and there was no arrangement in place for staff to cover on their days off.
- During our inspection we noted calls bells were answered attentively and effectively. One person told us, "I think there are enough staff and they work very hard." Relatives views were mixed with some believing the service was sufficiently staffed while others felt at mealtimes the service would benefit from additional staff.
- The service's recruitment practices were safe and necessary disclosure and barring service checks had been completed.

Assessing risk, safety monitoring and management

- The environment was well maintained and the kitchen had been fully refurbished since the last inspection. The chef told us, "I am very pleased with the new kitchen."
- The Suffolk Fire and Rescue Service had identified, in July 2019, some deficiencies that needed attention in particular to some of the fire doors. The service had taken advice from the Suffolk Fire and Rescue Service to resolve these matters and the service expected this would be resolved by October 2019.
- The level of support each person would require in an emergency evacuation had been identified and recorded in each person's emergency evacuation plan.

Systems and processes to safeguard people from the risk of abuse

- The service had a safeguarding policy and procedure.
- Staff understood their roles and responsibilities in relation to ensuring people's safety. They were confident safety concerns reported to the registered manager would be addressed and they knew how to make safeguarding referrals to the local authority. A member of staff told us, "We have been on training for many things since the service was taken over and this includes safeguarding."

Using medicines safely

- There were suitable arrangements for ordering, receiving, storing and disposal of medicines, including medicines requiring extra security. One person told us, "They always bring my tablets to me to take." A relative informed us they were reassured that their family member was receiving regular medicines to help them manage a medical condition.
- Medicines were administered safely and Medicine Administration Records (MAR) had been appropriately completed.
- Medicines audits were completed and where any errors occurred appropriate action was taken to prevent similar incidents reoccurring.
- All staff administering medicines had received training in how to do so safely.

Preventing and controlling infection

- The service was clean and there were appropriate procedures in place to manage and prevent infection control risks.
- Staff told us they had access to appropriate protective (PPE) clothing such as gloves and aprons when carrying out personal care.

Learning lessons when things go wrong

- Incidents and accidents were reported by care staff. These were reviewed and investigated by the registered manager to determine if any action was required to reduce the risk of recurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager had worked with other healthcare professionals and used an assessment tool to source accurate information regarding people's support needs and preferences. We asked people about their experiences of the pre-admission assessment process. One person told us, "I do not remember everything but do remember the manager and answering lots of questions about me."
- People's needs were assessed before they started to receive support from the service and we saw care plans had been updated regarding people's preferences and needs.
- The registered manager had commenced reviewing people's care plans and was working with people to update them in a way that reflected best practice guidance, such as that produced by the National Institute for Health and Care Excellence (NICE) in relation to their individual healthcare needs for the management of long term conditions such as diabetes or dementia.

Staff support: induction, training, skills and experience

- Staff received a package of training before they began working at the service. All staff continued to receive on-going training in a range of subjects to enable to support older people and those living with dementia.
- All new staff completed two weeks of shadow shifts in the service to get to know people and gain an understanding of their individual needs. This included working with the registered and deputy managers.
- The training of established staff had been reviewed and additional training with regard to the organisations policies and procedures provided. One staff member told us, "The training is good." While another member of staff informed us they had enjoyed the training.
- Staff had received regular supervision prior to the inspection. The registered manager had arranged for further supervision to be provided and also annual appraisals.

Supporting people to eat and drink enough to maintain a balanced diet

- People were encouraged to make healthy dietary choices and were supported to participate in the planning and preparation of meals as they wished. One person told us, "I love the food here it is always good." A relative informed us that they considered the food to be well cooked and appetising.
- The service monitored people's weights to determine if they were eating and drinking sufficiently. The registered manager arranged for people to be weighed monthly or more frequently if required and ensure a corresponding malnutrition screening tool was completed monthly.
- One relative did feel that leaving jugs of covered drinks was not appropriate as some people could not help themselves. Although the staff offered people drinks they felt that offering drinks at set times during the day would be a better option.

Adapting service, design, decoration to meet people's needs

- The service planned to upgrade a bathroom and re-site the medicines room and while doing so would also increase the signage of the service to assist people to find their way around.
- The service was well maintained and decorated in a homely style. The enclosed gardens included a summer house where people could spend time when they wished among pleasant bushes and shrubs.
- People's rooms had been individualised in accordance with their preferences and were highly personalised.

Supporting people to live healthier lives, access healthcare services and support

- A visiting health care professional informed us they visited the service regularly and considered they were contacted appropriately as needs arose and the staff were helpful to them and caring towards the people in their care.
- People were supported to access healthcare services when required. Where concerns were identified in relation to people's health or wellbeing appropriate and timely referrals for professional support had been made.

Ensuring consent to care and treatment in line with law and guidance

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

We checked whether the service was working within the principles of the MCA.

- Staff offered assistance and sought people's permission before providing care and support.
- Care records contained assessment of people's capacity and ability to make specific decisions.
- Where people lacked capacity, appropriate best interest decisions had been made with the involvement of relatives and health care professionals.
- For people who did not have the capacity and for which the service had concerns about their safety, necessary applications to the local authority for their authorisation under the DoLS had been made.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We observed a positive rapport between the people and the staff. One person told us, "I like the staff here." A relative told us, "The staff are extremely caring."
- Staff responded promptly to people's needs and provided reassurance. We heard staff speaking warmly and with encouragement to people.
- The staff had a good understanding of equality issues and people's diversity was valued and respected. This was supported by evidence in people's care records.

Supporting people to express their views and be involved in making decisions about their care

- People and their families were directly involved in the planning of their care and support. Their views were detailed in people's care plans regarding their preferences and choices.
- We heard staff explaining options for lunch with the people using the service and checking with them about their choice of where they wished to sit.
- People were offered the choice about when they chose to get up and when they wished to go to bed. This information had been recorded in people's care plans. One person told us, "I really do as I wish here."

Respecting and promoting people's privacy, dignity and independence

- People were supported to do as much as possible for themselves. One person told us, "The staff do not wash me, but do help me."
- Staff respected people's privacy and ensured their dignity was protected. Where people required help this was provided discreetly; for example, we saw a member of staff assisting a person to the lavatory by helping them to find their way.
- Some people chose to lock their rooms when they went out. Staff respected their decisions and sought people's permission before entering their bedrooms. Relatives did feel that greater attention to detail regarding locking people's rooms when they were not present in them could be arranged to prevent people accidentally entering the wrong room. The senior managers were looking into this situation.
- Care records were stored appropriately when not in use to keep people's personal information secure.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's life histories were recorded and their preference of how they wished their care to be provided.
- Each person had a care plan which stated their needs and how the needs were to be met.
- People were supported to attend and engage in activities where this was part of their agreed care plan.
- Relatives were involved in care plan review processes and the registered manager informed us this was an on-going process.
- A one-page care plan summary document was available to enable new staff to quickly gain an understanding of people's individual needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was available for people if so required in larger print.
- People's care plans included detailed information and guidance for staff about the person's communication preferences and styles.
- A relative told us, "The staff have a very good knowledge of [my family] and they communicate very well together."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to engage with a variety of activities within the service. A selection of board and video games were available in a communal lounge.
- Upon entering the service, we observed people working with the activities co-ordinator to do some glass painting. People told us about their recent trip to Felixstowe. The activities co-ordinator explained to us they had recorded people's interests and learnt about people wanting to have fish and chips at the seaside. They had also arranged for entertainers to come to the service.
- People living at the service and their relatives told us that they wished and thought the service could improve if the activities were available seven days per week. Activities were currently provided over four morning per week.
- Visitors were actively encouraged, and people were supported to maintain relationships that were important to them.

Improving care quality in response to complaints or concerns

- There were systems in place to ensure any complaints received were investigated in line with the policies and procedures in place.
- The registered manager explained to us how they would respond to any verbal or written complaint and saw complaints as an opportunity to learn and develop the service.

End of life care and support

- The service was not supporting anyone with end of life care needs at the time of our inspection. There were systems and procedures in place to enable people's wishes and preferences in relation to end of life care to be recorded.
- The registered manager was confident that the staff could support people at the service should they deteriorate in health with the help of other professionals such as hospice nurses.

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 as requires improvement. At this inspection we found the service remained the same rating of 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.

Continuous learning and improving care, understanding quality performance, risks and regulatory requirements

- The provider did not effectively monitor the quality of care provided at the service.
- Senior staff based at the service had not always carried out monthly dependency assessments and this had not been addressed by visiting senior staff to support the registered manager. This meant the senior staff could not confidently determine the number of staff required to be on duty to support people living at the service.
- We observed relatives supporting people at the service at meal times and also providing drinks during the day to people on a regular basis. This meant the impact upon people not receiving sufficient fluids and having their meals in a timely way was greatly reduced by these interventions at busy times.
- Some people's care plans had been re-written and updated in the new service process, but this did not apply to all. The registered manager was confident this would be completed by the end of the autumn 2019.
- Since our inspection we were informed by the operational manager that it has been determined to appoint an additional member of care staff to the morning shift. This means the registered manager will be able to focus more of their time upon managing the service.

Managers and staff being clear about their roles

- The service operated a key worker system where individual staff members were involved with the reviewing and updating of people's care plans with the registered manager. Key workers were supposed to be allocated time to focus on these responsibilities, but this had not always been possible because of staffing issues.
- The registered manager's role was well defined and understood by staff. However, the registered manager had been regularly providing direct care because of the staffing situation. This restricted the time available for them to focus on their leadership responsibilities.
- Staff were confident the registered manager was making a positive difference to the service's performance. A member of staff told us, "I think the manager is good. She has people's interests at heart."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered and deputy manager promoted a culture which was caring, respectful and inclusive. This was evident in the positive feedback we received from people using the service, relatives and staff. One person told us, "The manager is lovely I trust her completely." Another person told us, "The deputy manager

works incredibly hard nothing is too much trouble."

- Audits were carried out regularly to check that window restrictors were in place. The senior staff had also worked with professional catering staff and fire officers to improve the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Relatives told us they were encouraged to provide feedback on the care delivered. A relative told us, "I can speak with the manager at anytime."
- Staff spoke positively about the support they received from the management team. A member of staff told us, "We have been asked about the hours we work and shift patterns."
- The staff we spoke with told us they felt well supported. One staff member said, "I like working here because the senior staff are approachable."
- A health care professional informed us that they found the service staff helpful and knowledgeable about the people in their care.

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 staff team, registered manager and provider's operational managers understood their responsibilities under the duty of candour and were open and honest throughout the inspection process. They recognised and accepted that the service needed to address the staffing issues which were being discussed at the board level of the organisation.
- Relatives told us they had been kept informed of situations that had occurred within the service. A relative informed us, "The staff always ring me if there is a problem and I do feel they keep me informed of [my family member's] condition."

Working in partnership with others

- The service worked with other professionals such as district nurses, mental health nurses and local authority.
- The registered manager had sought the support of other organisations to work together to support the people living at Westhorpe Hall. This included people who used the service, their families and representatives, GPs, local schools to visit and the clergy.