

Advinia Care Homes Limited

West Ridings 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

About the service

West Ridings Care Home is a residential care home with nursing, for up to 180 people across six separate units. However, one unit, Kingsdale, has not been used since 2015. There are two units which provide nursing care, Swaledale for general nursing care, and Calderdale for people living with dementia. The Wharfedale and Airedale units provide residential care and the Wensleydale unit provides residential care for people living with dementia. At the time of the inspection there were 100 people using the service.

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

Staff were aware of how to keep people safe from the risk of abuse and how to report concerns. However, some staff did not feel confident to raise concerns. Risks to people were assessed, however it was not always clear in records how staff kept people safe. People, staff and relatives did not feel staffing was sufficient to meet people's needs. We observed on some units, people waiting long periods for staff support. Service improvement plans were up to date and reflected recent concerns, actions were on going to drive improvements. However, we found staff safeguarding allegations were not always investigated in a timely manner.

Infection prevention and control systems were in place. The home was visibly clean, however cleaning was not always completed in line with the homes schedule. Staff did not always follow up to date guidance in the use of face masks. Systems were not always in place to mitigate risks. Complaints were not always dealt with in a timely manner. We received mixed feedback from people, staff and relatives regarding the management team. Staff supervisions and appraisals were not conducted to support staff in their role. Staff meetings took place and staff were involved in these. Residents meetings did not take place across all units. Relatives meetings were on hold due to COVID-19, however plans were in place to reintroduce these. Feedback had not been sought from people, relatives and professionals in line with company policy. Relatives we spoke with felt communication from the home was good.

People and their relatives felt safe and were positive about safety in the home. People and relative's felt that staff were kind and caring. We observed staff interacting with people positively. Staff were suitably trained and recruited. Medicines were managed well. People were receiving their medicines as prescribed. Maintenance checks were in place and up to date. Policies and procedures were in place to manage accidents and the provider had oversight of all incidents in the service. Monthly provider reports were in place to monitor any concerns.

People were supported to have maximum 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.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 05 July 2021). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider had made improvements and was no longer in breach of regulation 12 (Safe care and treatment). However, the provider was in breach of regulation 17 (Good governance). This service has been rated requires improvement for the last three consecutive inspections.

You can see what action we have asked the provider to take at the end of this full report

Why we inspected

The inspection was prompted in part due to concerns received about staffing, managing risks to people and management and governance of the service. A decision was made for us to inspect and examine those risks

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

West Ridings Care Home

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 Health and Social Care Act 2008.

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

Inspection team

The inspection was carried out by three inspectors and two Experts 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

Service and service type

West Ridings is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. West Ridings is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post, however the management team was undergoing a change and an interim manager was present on the day of inspection.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, health commissioners and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 24 people who used the service about their experience of the care provided. We spoke with 23 members of staff including the regional director, manager, nurses, activities co-ordinator, cook, domestic staff and support workers. We spoke with 13 relatives, either on site or via the telephone. 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 a range of records. This included eight care records and medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.



Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained 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.

At our last inspection we found there were weaknesses in assessing and monitoring individual risks, using medicines safely and preventing the spread of infection. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

Systems and processes to safeguard people from the risk of abuse

- The provider had policies and procedures in place to keep people safe from harm, however staff did not always feel confident to report concerns. People told us they felt safe in the home and relatives told us they felt their family members were safe.
- One staff told us, "I would report things, but only to my unit manager" and another said, "I reported a concern and action wasn't taken by the manager." We found that concerns were not always actioned in a timely manner. We found no evidence that people were placed at harm and safeguarding concerns were reported to the local authority safeguarding team as required.
- Staff had received training and were knowledgeable about how to recognise signs of abuse.
- People told us they felt safe. One person said, "The staff are lovely and I trust them" and a relative told us, "I think [Name] is safe because she always seems okay and happy."

Staffing and recruitment

- Staffing was not always adequate on the residential units to meet people's needs. The provider had completed a dependency tool to calculate staffing levels, we saw that staffing levels were often low., therefore the dependency tool was not always effective.
- The provider was aware of staffing concerns and was taking steps to improve the staffing levels. Recruitment was on going to increase the permanent staff team. A new system had been implemented to enable permanent staff to recognise shortfalls and fill gaps if they wished to do so.
- On one unit we observed people waiting for staff to respond to call bells. People told us, "Sometimes they [staff] are so busy I have to wait," and another person told us, "Sometimes I find staff are not available, this has been going on a while."
- Staff were trained and knowledgeable about how to meet people's needs. Staff were observed to be kind and caring. One relative told us, "I am happy with the quality of care, staff are very nice," and another relative told us, "Staff treat [name] with dignity and respect in the way in which they talk to [name]."
- Staff were recruited safely. Pre employment checks were carried out and registered nurse status was checked.

Assessing risk, safety monitoring and management. Learning lessons when things go wrong

- People's risks were not always assessed and monitored. Care records did not always identify how staff should support people. For example: where people were unable to use call bells in their bedrooms, risks were not identified, or measures put in place to keep people safe. Following the inspection, the interim manager had implemented a monitoring system to increase the safety of people. We found no evidence during our inspection that people were harmed.
- The service had recently commissioned a fire risk assessment which had identified that work was needed to be carried out to ensure that fire doors met current regulations for fire safety. Following our inspection, the provider had taken action to meet this requirement.
- Systems were in place to manage accidents and incidents, monthly analysis was undertaken and identified where action was required. The provider had oversight of all incidences in the service.

Using medicines safely

- Medicines were well managed, and people received their medication as prescribed. Where medicines were prescribed 'as required' or 'as directed' there was clear guidance on when these should be taken.
- Staff were trained to administer medication and records we saw were completed accurately.

Preventing and controlling infection

- We were somewhat assured that the provider was using PPE effectively and safely.
- We were somewhat assured that the provider's infection prevention and control policy was up to date.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

Visiting in care homes

- Visiting arrangements were in place and people were receiving visitors.

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

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has remained 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. Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had audits in place to monitor the quality of the service, however they were not always effective. Where concerns were identified these were not always actioned in a timely manner. For example: The quality audit identified that resident's meetings were not in place, however this had not been actioned, meaning people were not always involved in decisions about the service.
- The provider had not conducted internal medicines quality audits in line with their policy, however we found no evidence that people had been harmed due to these records not being completed.
- Infection prevention and control audits did not identify some areas for improvement. Staff did not always wear face masks in line with current guidance, this was identified during an audit, however we saw staff during the inspection not wearing masks appropriately. Cleaning was not always carried as per the home's schedule, however the home was visibly clean at the time of our inspection.
- The provider did not identify concerns in hygiene records for people on the Calderdale unit. People did not always receive personal care in line with best practice.
- Feedback about the service and the care provided was not sought from people and relatives in line with company policy. One relative told us, "I had an online chat with the manager and told them re the food, they said they would get back to me but didn't. Also, two months ago, I had a chat over the phone with another manager, who didn't get back to me either." One person told us, "The manager doesn't speak everyone and doesn't know what we want."
- Staff did not always feel supported by the management team and did not receive supervisions. One staff told us, "Staff don't feel supported by higher management," and another said, "We don't know what is happening and it makes it stressful for staff."
- Complaints were not always dealt with in a timely manner in line with company policy, meaning lessons were not always learned from concerns raised.

The provider did not have effective systems and processes in place to assess and monitor their service. The provider did not respond appropriately and without delay when audits highlighted areas of the service were being compromised. The provider did not seek the views of people who used the service. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014 Regulations.

Working in partnership with others

- The service worked in partnership with community healthcare teams and people were seen by a GP, however a recent incident indicated assistance was not sought following a fall. This had been investigated and appropriate action taken by the provider.

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

- Peoples care records were detailed and person centred. People felt happy with their care, one person said, "The staff here are smashing, it's like having your own family, nothing is too much trouble," and a relative said, "[Name] is comfortable in themselves and the staff are easy to get on with, understanding and explain things."
- The service had activities co-ordinators who provided meaningful activities for people, we saw activities taking place, including singing reminiscing.

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

- Relatives felt communication from the home was good and they were kept informed. One relative said, "They now have a monthly resident of the day and they phone then to update us."
- The manager was aware of the need to notify CQC of any important events that occurred in the service. For example, any safeguarding or significant health incidents.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There had been a recent change in the management team. We received mixed feedback from people, staff and relatives about the changes, However the provider had oversight of the service and had plans in place to improve.
- Service improvement plans had recently been introduced and detailed concerns to be addressed. This required embedding into practice.

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	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Systems in place to monitor the service were not always effective and feedback from people was not sought.