

# Three Arches Care Ltd

# Westthorpe Hall

## Inspection report

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03 August 2022

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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

Westhorpe Hall is a residential care home providing personal care to nine people at the time of our inspection. The service supports older people including people living with dementia. The service can support up to 21 people, but the first floor of the service had been taken out of use by the provider. The service is in a listed building with enclosed gardens and is located in a rural area.

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

The arrangements in place to keep people safe were more robust and risk management systems had been strengthened since our last inspection. Recording of safety checks had improved but there were some omissions in the recording of welfare checks.

The service continues to experience challenges recruiting staff and was dependent on agency staff. This was compounded by issues around staff deployment and a lack of activities. We were assured by the provider that they had a plan in place to address our findings.

Incidents and accidents were logged and reviewed to identify learning. Agency staff received an induction into working at the service.

Medicines practice had been strengthened since our last inspection. Medicines were securely stored and competency assessments for staff were in place.

Safeguarding concerns were managed in a transparent way and although we identified one omission, we were assured that overall practice had improved since our last inspection.

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.

There were systems in place to manage infection control and personal protective equipment (PPE) was appropriately stored and practice audited. The laundry was however disorganised making it difficult to separate clean and soiled linen, the provider told us that they had plans to refurbish this area.

The service has not had a stable leadership team for some time. The providers new management team had started to provide some stability and staff morale was improving. People and their relatives expressed confidence in the changes that had taken place and spoke highly of staff.

Audits on quality and safety had been completed but further work is needed to embed changes at the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was inadequate (18 March 2022). 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 improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since (18 March 2022). During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

We undertook this inspection to check whether the Warning Notice we previously served in relation to Regulation 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met.

This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Westhorpe Hall on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

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** ●

# Westthorpe 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.

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

This inspection was carried out by one inspector.

#### Service and service type

Westthorpe Hall is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 did not have a manager registered with the Care Quality Commission. Registered managers and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the inspection there was a deputy manager responsible for day to day management and a nominated individual with oversight responsibility.

#### 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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the

service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with three people who lived in the service and three relatives about their experience of the care provided. We also spoke with five members of staff and members of the providers management team.

We observed people's care to help us understand the experience of people who could not talk with us. We reviewed a range of records. This included three people's care records and medication records. We looked at a variety of records relating to the management of the service, staff rotas and quality assurance records.

#### After the inspection

We continued to seek clarification from the provider's representatives off site to validate evidence found and held a feedback meeting with the provider and other senior staff.



# 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 inadequate. At this inspection the rating has changed 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.

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

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and we issued a warning notice to the provider in relation to this. Enough improvement had been made at this inspection to meet this warning notice. The provider was no longer in breach of regulation 12, although further work was needed to fully embed changes at the service.

- Risks to people's safety had been identified and there were detailed risk assessments in place to guide staff on equipment and on how to assist people to mobilise safely. Information was provided on health conditions such as diabetes and how risks such as high or low blood sugars should be managed, to prevent any deterioration in people's wellbeing.
- People at risk of pressure ulcers had repositioning records, but these were not always completed in line with the risk assessment. The deputy manager told us that they would commence daily checks to ensure that any shortfalls in recording were identified and addressed promptly.
- Accident and incident reports were completed and logged on the provider systems. Regular reviews of the data took place to identify patterns or safety concerns.
- Checks were undertaken on the safety of the environment and equipment. Fire safety systems had improved and doors on the ground floor had been repaired and fitted with self-closing devices to enable the doors to close promptly in the event of an emergency.

Staffing and recruitment

At our last inspection the provider had failed to ensure adequate staffing. This was a breach of regulation 18 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 18 but further work is needed on how staff are deployed.

- Staffing levels had increased during the day and were adequate on the day of this inspection. Staff were observed responding to people's needs promptly.
- The service has continued to experience challenges recruiting staff and as a result, there was significant use of agency staff. There continues to be night shifts which are staffed by agency staff, but we were told that these were regular agency staff and records showed that they had received an induction into safety systems at the service.
- There had been occasions where there had been two staff of the same gender on duty and the provider

agreed to review this to ensure that people's preferences for the gender of staff supporting them had been considered and addressed.

- Relatives were largely positive about staffing levels and the competency of staff however expressed concerns about the lack of activity staff and the impact on their loved one. We observed that people spent significant periods sitting in wheelchairs during the inspection and there was a lack of activities for people to participate in. The provider outlined their plans to address this in both the short and longer term.
- Shift leaders were identified on each shift to provide leadership. This was a voluntary role and staff told us that not all staff wished to take on the additional responsibility.
- On call arrangements had been strengthened and staff confirmed that this was working better. The provider assured us that they were currently recruiting for dedicated senior staff.
- At the last inspection we found that recruitment checks had been completed but the arrangements for checking the identity and qualifications of agency staff needed improvement. At this inspection we found that changes had been made and records showed identity checks were completed on agency staff when they started to work at the service.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding concerns had been reported to the local authority and to CQC however we did identify one recent incident where a report had not been made promptly. The provider acknowledged that this was an oversight, and this was actioned during the inspection. A referral had already been made for additional healthcare support to reduce the risk of a further incident.
- Relatives expressed confidence in the new management team and told us that any concerns were responded to in an open and proactive way.

Using medicines safely

- Records showed overall that people were receiving their medicines as prescribed and staff carried out regular checks of people's medicines. We checked a sample of people's medicines against the records and found that they tallied with one exception. This was investigated by the deputy manager and an explanation given.
- People's medicines were stored securely and at appropriate temperatures. There was written information available for staff about people's medicines as well as guidance for staff about the application of people's topical medicines.
- When people were given medicines prescribed to be given on a discretionary basis, there was guidance for staff to follow.
- Staff handling and administering people's medicines had their competency checked to ensure that their practice was safe and up to date.

Preventing and controlling infection

- Furnishings and equipment were tired which made cleaning difficult. The laundry was poorly organised which made it difficult to separate clean and soiled laundry. The provider assured us that they had a plan to refurbish the service which would address this.
- We were assured that the provider was using personal protective equipment (PPE) effectively and safely. Improvements had been made to the storage and accessibility of PPE. Pedal bins had been replaced which enabled staff to dispose of PPE safely.
- 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.
- We were assured that the provider's infection prevention and control policy was up to date.

We have also signposted the provider to resources to develop their approach.

#### Visiting in care homes

- People and relatives told us the provider was facilitating visits to the service which promoted people's wellbeing and enabled them to maintain contacts which were important to them.

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. Any conditions related to DoLS authorisations were being met.

# 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 inadequate. At this inspection the rating has changed to 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had failed to ensure effective leadership and governance. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and we issued a warning notice. Enough improvement had been made at this inspection and the provider had met the warning notice. They were no longer in breach of regulation 17, although further work was needed to fully embed changes at the service.

- The service has had a high turnover of managers and at the inspection there was no registered manager in post. The service was being managed on a day to day basis by the deputy manager with support from the provider and assistant director. Efforts had been made to recruit a manager.
- Staff reported a more consistent management presence and expressed some confidence in the provider and the new leadership team. Staff told us that they were able to get hold of a manager when they needed advice, or an issue required escalating.
- New processes have been introduced to better assess, monitor and mitigate risk. However, there were areas where we identified that greater day to day oversight of recording and practice was needed. This was acknowledged by senior staff and steps taken during the inspection to address this.
- Improvements had been made to care planning and there was clear guidance in place for staff to follow. People looked well-groomed and we saw that they had access to regular baths and showers.
- Relatives described the service as improving. They told us that their relative's received better care and the staff were kind and attentive.
- Audits and spot checks were undertaken on a regular basis, which helped to ensure that areas for improvement were identified. However closer monitoring is needed to fully embed the changes at the service.
- The provider had an action plan in place and updated this during the inspection to take account of the areas we identified.

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

- The service had developed good relationships with the people who used the service and their relatives. People knew who to speak to if they had any concerns and felt they would be listened to and action would be taken.
- The provider understood their responsibility in relation to the duty of candour, and this was demonstrated in the records we reviewed.
- There was an open culture within the service. The provider and deputy manager were open and honest with us throughout the inspection and responded promptly to any issues raised.

Continuous learning and improving care; Working in partnership with others

- Relatives told us that they were updated on any incidents and accidents involving their loved ones. They told us that the staff and management worked with them to promote their loved one's wellbeing.
- The provider had developed relationships with external agencies to ensure people received the care they needed.
- Team meetings were held, and staff received ongoing supervision to reflect on their practice.